pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

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

To operate **HOFFMAN HOMES - EMMANUEL**
(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)

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 **13** (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

PROVISIONAL

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: **309521**

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 – Emmanuel
License #: 309521

Dear Mr. Snider:

As a result of the Department of Human Services' licensing inspection on September 7, 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 # 309520 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 EMMANUEL	License Number: 30902
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 21734	

Certificate(s) of Occupancy

C-2 LP
09/29/1982
L&I

Program Type:	Licensed Capacity:	Number of Children Served:
Residential Services	13	11

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:

0 to 5 years: 0

6 to 13 years: 2

14 to 17 years: 9

18 to 21 years: 0

Number of Children who:

Are Adjudicated Delinquent: 0

Are Dependent: 0

Have Mental Illness: 11

Have an Intellectual Disability: 9

Have a Physical Disability: 0

Licensing Inspection Summary: 30952 - 09/07/2016 - Smolock, Tara
Facility Name: HOFFMAN HOMES EMMANUEL

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
According to the 1/6/16 health and safety plan [redacted] Child #1 has an extensive history of suicidal ideation, evidenced by the documented events below:
- " Risk: [redacted] has reported suicidal ideation that [redacted] thoughts to self harm
  Plan: The Therapist processed coping skills that [redacted] has readily available and revised [redacted] safety protocol to support [redacted] in managing [redacted] safety. Staff have been informed of the changes and told to monitor closely. [redacted]
- "Risk: [redacted] expressed plans to commit suicide by hanging [redacted] with an attempt to hang [redacted] with an item
  Plan: [redacted] was placed on intensive supervision at 11:20 am to support [redacted] in maintaining [redacted] safety."
- " Risk: [redacted] expressed continues thoughts to kill [redacted] by hanging. [redacted] stated these are more intense due to nightmares that [redacted] has been having in the evenings.
  Plan: Staff have been directed to continue following the intensive supervision protocol and to ensure that all potential items are removed that could be used to self-harm [redacted]
- " Risk: [redacted] continues to struggle with suicidal ideations and clear plans [redacted]
  Plan: [redacted] was hospitalized at Belmont behavioral Hospita[redacted] is scheduled to Discharge on [redacted]
- " Risk: [redacted] continued to struggle with suicidal ideation with clear plans and behaviors.
  Plan: [redacted] was placed on intensive supervision due to attempts to hang [redacted]

The [redacted] safety transition protocol for Child #1 reads: "Staff will ensure that Child #1 is in line of sight at all times (Child #1 does not need to be within arms length, but does need to be in visual sight of staff at all times)."

At 1:00 pm on [redacted] Child #1 attended a 15 minute therapeutic interaction with Staff Member A, who is the facility's staff psychotherapist. According to Staff Member A's notes from that session, Child #1 indicated "continued thoughts of self-harm". During an interview with representatives of the department, Child #1 also expressed that he/she "had urges and flashbacks and wanted to wrap sheet around neck"on [redacted] and also stated that he/she expressed this to Staff Member A during the 15 therapeutic interaction. The facility did not immediately implement intensive supervision as part of their internal safety plan procedure protocol.

At 6:14 pm on [redacted] Child #1 attempted an act of self-harm. The child was observed taking a bed sheet into the bathroom and was redirected to his/her room by Staff Member B. Again, the home failed to implement increased supervision following this act.

At 8:25 pm on [redacted] Child #1 went into the basement of the home and used a telephone/cable cord attached to the ceiling to attempt suicide. The cord could not support the child's weight, however, and the child dropped to the floor. At this point, Staff Member C heard Child #1 cry out and they entered the basement to redirect [redacted] back to the main floor. This act caused bruising around the front of Child #1's neck. At 9:10 pm the home implemented increased supervision due to suicidal ideation and self-harm.

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.

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date

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 [signature] (Initials)

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

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

Emmanuel:
In regards to citation 3800.142, where it was determined that the child engaged in self-harming ideation and behaviors prior to the incident in question, and the child's safety plan was not updated to reflect new steps taken to ensure safety, the following plan of correction is being implemented: The child was placed on Intensive Supervision (I.S.) on [redacted] following the incident in the basement [redacted] continues to remain on I.S. as of this reporting date [redacted]. All children on a Safety Transition Protocol (STP) will be identified to all MHW Supervisors, Program Managers, Night Supervisors and Therapists. This will be noted in the Night reports sent out by the Program Manager and Night Supervisors. This began on [redacted]
The Therapists will be required to inform the Program Manager and Night Supervisor of any changes with children having STPs implemented or discontinued, so that the information in the report is accurate. Any child, who is on a STP, who also engages in serious self-harming behaviors where they communicate, either via their actions or words, that their intent was/is to commit suicide or cause significant harm to themselves, the Therapist, upon receiving this information (if during their work schedule) will contact Medical Services and ask that the Psychiatrist be called for consultation on whether to increase the child's level of supervision to Intensive Supervision (I.S.). In the event that the Therapist is not on campus, the Supervisor on duty (either MHW Supervisor, Program Manager, Therapist, or Night Supervisor), upon receiving this information, will contact Medical Services and ask that the Psychiatrist be called for consultation on whether to increase the child's level of supervision to I.S. The decision on whether to place the child on I.S. will be documented in either a Psychiatrist consultation form (if the Therapist initiates the discussion) or in the child's daily note (if the Supervisor initiates the discussion). If the child is placed on I.S. this will be reflect in the child's safety plan. In addition, any additional measures that will be taken, if the child is not placed on I.S. to ensure their safety will be documented in the child's STP. All Supervisors and Therapists were trained on this expectation by end of business day [redacted] and the process was implemented on [redacted] The training occurred by the Vice President of Clinical Programs, or designee, and was documented on a Supervision log that is placed in the staff's file. The Psychiatrists were informed of this change on [redacted] by the Chief Operating Officer, or designee. 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 addition, the MHW Supervisors conducts daily residence inspections to ensure safety and cleanliness. This was occurring prior to this incident and will continue to occur. This inspection form is submitted to the Vice President of Clinical Programs daily for review. However, the basement of Emmanuel was not being checked daily. Effective [redacted] this area is now being checked every day as part of the residence inspection to ensure the area is free of hazards, and the MHW Supervisor is signing off on a signature sheet to indicate it was checked. When the Vice President of

10/5/14
Rebecca Van der Kroef
VP of CP

10-5-16

Clinical Programs does their monthly residence inspections, this form will be reviewed.

T Reedy 10/5/16

Rebecca Vander Arbet
VP of CP 10-5-16

