



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 08 2018

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

RE: Benet
1115 Village Way, Latrobe, PA 15650

License #474850

Dear Mr. Mortimer:

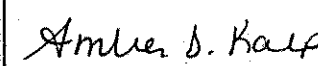
As a result of the Department of Human Services' licensing inspection on March 19, 20, 22, and 23, 2018, we have found the above agency, to be in compliance with 55 Pa.Code Ch. 3800 regulations.

Sincerely,

Cathy Utz
Deputy Secretary

Enclosure
Licensing Inspection Summary

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Adelphoi Village, Inc. Benet #474850				TELEPHONE: (724) 804-7000	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS: 1115 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 Holt, Jameekia Barnett				INSPECTION DATE(S): 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., Benet, 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 violations identified. The Department conducted an interview with a child from Benet, and he stated he feels safe at the program and his treatment plan is helping. The Department also conducted an interview with a staff person from Benet, and he stated they have seen a decrease in the need for physical intervention, citing an increase in staff collaboration and communication. There were no concerns reported.

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