Department of Human Services
Office of Children, Youth and Families
Licensing Inspection Summary - Public
55 PA.CODE CHAPTER 3800

September 21, 2023

[redacted]
ADELPHOI VILLAGE, INC.
1119 VILLAGE WAY
LATROBE, PA, 15650

RE: WILLIAMS
521 MUNICIPAL DRIVE
DUNCANSVILLE, PA, 16635
LICENSE/COC#: 31837

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Office of Children, Youth and Families review on of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Office of Children, Youth and Families

Agency/Facility Information

Name: *WILLIAMS*
Address: *521 MUNICIPAL DRIVE, DUNCANSVILLE, PA 16635*
County: *BLAIR*
License Number: *31837*
License Expiration: *09/01/2023*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *ADELPHOI VILLAGE, INC.*
Address: *1119 VILLAGE WAY, LATROBE, PA, 15650*
Phone: [redacted] **Email:** [redacted]

Inspection Information

Start Date: *05/16/2023* **End Date:** *06/20/2023* **Type:** *Complaint* **Notice:** *Announced Visit*
Inspector(s): [redacted]

Inspection Narrative

The Department of Human Services conducted a complaint inspection of Adelphoi Village - Williams on 5/16/2023 and 6/15/2023. During the inspection, Departmental staff reviewed 1 of 1 newly hired personnel records, and 6 of 6 child records. 1 staff member and 7 children were interviewed.

The following areas of non-compliance were noted:

Inspections / Reviews

05/16/2023 - Complaint

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/28/2023*

08/23/2023 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *On-site Verification* **Follow-Up Date:** *09/22/2023*

08/23/2023 - On-site Verification

Submitted By: [redacted] **Date Submitted:** *08/02/2023*
Reviewer: [redacted] **Follow-Up Type:** *Not Required*

3800.32 Specific Rights

1. Requirements

3800.32.b. A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.

Description of Violation

On [redacted]/2023, Staff Member A allowed and encouraged Child B, Child D, Child E, and Child F to physically fight each other for approximately 30-second increments multiple times.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Plan of Correction ***Accept [redacted] - 08/03/2023)***

- On the evening of [redacted] 2023, a client reported the incident to a staff member.
- On [redacted] 2023, a Childline report was made. Staff Member A was suspended on [redacted] 2023, by the Unit Director and Regional Program Director. Staff Member A resigned from [redacted] position.
- The incident was reviewed by DHS and the allegation was Unfounded on June 22, 2023.
- Staff Member A acted outside of [redacted] training and agency policies and procedures.
- During orientation training, staff members review the agency policies and procedures manuals. The instructor reviews the expectations of staff related to interactions with clients. This part of the training is very specific and includes the noted incident. Furthermore, staff members are informed that if they engage in such conduct that Adelphoi will cooperate with all investigating bodies (i.e. DHS, Childline, local police, etc.) and pursue prosecution to the fullest extent of the law.
- The residential unit completes two different random audits to ensure staff and clients are following expectations. Random camera audits are completed on each shift weekly by the Unit Director, as well as monthly by the Compliance Caseworker, and Regional Program Directors. The Unit Director completes unannounced rounds monthly for each shift by physically entering the program, again to ensure staff and clients are following expectations. This is reviewed monthly by all Regional Program Directors, Compliance Caseworker, and the Director of Quality Assurance.
- The Unit Director will run a group for the clients on reporting to staff, grievance procedures, and how to report a grievance.
- The Unit Director will discuss this incident within the next staff meeting. [redacted] will review key expectations of providing supervision, safety, and displaying professional conduct when working with the clients in care. This will be recorded on a Training Documentation sheet and provided to the Human Resources Department.
- The Regional Program Director will interview random staff and clients using a survey tool created by the COO. The purpose is to monitor (1) our practices in comparison to trauma-informed practices, (2) monitor the unit normative system and culture, (3) identify concerns earlier in their lifecycle, (4) proactively monitor group dynamics, (5) provide a safe and healthy outlet for clients to discuss their care and treatment and (6) overall checks and balance. This will occur monthly with a combination of in-person interviews or surveys. Any issues will be addressed immediately by the Regional Program Director. This will occur in August, September, and October 2023.
- The summary results of the survey will be emailed to the Vice President of Residential Services, Compliance Caseworker, and the Director of Quality Assurance. The Regional Program Director is responsible for monitoring and ensuring compliance.
- The unit's random camera audits and unannounced rounds will be reviewed monthly by all Regional Program Directors, Compliance Caseworkers the Director of Quality Assurance, and the Vice President of Residential Services during the monthly compliance meetings.
- The Compliance Caseworker will randomly complete camera audits and email out a summary of the results of the survey will be emailed to the Vice President, Unit Director, Program Director, and the Director of Quality

3800.32 Specific Rights (continued)

Assurance. This will occur in August, September, and October 2023.
- Any issues will be addressed immediately by the Vice President of Residential Services.
- The Unit Director is responsible for monitoring and ensuring compliance.

