pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 04 2019

Mr. Frank Wentzel, Executive Director
Community Specialists Corporation
900 Agnew Road
Pittsburgh, Pennsylvania 15227

RE: The Academy – Sanction Unit/Residential Program
2200 Sleepy Hollow Road
Library, PA 15129

License #435120

Dear Mr. Wentzel:

As a result of the Department of Human Services' licensing inspection on February 13-14, 2019, 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:<br>Community Specialists Corporation<br>The Academy Sanction Unit/Residential Program #435120 | | | | TELEPHONE:<br>(724) 282-1995 | OCYF REGIONAL STAFF APPROVAL | DATE |
|---|---|---|---|---|---|---|
| ADDRESS:<br>2200 Sleepy Hollow Road<br>Library, Pennsylvania 15129 | | | | COUNTY:<br>Allegheny | | 3/11/19 |
| INSPECTED BY:<br>Daniel J. Nehlen, Tiana Jordan, Gregory Holts, Keith Witt, Wendy Reed | | | | INSPECTION DATE(S):<br>2/13/2019 – 2/14/2019 | Bonnie J Studn | 3-11-19 |
| INITIAL INSPECTION | RENEWAL INSPECTION | COMPLAINT | UNANNOUNCED INSPECTION | RANDOM SAMPLE | Amber D. Karp | 3/14/19 |
| | x | | | | | |

The Department of Human Services, Office of Children, Youth and Families, Western Region (Department) conducted an annual licensing inspection of The Academy Sanction Unit/Residential Program on 2/13/2019 and 2/14/2019 for licensing year 04/21/2019 to 04/21/2020. During this inspection, the Department reviewed: 92 staff files. This facility did not hold any residents in the past year. A physical site inspection was completed, and there were no concerns noted. The facility appeared clean and move-in ready.

| 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 | N/A | N/A | N/A | N/A |

**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**

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE — TITLE

DATE — TELEPHONE NUMBER