pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 2 2 2018

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

RE: Sweeney
1145 Mission Road, Latrobe, PA 15650

License #417680

Dear Mr. Moteimer:

As a result of the Department of Human Services' (Western Office of Children, Youth and Families) licensing inspection on March 19, 20, 22, and 23, 2018 of the above agency, the violations with 55 Pa.Code Ch. 3800 specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code 3800 must be maintained.

Sincerely,

Cathy A. Utz

Cathy Utz
Deputy Secretary

Enclosure
Licensing Inspection Summary

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY Adelphoi Village, Inc. Sweeny #417680	TELEPHONE 724-804-7000	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS 1145 Mission Road Latrobe, Pennsylvania 15650	COUNTY Westmoreland	SJ	5-15-18
INSPECTED BY Tiana Jordan, John Zubryd, Melissa Zakraysek, Bonnie Studor, Wendy Reed, Daniel Nehlen, Rebecca Lewandowski, Gregory Holts, Jameekia Barnett	INSPECTION DATE 3/19/2018-3/20/2018 3/22/2018-3/23/2018	Bonnie J. Studor	5-14-18
INITIAL INSPECTION:	RENEWAL INSPECTION: X	COMPLAINT:	UNANNOUNCED INSPECTION:
RANDOM SAMPLE:	Amber D. Kalp	5/16/18	

The Department of Human Services, Office of Children, Youth and Families, Western Region (Department) conducted an annual licensing inspection of Adelphoi Village, Inc., Sweeny, on 3/19/2018-3/20/2018 and 3/22/2018-3/23/2018 for the licensing year 6/02/2018 to 6/02/2019. During the inspection, the Department reviewed: 1 of 15 child files and 20 percent of the agency's personnel files, which included all new employees.

A physical site inspection was completed, and there was one regulatory concern noted. The Department observed two instances in the medication administration record (MAR) that did not identify whether a child was given their medication. In addition, there was no documentation to explain the error, or lack of documentation on the MAR. The supervisor of the facility could not provide an explanation as to why the MAR was not initialed by staff.

The Department conducted an interview with a youth and a staff member of the facility. The youth stated he felt safe, and he did not have any concerns to report about his treatment while at the facility. The staff member reported that he feels well supported by management.

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
3800.185 (a), (b)	Upon review of the facility's medication administration record, the Department identified two non-consecutive days in March where it was not documented whether staff	The facility shall develop and implement a plan of correction to ensure all medication errors in the medication log are	May 8, 2018	Sweeney Home will have the staff team retrained in proper self-administration and documentation of medications during a team meeting by May	Plan Accepted

5-7-18

	had administered the child's allergy medication to the child, no explanation was provided to the oversight, and follow up action to prevent further medication errors was not documented.	documented and explained. Medication errors includes the failure to administer medication, administering the incorrect medication, administering correct medication in an incorrect dosage or administering the correct medication at the incorrect time. Furthermore, the plan of correction shall include the facility's procedure to ensure follow up action to prevent future medication errors, and the action is documented.		18th, 2018. This will be facilitated by the unit supervisor using material and information provided by the Adelphoi Director of Nursing. Following this training, the Sweeney Home staff team will be expected to facilitate the self-administration of medications at prescribed times and document into the Medication Administration Record (MAR) immediately afterward. The shift leaders will review the MARs during every shift to ensure proper self-administration and documentation have occurred beginning May 18th, 2018. The unit supervisor will review the MARs weekly to ensure the medication process is being followed beginning May 18th, 2018. These reviews will be turned into the date they were completed to the compliance caseworker, and unit director with a copy of the Director of Nursing for May, June and July. The unit director will review the MARs monthly to ensure the medication process is being followed beginning May 18th, 2018. These reviews will be turned into the compliance caseworker with a copy of the Director of Nursing for May, June and July.	

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 MAY 8, 2018

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	TITLE
May 7, 2018	724-804-7004
DATE	TELEPHONE NUMBER

Director of Quality Assurance