pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **HOFFMAN HOMES, INC.**
LEGAL ENTITY

To operate **HOFFMAN HOMES - GERBER**
NAME OF FACILITY OR AGENCY

Located at **815 ORPHANAGE ROAD, LITTLESTOWN, PA 17340**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE — ADDRESS OF SATELLITE SITE

PROVISIONAL

To provide **Residential Services - Institutional based, dependent & delinquent, PRTF**
TYPE OF SERVICE (S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **15**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 3800: Child Residential and Day Treatment Facilities
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 22, 2016** until **May 22, 2017**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **309501**

Robert E. Robinson
ISSUING OFFICER

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 12/16

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DEC 15 2016

Mr. C. Mitchell Snider, CEO/President
Hoffman Homes, Inc.
815 Orphanage Road
Littlestown, Pennsylvania 17340

RE: Hoffman Homes – Gerber
License #: 309501

Dear Mr. Snider:

As a result of the Department of Human Services' licensing inspections on September 7, 2016 and October 19, 2016 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 3800 (relating to Child Residential and Day Treatment Facilities), your current license # 309500 dated July 30, 2016 to July 30, 2017 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated July 30, 2016 to July 30, 2017 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 3800 must be maintained.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

VIOLATION REPORT
CHILD RESIDENTIAL LICENSING - 55 Pa.Code Chapter 3800

Facility Name: HOFFMAN HOMES GERBER	**License Number:** 30950
Address: 815 ORPHANAGE ROAD, LITTLESTOWN, PA 17340	**County:** Adams
Director: Melissa Leathery	**Region:** CENTRAL
Legal Entity Name: HOFFMAN HOMES INC	
Legal Entity Address: 815 ORPHANAGE ROAD, LITTLESTOWN, PA 17340	

Certificate(s) of Occupancy
C2 LP
09/16/1963
L&I

Program Type:	Licensed Capacity:	Number of Children Served:
Residential Services	14 15 ATW	13

Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
09/07/2016: Smolock, Tara; Harris, Kristina

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers:	**Random Indicators:**

Child Demographic Data as of Inspection Dates

Age of Children:	**Number of Children who:**
0 to 5 years: 0	**Are Adjudicated Delinquent:** 0
6 to 13 years: 3	**Are Dependent:** 0
14 to 17 years: 10	**Have Mental Illness:** 13
18 to 21 years: 0	**Have an Intellectual Disability:** 8
	Have a Physical Disability: 0

Licensing Inspection Summary: 30950 - 09/07/2016 - Smolock, Tara
Facility Name: HOFFMAN HOMES GERBER

1. REGULATION 55 Pa.Code §3800
3800.142 - If the health and safety assessment in § 3800.141 (relating to health and safety assessment) identifies a health or safety risk, a written plan to protect the child shall be developed and implemented within 24 hours after the assessment is completed.

2a. DESCRIPTION OF VIOLATION
The [redacted] health and safety assessment for Child #1 indicates a history of self-harm. Child #1 also stated during admission to the facility that he/she has performed a self-harming behavior within the previous two weeks. On [redacted] Staff Member A documented the presence of cuts on Child #1's left and right arms and indicated that they may have occurred during previous placement. Furthermore, the [redacted] child psychiatric evaluation reads: "Recently [the child] had cut severe enough that [he/she] required 27 sutures. [The child] reports [he/she] last cut. About two weeks ago. Urges continue to be strong to cut. [The child] would typically cut with a blade from a pencil sharpener]."

On [redacted] Child #1 removed the blade from a pencil sharpener and cut his/her left arm with it. The child then swallowed the razor blade. According to notes taken by Staff Member B, the facility's contracted psychiatrist, Child #1 swallowed the blade because [redacted] "was hoping it would kill [him/her]." The facility's internal policy prohibits pencil sharpeners in the possession of children or present in the facility at any time.

The facility developed an initial written safety plan on [redacted] which indicated that Child #1 "will be encouraged to utilize [molding clay, lying down, coloring and humor] to cope with negative feelings." This written safety plan was not developed with methods to monitor and prevent self-harm, increased general supervision, or other adequate methods to ensure child safety.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rebecca Vanderbeek, VP of CP — **Date** 9/19/16

