pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 0 8 2018

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

RE: Vincent
1127 Village Way, Latrobe, PA 15650

License #421880

Dear Mr. Mortimer:

As a result of the Department of Human Services' licensing inspection on March 19, 20, 22, and 23, 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 Adelphoi Village, Inc. Vincent #421880				TELEPHONE 724-804-7000	**OCYF REGIONAL STAFF APPROVAL**	**DATE**
ADDRESS 1127 Village Way Latrobe, Pennsylvania 15650				COUNTY Westmoreland		4-30-18
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	4 30 18
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	Amber D. Kalp	4/24/18
	X					

The Department of Human Services, Office of Children, Youth and Families, Western Region (Department) conducted an annual licensing inspection of Adelphoi Village, Inc., Vincent, 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 14 child files and 20 percent of the agency's personnel files, which included all new employees. A physical site inspection was completed, and there were no regulatory concerns noted. One child and one staff were interviewed and made positive reports about the agency. The child stated that he feels safe. Staff expressed the importance of continuously reviewing a resident's safety plans. No issues or concerns were reported by staff or youth. No citations or violations have occurred.

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	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 TO YOUR REGIONAL OFFICE BY: N/A	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	TITLE
DATE	TELEPHONE NUMBER