

Department of Human Services  
Bureau of Human Service Licensing

September 8, 2022

[REDACTED], [REDACTED]

ACADIA ACQUISITION INC  
1813 OLD HOMESTEAD LANE,STE 105  
LANCASTER, PA, 17601

RE: ACADIA ACQUISITION 1  
1604/1614 BENTLEY RIDGE BLVD  
LANCASTER, PA, 17602  
LICENSE/COC#: 33138

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/06/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: ACADIA ACQUISITION 1 License #: 33138 License Expiration: 03/25/2023  
Address: 1604/1614 BENTLEY RIDGE BLVD, LANCASTER, PA 17602  
County: LANCASTER Region: CENTRAL

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: ACADIA ACQUISITION INC  
Address: 1813 OLD HOMESTEAD LANE, STE 105, LANCASTER, PA, 17601  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 04/30/2004 Issued By: L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 6 Waking Staff: 5

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #: 0  
Reason: Renewal Exit Conference Date: 07/06/2022

**Inspection Dates and Department Representative**

07/06/2022 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 8 Residents Served: 5

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 1  
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 1 Have Physical Disability: 1

**Inspections / Reviews**

**07/06/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/24/2022

**08/01/2022 - POC Submission**

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/08/2022*

## 08/24/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/31/2022*

## 09/08/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 64a - Admin Training

## 1. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.

**Description of Violation**

*Staff person A, who is the home's administrator, has not provided verification of completing the Department's orientation program.*

**Plan of Correction****Accept**

*Immediately, PCHA made contact to make initial request and is waiting for response from DHS to receive a copy of his completed certificate of orientation program. September 10th 2022*

**Completion Date:** 08/25/2022

**Document Submission****Implemented**

*Immediately, PCHA made contact to make initial request and is waiting for response from DHS to receive a copy of his completed certificate of orientation program. September 10th 2022*

*All steps have been completed.*

## 88a - Surfaces

## 1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

*On 07/06/22, the wall in Resident 1's bedroom had small holes and exposed nails. The carpeting was stained in Resident 2's bedroom.*

**Plan of Correction****Accept**

*PCHA immediately removed all nails from walls. All holes have been filled and waiting for Bentley Ridge to drop off paint for final touch up on drying plaster. Picture of completed work will be uploaded within 15 days.*

*Moving forward PCHA will provide all clients with Command Adhesive strips to hang any and all personal items in the rooms.*

*The Acadia Safety Self Inspection Report will be done monthly with the addition of the following area to be assessed, (Floors, walls, ceilings, windows, doors are in good repair and free from hazards).*

**Completion Date:** 08/25/2022

**Document Submission****Implemented**

*PCHA immediately removed all nails from walls. All holes have been filled and waiting for Bentley Ridge to drop off paint for final touch up on drying plaster. Picture of completed work will be uploaded within 15 days.*

*Moving forward PCHA will provide all clients with Command Adhesive strips to hang any and all personal items in the rooms.*

*The Acadia Safety Self Inspection Report will be done monthly with the addition of the following area to be assessed, (Floors, walls, ceilings, windows, doors are in good repair and free from hazards).*

**88a - Surfaces (continued)**

*All steps have been completed.*

**105g - Lint Removal and Duct Cleaning****1. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**Description of Violation**

*The homes/community policy for cleaning the ducts of the home's dryers indicates cleaning will occur bi-annually. However, the most recent cleaning was completed in 2018.*

**Plan of Correction****Accept**

*PCHA will immediately contact Bentley Ridge Maintenance and request a copy of work completed (bi-annually).*

*07/25/2022 email sent to Bentley Ridge asking what their procedure is for documenting when they clean the outside the apartment duct work, moving forward when they have completed the outside duct work cleaning PCHA will request a copy of work completed to include in DHS Binder.*

**Completion Date:** 07/25/2022

**Document Submission****Implemented**

*PCHA will immediately contact Bentley Ridge Maintenance and request a copy of work completed (bi-annually).*

