



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 30 2019

Mr. Jack Poplar,
President/Chief Executive Officer
Acadia Acquisition, Inc.
1817 Olde Homestead Lane
Lancaster, Pennsylvania 17601

RE: Acadia Acquisition 1
1604/1614 Bentley Ridge Boulevard
Lancaster, Pennsylvania 17602
Certificate #: 331380

Dear Mr. Poplar:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on December 6, 2018, December 7, 2018 and December 10, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 33138 - 12/07/2018 - Heemer, Laura
 PCH Name: ACADIA ACQUISITION 1

1. REGULATION 55 Pa.Code §2600
 2600.26(a) - The home shall establish and implement a quality management plan. ✓

2a. DESCRIPTION OF VIOLATION
 The home does not have a quality management plan. ✓

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

see attached Pages 7A and 7D

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RESIDENTIAL SUPERVISOR
RAFAEL GARCIA SR Date 1/3/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1/29/2019</u> (Date)	Plan of correction implementation status as of <u>1/29/2019</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33138 - 12/07/2018 - Heemer, Laura
 PCH Name: ACADIA ACQUISITION 1

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept. ✓

2a. DESCRIPTION OF VIOLATION

The home had a fire safety inspection and supervised fire drill on 6-30-2017. The next fire safety inspection and supervised fire drill was conducted on 11-1-2018.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached

Pages 7B and 7E

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *KARL GARCIA JR, SITE SUPERVISOR* Date *1/31/19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/29/2019
 (Date)

The above plan of correction was approved by BAS
 (Initials)

Plan of correction implementation status as of 1/29/2019
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 33138 - 12/07/2018 - Heemer, Laura
 PCH Name: ACADIA ACQUISITION 1

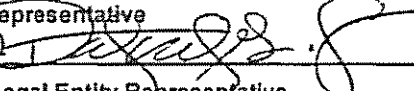
1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
 On 12/10/2018 a bottle of Debrox ear drops with a label stating "discard after 11/30/18" was located in the medication bin for the administration for Resident 1.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached Pages 7B and 7F

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RAFAEL GARCIA JR SITE SUPERVISOR	Date 1/31/19
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Violation Report: 33138 - 12/07/2018 - Heemer, Laura
 PCH Name: ACADIA ACQUISITION 1

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff Person A regularly administers medications to residents at the home. Staff Person A has not successfully completed the Department-approved medications administration course.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached

Pages 7 B and 7G

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) RABAEI GARCIA SR SITE SUPERVISOR Date 1/31/19

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Violation Report: 33138 - 12/07/2018 - Heemer, Laura
 PCH Name: ACADIA ACQUISITION 1

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 Resident 2's support plan, dated 9-9-18, was not signed by the resident and there was no documentation of the resident's refusal or inability to sign.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

see attached

Pages 7B and 7H

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *RAPHAEL GARCIA ON-SITE SUPERVISOR* Date *1/31/19*

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 (Date)

The above plan of correction was approved by BAS
 (Initials)

Plan of correction implementation status as of 1/29/2019
 (Date)

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 33138 - 12/07/2018 - Heemer, Laura
PCH Name: ACADIA ACQUISITION 1

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
The records for Residents 1 and 2 do not include information if the resident has identifying marks.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

see attached Pages 7B, 7C, and 7I

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *KARAGL GARCIA SITE SUPERVISOR* Date *1/31/19*

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Acadia Acquisitions #1

1604-1614 Bentley Ridge Drive, Lancaster, PA 17603 | 717-394-3466 | rgarcia@acadiarehab.com

January 2nd 2019

Mr. Brett Swanger
Human Services Licensing Supervisor
Department of Human Services-Central Region
625 Forster Street, Room 631
Harrisburg, PA 17120

Dear Mr. Brett Swanger:

Attached is the plan of correction for Acadia Acquisition #1 Certificate# 331380. To address the violations. Regulation 2600.26(a), Regulation 2600.132 (b), Regulation 2600.183 (f), Regulation 2600.190 (a), Regulation 2600.227 (h), Regulation 2600.252.

1. 2600.26(a) Regulation 26(a) Attached is the Quality Management plan that will be implemented by the PCHA of the residence listed above. The PCHA will meet with pertinent individuals, including the Director of Residential Services and DHS Compliance Specialist and update plan as necessary on a bi-annually (Jan-June and June-Dec) basis. This will ensure the best quality of care is being provided to residence. This plan will be finalized by the PCHA with assistance from the Residential Director. PCHA and Residential director will hold trainings and educational opportunities on going to inform staff of information listed in the Quality management plan. This process will be in place by January 31st, reviewed in July of 2019, and scheduled for review every 6 months following.

(Additionally: The home's quality management plan will review all of the elements required by 2600.26b. At a

minimum, the plan will include: The date the administrator and executive staff will review the effectiveness of the reportable

incident and condition reporting procedures developed as required by 2600.16b, and a plan to correct any errors or inefficiencies identified during a review or all incidents reported within the past year.

