



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

SEP 12 2017

RE: Middle Creek II
1116 Village Way, Latrobe, PA 15650

License #411010

Dear Mr. Mortimer:

As a result of the Department of Human Services' licensing inspection on July 10 - 13, 2017, we have found the above agency, to be in compliance with 55 Pa.Code Ch. 3800 regulations.

Sincerely,

Cathy Utz
Deputy Secretary

Enclosure
Licensing Inspection Summary

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

PAGE 1 OF 1 PAGE

NAME OF AGENCY/FACILITY				TELEPHONE	OCYF REGIONAL STAFF APPROVAL	DATE
Adelphoi Village Middle Creek II, Secure Care, (#411010)				(724) 537-4667		
ADDRESS				COUNTY	John Zubryd	8/29/17
1116 Village Way Latrobe, Pennsylvania 15650				Westmoreland		
INSPECTED BY				INSPECTION DATE	May Ann Marchala	8/29/17
John Zubryd, Nathan Humes, Wendy Reed, Rebecca Lewandowski, Mark Nuzzo, Jameekia Barnett, Melissa Zakraysek				July 10, 2017 to July 13, 2017		
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	Amber S. Kalp	8/29/17
	X					

The Department of Human Services Western Region Office of Children Youth and Families (Department) conducted an annual licensing inspection of Adelphoi Village Middlecreek 2 Secure on July 10, 2017 to July 13, 2017 for the licensing year extending from June 2, 2016 to June 2, 2017. During the annual licensing inspection, the Department reviewed: two of 12 child files, and personnel files to ensure compliance with regulations. No areas of non-compliance were observed. A physical site inspection was completed and there were no regulatory concerns noted. Staff and children were interviewed and made positive reports about the agency. No issues or concerns were reported. No citations were issued.

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3800	In Compliance	None	None	None	Full Approval recommended

THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT.
RETURN THIS ENTIRE DOCUMENT TO YOUR REGIONAL OFFICE BY: N/A

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE

TITLE

DATE

TELEPHONE NUMBER