pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 06 2019

Mr. Jesse J. McLean, Jr., Executive Director
Pressley Ridge Schools
5500 Corporate Drive, Suite 400
Pittsburgh, Pennsylvania 15237

RE: Pressley Ridge School for the Deaf –
Building 3
530 Marshall Avenue
Pittsburgh, PA 15214

License #446920

Dear Mr. McLean

As a result of the Department of Human Services' (Western Office of Children, Youth and Families) licensing inspection on March 11-13, 2019 of the above agency, the violations with 55 Pa.Code Ch. 3800 regulations specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 3800 regulations must be maintained.

Sincerely,

Cathy A. Utz

Cathy Utz
Deputy Secretary

Enclosure
Licensing Inspection Summary

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Pressley Ridge Schools Pressley Ridge School for the Deaf – Building 3 #446920	TELEPHONE: 412-321-6995	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS: 530 Marshall Avenue Pittsburgh, Pennsylvania 15214	COUNTY: Allegheny	Gregory J Holts	4.15.19
INSPECTED BY: Gregory Holts, Mary Lou Warchola, Tiana Jordan, and Erin Bauer	INSPECTION DATE: 3/11/2019 – 3/13/2019	Ronnie W. Studer	4.16.19

INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	Amber D. Kalp	4/26/19
	X					

The Department of Human Services, Office of Children, Youth and Families, Western Region (Department) conducted an annual licensing inspection of Pressley Ridge School for The Deaf – Building 3 on 3/11/2019 to 3/13/2019 for the licensing year 5/15/2019 to 5/15/2020. During the inspection, the Department reviewed: 10% of the agency's child files, including discharged child files, and all personnel files, which included new and tenured employees. The child files were determined to be in compliance with state and federal laws and regulations. During the personnel file review, the Department identified two personnel files that did not contain a health statement within the mandatory two-year period. This will result in the issuance of a citation, and the regulatory violation is further explained below. A physical site inspection was completed, and there were no regulatory concerns noted. The Department conducted a child interview and staff interview during this inspection. The child reported he frequently helped feed the homeless after school. The staff member stated there are minimal restraints due to priority of keeping a safe environment for the residents.

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3800.151 Staff Health Statement	This regulation states a staff person or volunteer who comes into direct contact with the children or who prepares or serves food, shall have a statement signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant within 12 months prior to working with children or food service and	The Agency shall develop and implement a plan of correction to ensure all employees obtain a health statement at least every two years after their initial year of employment at the agency.	April 15, 2019	Pressley Ridge School for the Deaf will continue to use an internal tracking system and will prompt each staff member when their physicals are due. If a staff person turns their completed form in directly to the Pressley Ridge Human Resources Department, the PRSD Management Team will have an HR representative confirm that the health statement section is	OK RBS **PLAN ACCEPTED**

	every 2 years thereafter. During review of personnel files, the Department identified two staff who did not obtain their health statements within the two-year regulatory time period.			correctly filled out.	

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 TO YOUR REGIONAL OFFICE BY: N/A	
Amy McClellan	Program Director
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	TITLE
4/10/19	412-719-4826
DATE	TELEPHONE NUMBER