



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 08 2018

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

RE: Margaret
1764 Lincoln Avenue
Latrobe, PA 15650

License #453830

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,

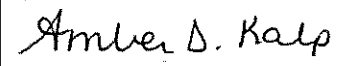
A handwritten signature in black ink that reads "Cathy A. Utz".

Cathy Utz
Deputy Secretary

Enclosure
Licensing Inspection Summary

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

PAGE 1 OF 1 PAGE

NAME OF AGENCY/FACILITY Adelphoi Village, Inc. Margaret #453830				TELEPHONE 724-804-7000	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS 1764 Lincoln Avenue 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		4-30-18
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE		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., Margaret, 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. At the time of this inspection, the facility was empty; therefore, only a physical walk-through of the site was completed. No regulatory violations were observed during the walk through, and the facility is furnished and equipped to accept residents.						
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