pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 0 8 2018

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

RE: Middle Creek III
1120 Village Way, Latrobe, PA 15650

License #445280

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. Middle Creek III #445280				TELEPHONE 724-804-7000	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS 1120 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., Middle Creek III, from 03/19/2018 to 03/20/2018 and 03/22/2018 to 03/23/2018 for the licensing year 06/02/2018 to 06/02/2019. During the inspection, the Department reviewed: 1 of 15 child files and an agency-wide total of 20 percent of the personnel files, which included all new employees. A physical site inspection was completed, and there were no regulatory concerns observed. The Department conducted a youth interview and a staff interview at this facility. The youth stated that he felt safe, and the staff person stated the work environment is positive. There were no concerns reported, and no regulatory violations were identified.

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