



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 25 2019

Mr. Jack Poplar,
President/Chief Executive Officer
Acadia Acquisition, Inc.
1817 Olde Homestead Lane, Suite 201
Lancaster, Pennsylvania 17601

RE: Acadia Acquisition 5
649/653 Patriot Drive
Lancaster, Pennsylvania 17601
Certificate #: 331470

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 33147 - 12/06/2018 - McCloskey, Jason

PCH Name: ACADIA ACQUISITION 5

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 14A and 14D

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Marsha Bourassa

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Marsha Bourassa

Date

1/3/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!The above plan of correction is approved as of 1/17/19
(Date)Plan of correction implementation status as of 1/17/19
(Date) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not ImplementedThe above plan of correction was approved by BAS
(Initials)

Violation Report: 33147 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 5

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 12-1-18, from 3pm until 11pm, 5 residents were present in the home. During this time, there were no staff present who were certified in obstructed airway techniques and CPR, and and trained in first aid.

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 14A, 14B and 14E

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Violation Report: 33147 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 5

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 6-7-18, has not taken and passed the initial direct care training course and competency test. This staff person provides unsupervised ADL services in the home.

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.

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Violation Report: 33147 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 5

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Staff person B did not receive training in "Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition, and dehydration", during the 2017 calendar training year.
 Staff person C did not receive training in "Safe management techniques" during the 2017 calendar training year.

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.

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Violation Report: 33147 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 5

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person B did not receive training in "Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert", "Emergency preparedness procedures and recognition and response to crises and emergency situations", and "Falls and accident prevention" during the 2017 calendar training year.

Staff person C did not receive training in f "Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert" and "Emergency preparedness procedures and recognition and response to crises and emergency situations" during the 2017 calendar training year.

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

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See attached

Pages 14A, 14B and 14E

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Violation Report: 33147 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 5

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 most recent fire safety inspection and fire drill observed by a fire safety expert was conducted on 11-1-18. The previous fire safety inspection and fire drill occurred on 6-30-17.

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 14B and 14F

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Marsha Bonarone*

Printed Name and Title of Legal Entity Representative
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Violation Report: 33147 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 5

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home's designated evacuation time is 2 minutes and 30 seconds. The fire drill held on 4-17-18 required 2 minutes and 35 seconds for evacuation.

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.

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Violation Report: 33147 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 5

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The most recent sleeping hours fire drill was conducted on 7-27-18. The previous sleeping hours fire drill was conducted on 12-15-17.

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 14B

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/06/2017	
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Signature of Legal Entity Representative
 (Required on EVERY Page) Marsha Bourassa

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Marsha Bourassa Date 1/3/19

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Violation Report: 33147 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 5

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 The home's designated smoking area contains two chairs with synthetic fabric coverings. Neither chair had labeling indicating fire resistant properties.

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.

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Violation Report: 33147 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 5

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

The home did not perform a minimum of two Medication Administration Record reviews for Staff person C during 2017. This is a required element for the annual medication training.

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.

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Violation Report: 33147 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 5

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for Resident 1 does not include a determination that the home can meet the service needs of the resident.

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 14C and 14G

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Violation Report: 33147 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 5

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for Resident 1, admitted 6-1-18, was completed on 8-12-18.

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.

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Violation Report: 33147 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 5

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, 2 and 3 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 14C, 14H, 14I and 14J

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Marsha Bourassa
Acadia Acquisition 5
649/653 Patriot Drive
Lancaster PA 17602

January 11, 2019

RE: Acadia Acquisition 5, Inspection Report

To whom this may concern

Attached is the plan of correction for Acadia Acquisition 5 Certificate# 331470 to address the violations. Regulation 2600.26(a), Regulation 2600.63 (a), Regulation 2600.65 (d), Regulation 2600.65 (f), Regulation 2600.65 (g), Regulation 2600.132 (b), Regulation 2600.132 (d), Regulation 2600.132 (e), Regulation 2600.144 (c) (1), Regulation 2600.190 (a), Regulation 2600.224 (a), Regulation 2600.225 (a), Regulation 2600.252

1. 2600.26(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. “*The home's quality management plan will review all of the elements required by 2600.26b. At a minimum, the plan will include: (1) 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. 2600.63(a), 2600.65(d), 2600.65(f) (g), 2600.190(a) Attached is a current copy of staff person First Aid/CPR card. I have also included staff (A) competency test certificate of

completion. I have also included Acadia's training log that has been revised to assure all required trainings are being documented properly. The form includes dates of required trainings, medication trainings, expiration dates, and persons responsible for trainings. Immediately, the PCHA will review the trainings files for all current employees to identify what employees have current training in first aid and certification in obstructed airway techniques and CPR. Prior to implementing a staffing schedule, the PCHA will review the schedule in comparison with the staff members training in CPR, First Aid, and Obstructed airway techniques, to ensure proper staffing levels will be achieved. The PCHA will review all documents during the hiring process to ensure all trainings are done before the staff member is cleared to perform direct care. The PCHA will also be responsible to complete monthly audits on trainings and communicate with the staff and DHS medication trainer to assure they have completed the Department-required trainings. 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 that 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.

3. Regulation 132. (b), (d) and (e) 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. All residents will be evacuated to the designated meeting area within the designated evacuation time. The PHCA will review the fire drill record the first working day after a fire drill was held. If it is found that all residents were not evacuated within the allotted time, the administrator will investigate the reason(s) for the failed test and initiate steps to address the problem. Another drill will be held to review the efficacy of the remedy. Documentation of the identified problem(s) and actions for remedy shall be kept by the home for Department review. The PHCA will create a system to track sleeping hour's fire drills to ensure that a sleeping hour's fire drill is performed every six months.
4. 2600.144(c) Attached is a receipt of the chairs purchased for the patio. The chairs that were on the patio at the time of inspection were removed immediately. The chairs were purchased on January 2, 2019 and placed in the smoking area of Acadia Acquisition 5 on January 9, 2019. The PCHA will check daily to ensure the patio furniture are in good repair and contain approved material.

5. 2600.224(a), 2600.225(a) 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 practices align with DHS requirements to avoid this violation 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.
6. 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 30days. 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.

Please let me know if you need further information about this form.

Best Regards,

Marsha Bourassa, PCHA

Quality Management Plan **Date** **1/3/2019**

Acadia Acquisition 5 (Greenfield)

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

Discussed Agenda

GF: 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 counseling: 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 years at Acadia Acquisition 5.

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.

Marsha Bonema
1/3/19

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	Older 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)			
14	ALL OTHER COMPANY TRAININGS					
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						

Marsha Bonome
1/3/19

January 2, 2019

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

RE: Acadia Acquisition 5, 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.

Mansta Banerji
1/3/19

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 refuse 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

Marshe Brown
1/3/19

Acadia Acquisition 5
114/1104 Bentley Ridge Blvd
Lancaster PA 17603

January 2, 2019

To whom this may concern

Attached I have included the form that our facility will include in our residents file, which includes a description of the clients "identifying marks, which will address violation 2600.252. The PCHA's will work with nursing to properly complete this form for each client in the residence.

Please let me know if you need further information about this form.

Best Regards,

Marsha Bourassa, PCHA

Marsha Bourassa
1/3/19

