



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 17 2019

Mr. Mark Mortimer, COO
Adelphoi Village, Inc.
1119 Village Way,
Latrobe, Pa. 15650

RE: Adelphoi Village, Inc.- Middle Creek II
1116 Village Way,
Latrobe, Pa. 15650

License # 411010

Dear Mr. Mortimer:

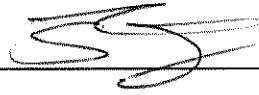
As a result of the Department of Human Services' licensing inspection on March 18 - 21, 2019 we have found the above agency, to be in compliance with 55 Pa. Code Ch. 3800 regulations.

Sincerely,

Amy Grippi
Acting Deputy Secretary

Enclosure
Licensing Inspection Summary

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Adelphoi Village, Inc. Middle Creek II #411010				TELEPHONE: (724) 804-7000		OCYF REGIONAL STAFF APPROVAL		DATE	
ADDRESS: 1116 Village Way Latrobe, Pennsylvania 15650				COUNTY: Westmoreland				5-9-19	
INSPECTED BY: Gregory Holts, Tiana Jordan, Bonnie Studor, Erin Bauer, Alicia Clark, Nathan Humes, Rebecca Lewandowski, Daniel Nehlen, Mark Nuzzo, Keith Witt, Melissa Zakraysek, and John Zubryd.				INSPECTION DATE(S): 3/18/2019-3/21/2019		Bonnie J. Studn		5-9-19	
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE		Amber D. Kelp		5/9/19	
X									

The Department of Human Services, Office of Children, Youth and Families, Western Region (Department) conducted an annual licensing inspection of Adelphoi Village, Inc., Middle Creek II, on 3/18/2019 through 3/21/2020 for licensing year 6/02/2019 to 6/02/2020. During the inspection, the Department reviewed: 20% of the facility's child files, and all of the agency's personnel files of the employees who have regular and significant direct contact with the youth. A physical site inspection was completed, and there were no regulatory concerns noted. The Department conducted interviews with a resident and staff member during this inspection. The staff member reported Middle Creek II is a structured program, so the children experience difficulties when they move from a less restrictive program. The staff explained the monthly feedback sessions and described this process as helpful. The resident expressed she is glad to transition to a step-down program in the near future. She reported "confront" expectations are posted, and the staff are clear about the expectations of the program.

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	Full certification recommended

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: N/A

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE

TITLE

DATE

TELEPHONE NUMBER