



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 25 2018

Mr. Jack Poplar,
President/CEO
Acadia Acquisition, Inc.
1817 Old Homestead Lane
Lancaster, Pennsylvania 17601

RE: Acadia Acquisition 5
649/653 Patriot Drive
Lancaster, Pennsylvania 17601
Certificate #: 331470

Dear Mr. Poplar:

As a result of the Department of Human Services' annual licensing inspection on December 8, 2017 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: ACADIA ACQUISITION 5		License Number: 33147
Address: 649 653 PATRIOT DRIVE, LANCASTER, PA 17601		County: Lancaster
Administrator: Gloria Rivera		Region: CENTRAL
Legal Entity Name: ACADIA ACQUISITION INC		
Legal Entity Address: 1817 OLD HOMESTEAD LANE, LANCASTER, PA 17601		
Certificate(s) of Occupancy C-3 SP C-4 06/24/2003 L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 5	Working Staff: 4
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
12/08/2017: Gillespie, Denise; Cargile, Kellie		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>FEB 12 2018</p> <p>Human Services Licensing</p>		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 5 Number of Residents Served: 5 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 33147 - 12/08/2017 - Gillespie, Denise
 PCH Name: ACADIA ACQUISITION 5

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member A did not receive training in fire safety during training year 2018.

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.

1. Regulation 2600.65(g) Attached to the email is the certificate of completion of a staff's Fire safety and Emergency preparedness. This staff will insure that all staff have received the fire safety training going forward. Acadia also has Two other PCHA's that will also be attending this training in the spring of 2018. We will also hold as many trainings going forward to ensure that all staff receive the appropriate DHS trainings.

Documentation of training will be kept by the home. -JE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

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

Date
 2/7/18

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

The above plan of correction is approved as of <u>2-22-18</u> (Date)	Plan of correction implementation status as of <u>2-22-18</u> (Date)
The above plan of correction was approved by <u>JE</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

Violation Report: 33147 - 12/08/2017 - Gillespie, Denise
 PCH Name: ACADIA ACQUISITION 5

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The last drill conducted during sleeping hours was on 5/23/17.

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.

Acadia will be holding an overnight drill 4 times a year going forward. Two of the overnight drills will be done by one of the client care directors who have gone through the fire training/ emergency preparedness class provided by DHS. Acadia has implemented this for all its residences, the drills have also started January of 2018.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tom Willis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tom Willis</i>	Date <i>2/7/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-22-18
 (Date)

Plan of correction implementation status as of 2-22-18
 (Date)

The above plan of correction was approved by *EW*
 (Initials)

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

Violation Report: 33147 - 12/08/2017 - Gillespie, Denise

PCH Name: ACADIA ACQUISITION 5

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for Resident #1, admitted [redacted] 17, was completed on 1/23/17.

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.

Regulation 2600.224(a) You will find a check list attached to the email. Staff will be trained on how to use check list to ensure that no part of the Pre-screen is missed along with that the pre-screen is filled out on the day of admission or with in 30 days prior. by 5/15/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jan Gillis

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

Jan Gillis

Date 2/7/18

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

The above plan of correction is approved as of 2-22-18
(Date)

Plan of correction implementation status as of 2-22-18
(Date)

The above plan of correction was approved by Jan Gillis
(Initials)

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