



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Jennifer McClaren, CEO
Adelphoi Village, Inc.
1119 Village Way
Latrobe, PA 15650

JUL 16 2019

RE: Manor Enhanced
557 Manor Drive
Ebensburg, PA 15931
License #: 333980

Dear Jennifer McClaren:

As a result of the Department of Human Services' annual licensing inspection on May 28-30, 2019, we have found the above facility to be in compliance with 55 Pa. Code Ch. 3800.

Sincerely,

Amy Grippi
Acting Deputy Secretary

Enclosure
Licensing Inspection Summary

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Adelphoi Village Inc– Manor Enhanced License #: 333980				TELEPHONE: (724)-804-7000	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS: 557 Manor Drive Ebensburg, PA 15931				COUNTY: Cambria	<i>Sara M Harris</i>	<i>7/3/19</i>
INSPECTED BY: Sara Harris, Jessica Brown, Emily Trantham, Lestia Fetzer				INSPECTION DATE(S): 05/28/2019, 05/29/2019, 05/30/2019	<i>Diana Upst</i>	<i>7-3-19</i>
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	<i>Gabi Miller</i>	<i>7/3/19</i>
X						

The Department of Human Services conducted an Annual Licensing Inspection of Adelphoi Village – Manor Enhanced on May 28-30, 2019, for the licensing year extending from 05/01/2019 to 09/01/2019. During the inspection Departmental staff reviewed 2 of 2 newly hired personnel records, 18 of 18 tenured personnel records, and 2 of 22 child records. Departmental staff reviewed all pre-inspection documents, including fire drills, to measure compliance. During the inspection a physical site walkthrough was conducted. 2 children and 2 staff members were interviewed.

There were no areas of non-compliance noted.

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	No areas of regulatory non-compliance were noted.				

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	