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-22-16 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 11-22-16 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☒ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Gerber:
In regards to citation 3800.142 where it was determined that the child's safety plan was not updated to reflect the child's behaviors or methods used for self-harm, the following plan of correction is being put into place: The child was placed on Intensive Supervision (I.S.) on [redacted] following the incident where [redacted] swallowed the razor blade. [redacted] remained on I.S. until [redacted]. Prior to admission, a draft safety plan is provided to the identified treatment team based on information received. This is already occurring. Upon admission, all children have a suicide risk assessment completed and a list of behavior symptomologies are developed. This is also already occurring. Following the admission's process, another copy of the draft safety plan, the suicide risk assessment and the behavior symptomology list will be shared with the Therapist the same day the child is admitted. By end of business day [redacted] the Therapists were trained by the COO, or designee, that they must review these documents before leaving the day of the child's admission and update the child's safety plan to include any behaviors or any safety precautions that are to be noted/put into place after reviewing this document. Documentation of this training was noted on a Supervision Log and has been placed in their file. In addition, the Psychiatrists was informed by the COO on [redacted] that, effective [redacted] after doing the initial comprehensive evaluation on a child after admission, they will contact the Therapist to review information shared so that the Therapist can determine if additional updates are required to the Safety Plan. The contact can be either via phone or email. The Psychiatrist will document that they reviewed this information with the Therapist in the child's evaluation. The Therapists was also be trained on this expectation by the COO, or designee, by close of business day on [redacted] and the Supervision log was placed in their files. Training regarding safety plans and levels of supervision is a standing agenda item on the weekly clinical meetings. This started on [redacted] and will continue. Effective [redacted] the Clinical Supervisors will do an audit of one child's safety plan (not to exceed four audits a week) following an incident of self-harm to ensure the safety plan was updated within 24 hours and appropriate steps were taken to ensure the child's supervision and safety.

In regards to the child being able to have items they should not have had due to the safety plan not being updated to reflect items that should not be in the child's possession, the following plan of correction has been put into place: All safety plans for children will include a statement that no child on campus is permitted to have glass, Nair products or razor blades of any kind (See Attachment #1). This was added to a new admission's safety plans effective [redacted] For current youth, the safety plan will be updated with this information at the child's next ITP meeting, but no later than [redacted] The Therapists were trained on this requirement by the COO, or designee. This was done by close of business of [redacted] The training was documented on a Supervision log and was placed in the staff's file. In addition the MHW Supervisor of the facility reviewed the expectation that children are not permitted to have manual pencil sharpeners with all Gerber staff. This was done on or before [redacted] In addition the facility was thoroughly searched to ensure that

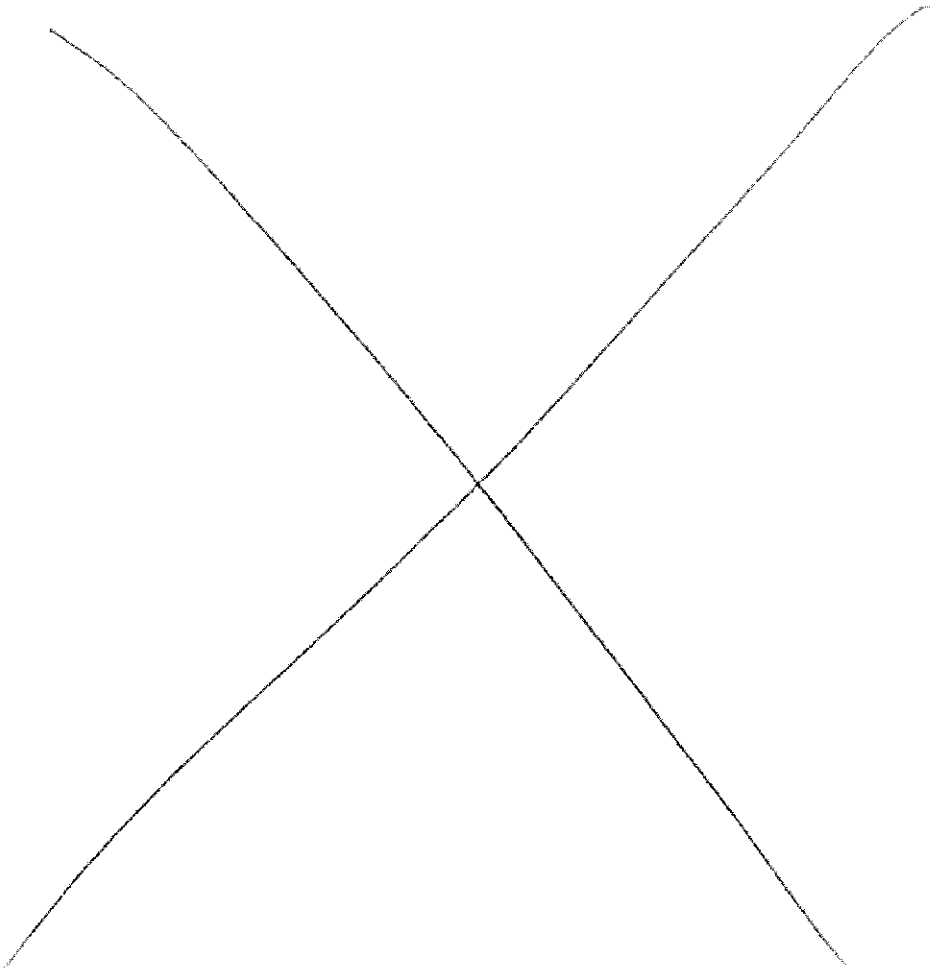
10/5/16
Rebecca Van der Poel
VP of QP

10-5-16

no other manual pencil sharpeners were located. This was done by [redacted]. Furthermore, the MHW Supervisor conducts daily residence inspections to ensure safety and cleanliness. This was occurring prior to this incident and will continue to occur. The MHW Supervisor will be ensuring that areas where children are not to have access to are locked and there are no hazards accessible to children. This inspection form is submitted to the Vice President of Clinical Programs daily for review.

