



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Jennifer McClaren, CEO
Adelphoi Village, Inc.
1119 Village Way
Latrobe, PA 15650

MAY 03 2019

RE: Adelphoi Village
Manor Enhanced
557 Manor Drive
Ebensburg, PA 15931
License #: 333980

Dear Jennifer McClaren:

As a result of the Department of Human Services' annual licensing inspection on July 10-12, 2018, we have found the above facility to be in compliance with 55 Pa. Code Ch. 3800.

Sincerely,

Cathy A. Utz
Deputy Secretary

Enclosure
Licensing Inspection Summary

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Adelphoi Village, Inc. – Manor Enhanced License #: 333980				TELEPHONE: (724) 804-7000	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS: 557 Manor Drive Ebensburg, PA 15931				COUNTY: Cambria	<i>Sara M Harris</i>	11/1/18
INSPECTED BY: Sara Harris, Diana Yost, Melissa Weaver, Jessica Brown, Emily Trantham				INSPECTION DATE(S): 07/10/18, 07/11/18, 07/12/18	<i>Diana Yost</i>	11-1-18
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	<i>Gabi McEl-</i>	11/1/18
	X					

The Department of Human Services conducted an Annual Licensing Inspection of Adelphoi Village – Manor Enhanced on July 10-12, 2018, for the licensing year extending from 05/01/2018 to 05/01/2019. During the inspection Departmental staff reviewed 1 of 1 tenured personnel records and 0 child records due to the program not having any residents. Departmental staff reviewed all pre-inspection documents including fire drills to measure compliance. During the inspection a physical site walkthrough was conducted. No children or staff were interviewed.

The following areas of non-compliance were noted:

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	No areas of regulatory noncompliance were identified.				

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: No Return Necessary

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE

TITLE

DATE

TELEPHONE NUMBER