(2) The date the administrator and executive staff will review all of the complaints received from residents within the past year, a plan to reduce future complaints, and a review of how the home addressed each complaint in accordance with the requirements of these regulations.

(3) A plan to review all training provided to direct care staff within the past year, addressing which trainings were effective, which were not effective, and what additional training courses would be helpful.

(4) A review of all of the violation reports received within the past year, and a complete self-inspection using the Department's licensing measurement instrument.)

2. Regulation 132. (b) Attached is letter from the fire safety official of Acadia Acquisition explaining the plan of correction for this regulation, along with the fire chief's card. This letter addresses the potential plan and agreement that will be signed at January 29th, 2019 meeting. Education and information will be provided to fire safety official in order to increase understanding of regulations and their purpose annually in preparation of inspections to be scheduled. DHS Compliance Specialist will be assigned responsibility of acquiring necessary inspections. PCHA will be responsible for auditing fire safety requirements on a quarterly basis to ensure 100% completion
3. 2600.183(f) Attached is the monthly medication check list to address prescription medications, OTC and CAM that are discontinued, expired or for residents who are no longer being served. The PCHA will be implementing this form immediately on 1/3/2019 additional review will be done on 1/30/2019 to ensure medication are being addressed properly. There will also be additional trainings and education for the staff to ensure staff understand the importance of proper disposal and handling of medication. The "The PCHA will ensure that the medication cart(s) are audited on a monthly basis to make sure that all medications that have been discontinued, are expired, or are for residents no longer in the home have been removed from the cart and destroyed. Documentation of these cart audits shall be maintained by the home."
4. 2600.190(a) Attached is the ACADIA Training Record that will be used to address staff persons who have not successfully completed the Department-approved medications administration course. "Immediately: Staff Person A shall have a Medication Administration Record review and a Medication Administration Observation performed by a certified trainer. A subsequent Medication Administration Record review and a Medication Administration Observation will be performed for this staff person within the next 4-month period. The PCHA will immediately audit the trainings of the staff who perform medication administration to ensure that all staff members with this job duty have the requisite training. This audit shall be performed within 10 days of this plan. Staff member who do not have the training required by the regulation will not perform medication administration."
5. 2600.227(h) Attached to the email is a form labeled Residential Admission Support Plan (RASP) which addresses these regulations. This check will be implemented immediately as of 1/3/19 to ensure all proper steps are followed when admitting a resident along with completing a resident's RASP annually or as required. This will ensure documents are dated properly, signed in the correct allotted time, and DME/physicals are completed at correct times. The checks will be completed by the PCHA of the residence as well as another administrator at the time the forms are completed to ensure the RASP and pre-admission screening are completed in its entirety going forward. To ensure these violations from reoccurring this process will be audited monthly by the PCHA and residence assistant for errors. Education and training will be provided to personnel involved in the intake and admission processes, including intake coordinator, case manager, as well as PCHA of other sites in consideration of internal acquisition transfers. "The administrator will complete an audit of all current RASPs to ensure that each RASP includes the assessor's signature, and the signature of the resident or documentation of the resident's inability or refusal to sign. The audit, and any necessary corrections, will be completed within 15 days of this plan."
6. 2. Regulation 2600.252, Attached I have included the form that our facility will include in our residents file, which has a description of the clients "identifying marks, in detail. The PCHA's will work with nursing to properly complete this form for each client in the residence and have

this completed within the next 30 days. The nurse will be responsible for completing the form upon admission of each client. PCHA will provide education to the nurse on a yearly basis or upon hire in the case of a new or additional nurse. PCHA will also review the forms to ensure that it has been completed in full on the day of admission. PCHA will conduct an audit of client files in order to ensure completion. The description of the identifying marks will include birthmarks, tattoos, scars, etc. in as much detail as possible.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rafael Garcia Jr', followed by the date '1/24/19' written in a similar cursive style.

Rafael Garcia Jr
Site Supervisor

Quality Management Plan

Date: 1/3/2018

Acadia Acquisition 1 (1604/1614 Bentley Ridge Blvd, Lancaster PA 17603)

Persons involved with Plan: Residential Director, Night Shift Supervisor, Site Administrators/Supervisors, NRA supervisor/DHS specialist

Discussed Agenda

B1: Staff training: The 2019 projected staff training schedule was distributed.

- The 2019 projected in-service training is posted at the site. There will be a month by month schedule that will be posted each month of actually offered trainings.
- Medication Recertification will be set up for by DHS train the trainer staff & scheduled with staff to recertify each month as they are due. See Medication Recertification schedule
- American Heart courses & reviews are scheduled for each month as they are due for staff. See American Heart Recertification schedule.
- All annual DHS required in-service trainings scheduled within the year. See monthly In-service schedules and staff tracking sheets.
- There is a staff tracking guide to keep up with all annual staff trainings.
- Any additional staff required trainings will come out on the month to month schedule.
- There is an annual review on Mandate Reporting offered.

