pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: 6/12/17

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

RE: Williams
521 Municipal Drive
Duncansville, Pennsylvania 16635
License #: 318370

Dear Mr. Mortimer,

As a result of the Department of Human Services' licensing inspection on May 15, 2017 of the above facility, the violations with 55 Pa.Code Ch. 3800 (relating to Child Residential and Day Treatment Facilities) 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. 3800 must be maintained.

Sincerely,

Alex Shambach
Child Residential Licensing Manager

Enclosure
Licensing Inspection Summary

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

Facility Name: WILLIAMS	**License Number:** 31837
Address: 521 MUNICIPAL DRIVE, DUNCANSVILLE, PA 16635	**County:** Blair
Director: Trey Carruthers	**Region:** CENTRAL
Legal Entity Name: ADELPHOI VILLAGE INC	
Legal Entity Address: 1119 VILLAGE WAY, LATROBE, PA 15650	

Certificate(s) of Occupancy

I-1
04/23/2013
–

Program Type:	**Licensed Capacity:**	**Number of Children Served:**
Residential Services	3	3

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

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site

Off-Site Inspection Dates and Inspectors, If Applicable

04/18/2017: Smolock, Tara
05/04/2017: Smolock, Tara
05/11/2017: Smolock, Tara
05/12/2017: Smolock, Tara
05/15/2017: Smolock, Tara

Other Details

Partial or Full Triggers:

Random Indicators:

Child Demographic Data as of Inspection Dates

Age of Children:

0 to 5 years: -

6 to 13 years: -

14 to 17 years: -

18 to 21 years: -

Number of Children who:

Are Adjudicated Delinquent: -

Are Dependent: -

Have Mental Illness: -

Have an Intellectual Disability: -

Have a Physical Disability: -

Jennifer McCleaf
6-7-17

Licensing Inspection Summary: 31837 - 04/18/2017 - Smolock, Tara
Facility Name: WILLIAMS

1. REGULATION 55 Pa.Code §3800
3800.32(k) - A child has the right to appropriate medical, behavioral health and dental treatment.

2a. DESCRIPTION OF VIOLATION
Child #1 self-reported an allergy to Ibuprofen during an initial health and safety assessment conducted by the facility on [redacted] On [redacted] a health examination was completed by a licensed physician that indicated the child had no known allergies. Ibuprofen was prescribed as a standing PRN order at that time. Furthermore, the medication administration record for Child #1 included both the order for Ibuprofen and a note that the Child was allergic to it. On [redacted] the child reported a headache and was given 203mg Ibuprofen, which resulted in a medical emergency requiring treatment at the hospital.

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.

To uphold compliance with Regulation 3800.32(k), the Supervisor has thus far assured that the clients physical form has been corrected with the Primary Care Provider. All current residents of the facility have been reviewed to assure that there have been no further errors in documentation. The unit Supervisor has also facilitated a staff meeting on [redacted] that discussed this incident involving the medication administration issue. The Supervisor and staff team discussed in detail about client's medication administration records, over-the-counter medications, and being more aware of allergies. An in-unit training was conducted to emphasize the importance of medication administration.

Effective June 1, 2017, the unit Caseworker or Supervisor Designee at Williams House (who is responsible for scheduling and participating in all appointments) will be required to take the initial Health and Safety Screen, where self-disclosed allergies are initially documented, along to a client's initial physical exam and address any outstanding issues with the licensed physician in care. Additionally, the unit Caseworker or Supervisor Designee will also be responsible to do a thorough review of the information upon returning to the facility. This review will include checking the information documented on the physical form against the documentation on the clients Medication Administration Record where "Allergies" are listed, and the clients initial Health and Safety Screen. The Caseworker or Supervisor Designee will then be responsible to communicate any issues or discrepencies with the doctor's office that are noticed to assure correction.

In addition, the Supervisor will require any staff member trained in self-administration of over-the-counter medication to ask the youth if they have any allergies before allowing the client to administer the medication. This change in process will be discussed at the next team meeting on 6/13/2017 and will be implimented immediately following the team meeting.

To assure that this plan is being upheld, the Supervisor will share any discrepencies with the Director and Compliance Caseworker. This information will be reviewed and kept on file. The Supervisor will report out on the first of July, August, and September whether there have been any further issues regarding medication documentation or administration.

The Supervisor will submit the team meeting minutes from the team meeting on 6/13/2017 to the Compliance Caseworker for a final review.

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) Jennifer McMeen Director QA **Date** 6-7-17

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

The above plan of correction is approved as of 6-12-17 (Date)

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

Plan of correction implementation status as of 6-12-17 (Date)

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

Licensing Inspection Summary: 31837 - 04/18/2017 - Smolock, Tara
Facility Name: WILLIAMS

1. REGULATION 55 Pa.Code §3800
3800.143(e) - The health examination shall include: (1) - (15)

2a. DESCRIPTION OF VIOLATION
Child #1 was admitted on [redacted] and received an initial health and safety assessment on [redacted] According to that assessment, the child self-reported an allergy to Ibuprofen. On [redacted] a health examination was completed by a licensed physician that indicated the child had no known allergies. Ibuprofen was prescribed as a standing PRN order at that time. Furthermore, the medication administration record for Child #1 included both the order for Ibuprofen and a note that the Child was allergic to it. On [redacted] the child reported a headache and was given 200mg Ibuprofen, which resulted in a medical emergency requiring treatment at the hospital.

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.

To provide clarity on the above violation, the health examination completed by a licensed physician did include a section for the documentation of allergies. The client did not disclose to the physician that he had any medication allergies during the physical examination.

To uphold compliance with Regulation 3800.143(e), effective [redacted] the unit Caseworker or Supervisor Designee at Williams House (who is responsible for scheduling and participating in all appointments) will be required to take the initial Health and Safety Screen, where self-disclosed allergies are initially documented, along to a client's initial physical exam and address any outstanding issues with the licensed physician in care. Additionally, the unit Caseworker or Supervisor Designee will also be responsible to do a thorough review of the information upon returning to the facility. This review will include checking the information documented on the physical form against the documentation on the clients Medication Administration Record where "Allergies" are listed, and the clients initial Health and Safety Screen. The Caseworker or Supervisor Designee will then be responsible to communicate any issues or discrepencies with the doctor's office that are noticed to assure correction.

To assure that this plan is being upheld, the Supervisor will share any discrepencies with the Director and Compliance Caseworker. This information will be reviewed and kept on file. The Supervisor will report out on the first of July, August, and September whether there have been any further issues regarding medication documentation or administration.

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)	Jennifer McClaran Director QA		Date	6-7-17

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