Licensee's Proposed Overall Completion Date: *08/02/2023*

On-site Verification ***Implemented (- 09/21/2023)***

Departmental staff reviewed documentation of a staff meeting from 8/8/2023 in which staff the incident, staff expectations, and safety were discussed. Additionally, Departmental staff reviewed documentation from a resident house meeting completed on 8/8/2023 in which the facility grievance procedure was reviewed as well as the incident. Departmental staff reviewed summary results of random interviews of staff and residents completed by the Regional Program Director. Plan of Correction verified 9/21/2023 .

3800.147 Use of Tobacco

2. Requirements

3800.147.a. Use or possession of tobacco products by children is prohibited.
3800.147.b. Use or possession of tobacco products by staff persons is prohibited in the facility and during transportation provided by the facility.

Description of Violation

Through interviews, it was determined that Staff Member A brought a vape into the facility and allowed children to use it.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Plan of Correction ***Accept - 08/03/2023)***

- On the evening of 2023, a client reported the incident to a staff member.
- On 2023, a Childline report was made. Staff Member A was suspended on 2023, by the Unit Director and Regional Program Director. Staff Member A resigned from position.
- The incident was reviewed by DHS and the allegation was Unfounded on June 22, 2023.
- Staff Member A acted outside of training and agency policies and procedures.
- During orientation training, staff members review the agency policies and procedures manuals. The instructor reviews the expectations of staff related to interactions with clients. This part of the training is very specific and includes the noted incident. Furthermore, staff members are informed that if they engage in such conduct that Adelphoi will cooperate with all investigating bodies (i.e. DHS, Childline, local police, etc.) and pursue prosecution to the fullest extent of the law.
- The residential unit completes two different random audits to ensure staff and clients are following expectations. Random camera audits are completed on each shift weekly by the Unit Director, as well as monthly by the Compliance Caseworker, and Regional Program Directors. The Unit Director completes unannounced rounds monthly for each shift by physically entering the program, again to ensure staff and clients are following expectations. This is reviewed monthly by all Regional Program Directors, Compliance Caseworker, and the Director of Quality Assurance.
- The Unit Director will run a group for the clients on reporting to staff, grievance procedures, and how to report a grievance.
- The Unit Director will discuss this incident within the next staff meeting. will review key expectations of

3800.147 Use of Tobacco (continued)

providing supervision, safety, and displaying professional conduct when working with the clients in care. This will be recorded on a Training Documentation sheet and provided to the Human Resources Department.
- The Regional Program Director will interview random staff and clients using a survey tool created by the COO. The purpose is to monitor (1) our practices in comparison to trauma-informed practices, (2) monitor the unit normative system and culture, (3) identify concerns earlier in their lifecycle, (4) proactively monitor group dynamics, (5) provide a safe and healthy outlet for clients to discuss their care and treatment and (6) overall checks and balance. This will occur monthly with a combination of in-person interviews or surveys. Any issues will be addressed immediately by the Regional Program Director. This will occur in August, September, and October 2023.
- The summary results of the survey will be emailed to the Vice President of Residential Services, Compliance Caseworker, and the Director of Quality Assurance. The Regional Program Director is responsible for monitoring and ensuring compliance.
- The unit's random camera audits and unannounced rounds will be reviewed monthly by all Regional Program Directors, Compliance Caseworkers the Director of Quality Assurance, and the Vice President of Residential Services during the monthly compliance meetings.
- The Compliance Caseworker will randomly complete camera audits and email out a summary of the results of the survey will be emailed to the Vice President, Unit Director, Program Director, and the Director of Quality Assurance. This will occur in August, September, and October 2023.
- Any issues will be addressed immediately by the Vice President of Residential Services.
- The Unit Director is responsible for monitoring and ensuring compliance.

Licensee's Proposed Overall Completion Date: *08/02/2023*

On-site Verification ***Implemented ([redacted] - 09/21/2023)***

Departmental staff reviewed documentation of a staff meeting from 8/8/2023 in which staff the incident, staff expectations, and safety were discussed. Additionally, Departmental staff reviewed documentation from a resident house meeting completed on 8/8/2023 in which the facility grievance procedure was reviewed as well as the incident. Departmental staff reviewed summary results of random interviews of staff and residents completed by the Regional Program Director. Plan of Correction verified 9/21/2023 [redacted]