pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ADELPHOI VILLAGE, INC.**
LEGAL ENTITY

To operate **SWEENEY**
NAME OF FACILITY OR AGENCY

Located at **1145 MISSION ROAD, LATROBE, PA 15650**
(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 - Community based, dependent & delinquent, Child Residential**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **15** (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 Public Welfare 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 **May 23, 2017** until **November 23, 2017**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **417681**

Robert E. Robinson
ISSUING OFFICER

Jay Bausch
DEPUTY SECRETARY

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 – 12/14

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAY 2 3 2017

Mr. Mark Mortimer,
COO
Adelphoi Village, Inc.
1119 Village Way
Latrobe, Pennsylvania 15650

RE: Sweeney
1145 Mission Road
Latrobe, Pennsylvania 15650
License #: 417681

Dear Mr. Mortimer:

As a result of the Department of Human Services' licensing inspection on February 24, 2017 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 # 417680 dated June 3, 2016 to June 3, 2017 is REVOKED. Additionally, your license dated June 3, 2017 to June 3, 2018 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 June 3, 2017 to June 3, 2018 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: SWEENEY	License Number: 41768
Address: 1145 MISSION ROAD, LATROBE, PA 15650	County: Westmoreland
Director: Amy Overly	Region: WEST
Legal Entity Name: ADELPHOI VILLAGE INC	
Legal Entity Address: 1119 VILLAGE WAY, LATROBE, PA 15650	
Certificate(s) of Occupancy	

RECEIVED
MAR 16 2017
WEST REGIONAL FIELD OFFICE
Human Services Licensing

Program Type: Residential Services	Licensed Capacity: 16	Number of Children Served: 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
02/24/2017: Lester, Marie; Turby, Megan

Off-Site Inspection Dates and Inspectors, if Applicable
03/03/2017: Lester, Marie

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: 9
6 to 13 years: 1	Are Dependent: 2
14 to 17 years: 7	Have Mental Illness: 0
18 to 21 years: 3	Have an Intellectual Disability: 0
	Have a Physical Disability: 0

Jennifer McClaren
Director QA
March 15, 2017

RECEIVED
MAR 1 5 2017
WESTERN REGIONAL OFFICE
HUMAN SERVICES LICENSING

Licensing Inspection Summary: 41700 - 02/24/2017 - Lester, Merlo
Facility Name: SWEENEY

1. REGULATION 55 Pa.Code §3800
3800.32(b) - A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.

2a. DESCRIPTION OF VIOLATION
At approximately 9:10pm on [redacted], Staff Member A entered the laundy room in the basement of the facility during a routine building check and discovered Staff Member B having sexual intercourse with Resident 1.

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.

Upon discovery of the incident between Staff B and Resident 1, Staff B was immediately removed from the building and suspended until further investigation. The incident was forwarded to Childline and the PA State Police. The following day, Staff B was terminated from employment at Adelphoi.
The Resident was taken for STD testing. The Unit Program Director met with Resident 1 and asked if [redacted] would like to speak to a mental health therapist about the incident. Resident 1 accepted. [redacted] was able to meet with a therapist and continues to see the therapist weekly.
This incident was discovered due to appropriate safety checks being completed. All Sweeney staff will review the supervision standards by reading the safety manual in the unit. The safety manual discusses appropriate staff-to-resident ratios, maintaining eye contact with all residents, and the importance of being mobile to ensure the whereabouts of all residents. The manual also discusses personal and professional boundaries with residents. Reviewing the safety manual will re-enforce to staff members the need to be role models for the residents we serve, as well as, to promote a safe and therapeutic environment for them while they are in our care.
The unit safety manual will be reviewed and discussed during the next team meeting on Monday, March 20, 2017. The Compliance Caseworker will collect the team meeting minutes and the in-unit sign-off forms. The Compliance Caseworker will review the minutes and sign off sheets with Unit Program Director to ensure compliance on Wednesday, March 22, 2017.
In order to assure that this incident will not occur again, the Unit Supervisor will continue to complete random unannounced rounds, at a minimum of two times per month, to ensure staff members are displaying and having appropriate interactions with the Residents in care at all times. The Unit Supervisor will notify the Unit Program Director the results of these rounds via email. If necessary, the Unit Supervisor will execute Adelphoi Village's disciplinary policy for staff displaying inappropriate interactions with youth, and will report all imperative information to the Unit Program Director, Compliance Caseworker and Director of Quality Assurance Immediately.
A random sample of residents and staff shall be interviewed on a monthly basis to ensure appropriate interactions.

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

Signature of Legal Entity Representative (Required on EVERY Page) [signature] 5/11/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer McClaren, Director QA

Date March 15, 2017

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

The above plan of correction is approved as of 5/15/17 (Date)

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

Plan of correction implementation status as of 5/15/17 (Date)

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