



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 I
1114 Village Way,
Latrobe, Pa. 15650

License # 473050

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.

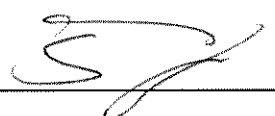
Sincerely,

Amy Grippi
Acting Deputy Secretary

Enclosure
Licensing Inspection Summary

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

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NAME OF AGENCY/FACILITY: Adelphoi Village, Inc. Middle Creek I #473050				TELEPHONE: (724) 804-7260	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS: 1114 Lincoln Avenue 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: 3/18/2019-3/21/2019	Bonnie Studor	5-9-19
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	Amber D. Kaep	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 I, from 03/18/2019 to 03/21/2019 for licensing year 06/02/2019 to 06/02/2020. During the inspection, the Department reviewed: 20% of the agency'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 child stated he felt safe and staff has been helpful. The staff member reported the residents participate in anger control and crisis management groups.

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