



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 10 2017

Dr. Dixon Miller, Ph.D., Director of Neuropsychology Services
Acadia Acquisition, Inc.
1817 Old Homestead Lane
Lancaster, Pennsylvania 17601

RE: Acadia Acquisition 4
950 Bentley Ridge Boulevard
Lancaster, Pennsylvania 17602
License #: 331450

Dear Dr. Miller:

As a result of the Department of Human Services' annual licensing inspection on December 14, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 33145 - 12/14/2016 - Bomberger, Cybil
 PCH Name: ACADIA ACQUISITION 4

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The wall next to the shower in the first floor bathroom is water damaged resulting in the drywall crumbling. The right side of the door frame in this bathroom is missing the trim and has several small trim nails protruding.

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.

2600.88a- Shower wall will be repaired. Administrator is working on a more permanent solution so not to have further issues. There will be a monthly check to assure the wall is in good repair. The target date is set for January 30, 2017 to wrap up completion of repair. I will try to send an attachment of photo of work being started.

Staff shall be re-educated to notify the administration of any physical site problems, so that issues can be addressed in a timely manner.

BAS 12/28/16

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) *Tracy L. Carl, Residential Director* Date *12/22/16*

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

The above plan of correction is approved as of 12/28/16
 (Date)

The above plan of correction was approved by BAS
 (Initials)

Plan of correction implementation status as of 12/28/16
 (Date)

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

Violation Report: 33145 - 12/14/2016 - Bomberger, Cybil
 PCH Name: ACADIA ACQUISITION 4

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION
 The window coverings on the windows in bedroom G on the second floor are damaged and in poor repair to the extent that the blinds do not provide for adequate privacy.

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.

2600.101 r 2-There has been curtains order for bedroom G and they have not been delivered yet. Due to the client's behaviors and wishes, he was looking for a specific curtain. There were temporary curtains purchased and placed on the window until the curtain's the client would prefer are delivered. See attached for receipt of purchase of curtains that were purchased

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tracy L. Carl*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tracy L. Carl, Residential Director</i>	Date <i>12/22/16</i>
------------------------------------------------------------------------------------------------------------------------------	-------------------------

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

The above plan of correction is approved as of 12/28/16
 (Date)

Plan of correction implementation status as of 12/28/16
 (Date)

The above plan of correction was approved by BS
 (Initials)

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

Violation Report: 33145 - 12/14/2016 - Bomberger, Cybil
 PCH Name: ACADIA ACQUISITION 4

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 12/14/16 at 1:30 PM, the temperature in the refrigerator located in the kitchen was 50 degrees Fahrenheit and the freezer compartment of the kitchen refrigerator had a temperature of 8 degrees Fahrenheit.

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.

2600.103f- The refrigerator and freezer temperature was adjusted. The administrator will track the temperature each day for a week to monitor the temperature. If the temperature of the fridge/freezer remain stable and at the regulation requirement; the administrator will stop recording in the tracking sheet. If the temperature doesn't remain at the regulated temperature. We will speak to the complex maintenance office for a new unit or another solution. Please see attached some details around the temperature controls of the current appliance at the site. Also, attached is an example of the tracking sheet that will be used to track the temperature of the appliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tracy L. Carl*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tracy L. Carl, Residential Director* Date *12/22/16*

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

The above plan of correction is approved as of 12/28/16
 (Date)

The above plan of correction was approved by BAS
 (Initials)

Plan of correction implementation status as of 12/28/16
 (Date)

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

Violation Report: 33145 - 12/14/2016 - Bomberger, Cybil
 PCH Name: ACADIA ACQUISITION 4

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include the diagnosis or purpose for prescribed Oxybutynin 5mg to be administered 2 daily.
 The medication administration record for resident #2 does not include the diagnosis or purpose for prescribed Doxycycline Hyclate to be administered 1 per day.

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.

2600.187a-The missing diagnosis was recorded on the MAR. All MAR's will be double checked by the administrator each month and as new medications or changes take place. See attachment

Staff responsible for medication administration will receive re-education regarding the specific documentation requirements of 2600.187(a). Documentation problems that are found, shall be reported to the administration for remedy. 12/28/16 BWS

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

Signature of Legal Entity Representative
 (Required on EVERY Page) Tracy L. Carl

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tracy L. Carl, Residential Director Date 12/22/16

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

The above plan of correction is approved as of <u>12/28/16</u> (Date)	Plan of correction implementation status as of <u>12/28/16</u> (Date)
The above plan of correction was approved by <u>BWS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented