pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

MAY 17 2019

RE: Adelphoi Village, Inc.- Vincent
1127 Village Way,
Latrobe, Pa. 15650

License # 421880

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

Amy Grippi
Acting Deputy Secretary

Enclosure
Licensing Inspection Summary

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Adelphoi Village, Inc. Vincent #421880	TELEPHONE: (724) 532-2978	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS: 1127 Village Way Latrobe, Pennsylvania 15650	COUNTY: Westmoreland		5-8-19
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: 3/18/2019-3/21/2019	Bonnie J. Studor	5.9.19

INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	Amber D. Kalp	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., Vincent, from 03/18/2019 to 03/21/2019 for licensing year 06/02/2019 to 06/02/2020. During the inspection, the Department reviewed: 10% of the facility's resident files, including discharged resident files, and all personnel files, including all employees who have significant and regular direct contact with the youth. A physical site inspection was completed, and there were no regulatory concerns identified. The Department conducted interviews with a staff and resident during this inspection. The resident felt the staff were there to help him. The staff reported the trainings provided were informative. There were no issues or concerns reported during the interviews.

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	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 TO YOUR REGIONAL OFFICE BY: N/A	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	TITLE
DATE	TELEPHONE NUMBER