Client complaint: There is no reported client complaint at this point in time for the start of the year. All clients have the right to file a complaint, both formal and informal. The company policy for and complaint form should always be posted and available.

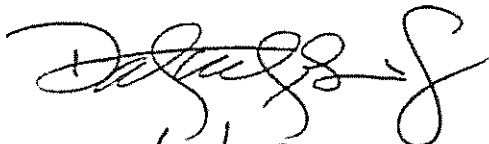
Family counselling: The whole treatment team of each particular client meets throughout the year to discuss client and family member's needs and client progress. This done through team and family meetings. A summary report is kept with the client's case manager and available to all individual clients. As well as a copy going to the client's designated person.

See attached and/or posted is violation report summary and plans of correction. (where applicable) There were no violations in the last two year at Acadia Acquisition

Reportable incidents and conditions reporting procedures: All reportable incidents should be reported to the state within 24 hours of the incident. Follow up on extra training should take place where needed and with all parties involved. Record of all reportable incidents should be part of the client's records.

See reportable incidents and conditions reporting procedures in P&P as well as Regulation 16b-f.

Specific to Site Topics (add in what applies): Safety topics such as: Falls,
Number DHS incident reports Per time period selected.


1/3/19

January 2, 2019

Bureau of Human Services Licensing
Central Region
625 Forster Street, Room 631
Harrisburg, PA 17120

RE: Acadia Acquisition 1, Inspection Report

To whom it may concern,

This letter is to address our plan of correction regarding the violation for regulation 2600.132b. An agreement will be drawn with the local fire company that assures that we have an observed fire drill each year. The drills will be scheduled one year from the last completed date. This is with the understanding that there is a 15-day grace period if for some reason we are not able to complete the drill on the date scheduled. This document has not been signed at this time due to the holidays. Ian Wirls, DHS Compliance Specialist for Acadia, Inc., will be meeting with [REDACTED] on January 29th to have the above-mentioned agreement signed. We have also attached the business card of [REDACTED] along with this letter, listing his credentials.

Thank you,

Ian Wirls, DHS Compliance Specialist
Acadia, Inc.

 1/31/19

ACADIA Training Record

Name: _____ Training record for the year of: _____

	Date	Source	Content	Length of Course	Certificate (?)	Staff Initials
ex.	1/1/2006	Group training	Discussed fire safety and staff responsibilities.	45 mins.	no	
REQUIRED TRAININGS (2600.65 f1-g6)						
1		Fire Safety Expert (or trained staff)	Fire Safety - By a Fire Safety Expert			
2		Safety Member	Emergency Preparedness Procedures			
3		Local Ombudsman	Resident Rights			
4		Local Ombudsman	Order Adult Protective Service Act (35 P.S. §§ 10225.101-10225.5102)			
5		Red Cross Instructor	Falls and Accident Prevention			
6		RN/trained Med Instr.	Med Self-Administration Training			
7		S. Supervisors/Admin.	Pre-admis Screens, RASP, Med Forms			
8		RN or Trained staff	Dementia & Cog impairments Education			
9		Company RN	Infection Control & Health Care Needs			
10		RN or O.T. Dept.	Personal Care Service Needs for clients			
11		Cert. Mandt Trainer	Safe Management Techniques			
12			Serving New Population Groups (if applicable)			
13			Mental Illness/Mental Retardation Care (if applicable)			
ALL OTHER COMPANY TRAININGS						
14						
15		Ian Wirls	American heart CPR/First Aide training			
16		Med Trainier/Practicu	Annual Medication Training			
17		Med Trainier/Practicu	Quartly MAR review			
18		Med Trainier/Practicu	6 Month MAR review and Med Pass			
19		Med Trainier/Practicu	Quartly MAR review			
20						
21						
22						
23						

[Handwritten Signature] 1/31/19

Resident Admission Support Plan (RASP)

The primary purpose of a RASP form is to quickly, safely and accurately inform others of the needs of our clients and our plan on how to best meet those needs that have been identified through the assessment.

When completing a RASP please make sure you follow the steps below:

- Pre-admission screening dated and signed
- DME dated and signed
- Resident information all boxes completed (Part I)
- Assessment and Support Plan Information completed (Part II – III)
- Summary and Determination completed (Part IV)
- Client is present to review, sign and date the RASP after reviewing it.
- Resident and Supervisor's signature and date (Part V). If a resident refuses to sign, please make sure the box is checked and signed.
- Assure that all necessary boxes are checked, and everything is signed.

RASP should be filed once everything is completed.

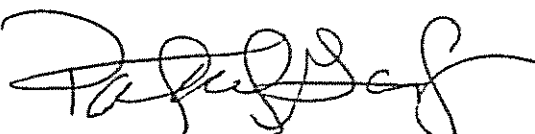
Client's name

Date of last RASP

PCHA/Site Supervisor

Assistant Site Supervisor

Revised 12/28/18

 1/31/19