*07/25/2022 email sent to Bentley Ridge asking what their procedure is for documenting when they clean the outside the apartment duct work, moving forward when they have completed the outside duct work cleaning PCHA will request a copy of work completed to include in DHS Binder.*

*All steps have been completed.*

**185a - Implement Storage Procedures****1. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*On [REDACTED] Resident 3's [REDACTED] was not calibrated with the correct time. Resident 3's [REDACTED] on [REDACTED] incorrectly documented in the medication administration record (MAR) as [REDACTED]. The documented reading of [REDACTED].*

**Plan of Correction****Accept**

*Staff member brought devices to nursing department on 07/15/2022. Nursing staff changed all [REDACTED]s to have the current date and times on the same date.*

*Going forward we will ask that the residential staff to submit the [REDACTED] to nursing staff every 4 weeks to*

**185a - Implement Storage Procedures (continued)**

review them for accuracy.

PCHA will send out a reminder when it is time for review of time and date calibration.

**Completion Date:** 08/25/2022

**Document Submission****Implemented**

Staff member brought devices to nursing department on 07/15/2022. Nursing staff changed all [REDACTED] to have the current date and times on the same date.

Going forward we will ask that the residential staff to submit the [REDACTED]s to nursing staff every 4 weeks to review them for accuracy.

PCHA will send out a reminder when it is time for review of time and date calibration.

All steps have been completed.

**191 - Resident Right to Refuse****1. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

The home did not have documentation that Resident 2 has been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**Plan of Correction****Accept**

Completed [REDACTED] Medication Refusal Education form to resident 2 and had them sign and placed in DHS resident file.

PCHA will conduct a review of the DHS resident file to ensure Resident Education form is completed/updated when annual (or as needed) RASP is completed/updated.

**Completion Date:** 08/25/2022

**Document Submission****Implemented**

Completed [REDACTED] Medication Refusal Education form to resident 2 and had them sign and placed in DHS resident file.

PCHA will conduct a review of the DHS resident file to ensure Resident Education form is completed/updated when annual (or as needed) RASP is completed/updated.

All steps have been completed.

**227d - Support Plan Medical/Dental****1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

227d - Support Plan Medical/Dental (continued)

Description of Violation

On 07/06/22, an [redacted] were observed in Resident 3's bedroom. The resident's support plan, dated [redacted], does not document the need for these devices.

Plan of Correction

Accept

Completed 07/25/2022: Clients RASP was updated to reflect the physical changes concerning [redacted] and [redacted]

PCHA will conduct a review of the DHS resident file to ensure Resident equipment information is completed/updated when annual (or as needed) RASP is completed/updated. PCHA will use last page of RASP instructions as a checklist to ensure all changes/updates have been made. (last page of RASP instructions starting with (Accidental Omissions)

Completion Date: 08/25/2022

Document Submission

Implemented

Completed 07/25/2022: Clients RASP was updated to reflect the physical changes [redacted]

PCHA will conduct a review of the DHS resident file to ensure Resident equipment information is completed/updated when annual (or as needed) RASP is completed/updated. PCHA will use last page of RASP instructions as a checklist to ensure all changes/updates have been made. (last page of RASP instructions starting with (Accidental Omissions)

All steps have been completed.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

The home's records for Residents 2 and 3 do not include color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Plan of Correction

Accept

Completed 07/21/2022. All clients DHS binders have been updated to include, race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

PCHA will conduct a review of the DHS resident file to ensure Resident demographics and identifying marks form is completed/updated when annual (or as needed) RASP is completed/updated.

Completion Date: 07/21/2022

Document Submission

Implemented

Completed 07/21/2022. All clients DHS binders have been updated to include, race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

PCHA will conduct a review of the DHS resident file to ensure Resident demographics and identifying marks form is completed/updated when annual (or as needed) RASP is completed/updated.

*252 - Record Content (continued)*

*All steps have been completed.*