pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 0 6 2018

Mr. Frank Wentzel, Executive Director
Community Specialists Corporation
900 Agnew Road
Pittsburgh, Pennsylvania 15227

RE: The Academy - Sanction
Unit/Residential Program
2200 Sleepy Hollow Road
Library, PA 15129

License #435120

Dear Mr. Wentzel:

As a result of the Department of Human Services' licensing inspection on February 13-15, 2018, 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

NAME OF AGENCY/FACILITY:	TELEPHONE:	OCYF REGIONAL STAFF APPROVAL	DATE
Community Specialists Corporation The Academy – Sanction Unit/Residential Program #435120	412-885-5200		
ADDRESS: 2200 Sleepy Hollow Road Library, Pennsylvania 15129	COUNTY: Allegheny		3/30/18
INSPECTED BY: Anthony White, Gregory Holts, Dan Nehlen, Bonnie Studor, Wendy Reed.	INSPECTION DATE(S): 02/13/18, 02/14/18, 2/15/18		3·30·18

INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE		
	X				Amber D. Kalp	3/27/18

The Department of Human Services, Office of Children, Youth and Families, Western Region (Department) conducted an annual licensing inspection of The Academy-Sanction Unit/Residential Program on 02/13/2018, 02/14/2018, and 02/15/18 for the licensing year 04/21/2018 to 04/21/2019. At the time of this inspection, the Sanction Unit/Residential Program did not house any residents. A physical site inspection of the 30 bed facility was conducted. There were no regulatory violations to report, nor were there any repeat violations from the previous year.

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3800	None	None	None	None	Full certification 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 WHEN COMPLETED TO YOUR REGIONAL OFFICE NO LATER THAN N/A

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	TITLE
DATE	TELEPHONE NUMBER