10/5/16

Rebecca Van der Arvet
VP of CP 10-5-16



VIOLATION REPORT
CHILD RESIDENTIAL LICENSING - 55 Pa.Code Chapter 3800

Facility Name: HOFFMAN HOMES GERBER	**License Number:** 30950
Address: 815 ORPHANAGE ROAD, LITTLESTOWN, PA 17340	**County:** Adams
Director: Melissa Leathery	**Region:** CENTRAL
Legal Entity Name: HOFFMAN HOMES INC	
Legal Entity Address: 815 ORPHANAGE ROAD, LITTLESTOWN, PA 17340	

Certificate(s) of Occupancy

C2
09/16/1963
L&I

Program Type:	Licensed Capacity:	Number of Children Served:
Residential Services	14	14

Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)
Monitoring

On-Site Inspections Dates and Department Representatives On-Site

10/19/2016: Smolock, Tara; Harris, Kristina

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers:	**Random Indicators:**

Child Demographic Data as of Inspection Dates

Age of Children:	**Number of Children who:**
0 to 5 years: 0	**Are Adjudicated Delinquent:** 0
6 to 13 years: 5	**Are Dependent:** 0
14 to 17 years: 9	**Have Mental Illness:** 14
18 to 21 years: 0	**Have an Intellectual Disability:** 8
	Have a Physical Disability: 0

Licensing Inspection Summary: 30850 - 10/19/2016 - Smolock, Tara
Facility Name: HOFFMAN HOMES GERBER

1. REGULATION 55 Pa.Code §3800
3800.16(c) - The facility shall complete a written reportable incident report, on a form prescribed by the Department, and send it to the appropriate Departmental regional office and the contracting agency, within 24 hours.

2a. DESCRIPTION OF VIOLATION
On [redacted] Child #1 got frustrated with peers at school and threw a chair through the classroom window. The child picked up a piece of glass and cut his/her right hand requiring inpatient treatment at the hospital. The facility immediately implemented intensive supervision on Child #1 and completed a written reportable incident report. On [redacted] at 3:30 pm, Child #1 returned from the hospital and was reported on self-harm logs to have multiple incidents of self-harming behaviors. According to Staff Member A's daily notes from [redacted] Child #1 "pulled a screw out of wall while on the phone, stuck screw in previously injured hand." The wound was serious enough of an injury to require outpatient treatment at the hospital. The facility did not complete a written reportable incident report on a form prescribed by the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rebecca VanderGoot VP of CP — **Date** 11/18/16

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-22-16 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 11-22-16 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☒ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

In regards to the citation Hoffman Homes received for violating regulation 3800.16(c) as it relates to reporting an incident to the Department within 24 hours, Hoffman Homes is providing the following response and plan of correction: In the citation, it was noted that the child had a previous injury, which has been reported to the Department on time. In this particular incident, the child had placed a screw in the previously reported wound. Hoffman Homes assessed the child and determined that [redacted] should go to the Emergency Room (ER) to assess the wound and remove the screw to be sure that there were no additional injuries or concerns. When the child went to the ER, the screw was removed, the wound was cleaned and bandaged, and [redacted] was sent back to Hoffman Homes. In our assessment, this was not more than first aid, as this would be treatment Hoffman Homes would have, and could have provided to [redacted] was sent to the ER as a precautionary measure. In Appendix A of the Department's Regulatory Guidelines, it states that a report should be made for:

(3) A serious bodily injury or trauma requiring treatment at a hospital or medical facility. This does not include minor injuries such as sprains or minor cuts.

Exception: **"Serious bodily injury or trauma" is such that the individual experienced one or more of the following as a result of the injury:**

- **Substantial risk of death**
- **Extreme physical pain**
- **Protracted loss or impairment of the function of a limb, organ, or other bodily member**
- **Protracted unconsciousness**
- **Significant or substantial internal damage (such as broken bones)**

Based on the guidelines provided by the Department, Hoffman Homes does not feel that this level of treatment rose to the definition provided in this section, nor was this a "serious bodily injury" as defined above. As noted, the wound itself had already been reported to the Department.

However, based on the Department's decision to issue a citation for this incident, the following plan of correction is being put into place: A report was generated via HCSIS to the Department to document this incident. This was completed on [redacted] Any time a child has an injury, whereby the injury itself requires/required a report to the Department, and the child engages in acts that further effect or injure this area, where medical treatment has to be provided, this will be reported to the Department as directed via regulation 3800.16 "Reportable Incidents". The MHW Supervisors and Program Managers, responsible for reporting incidents, will be trained by the Vice President of Clinical Programs by [redacted] This training will be documented on a supervision log and placed in their file. The implementation date for this change will be effectiv[redacted]

Rebecca Vander Groef
VP of CP
11/18/14

11-18-16