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

December 20, 2023

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

RE: MIDDLE CREEK III
1120 VILLAGE WAY
LATROBE, PA, 15650
LICENSE/COC#: 44528

[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: *MIDDLE CREEK III*
Address: *1120 VILLAGE WAY, LATROBE, PA 15650*
County: *WESTMORELAND*
License Number: *44528*
License Expiration: *06/02/2024*

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: *06/15/2023* **End Date:** *06/15/2023* **Type:** *Complaint* **Notice:** *Announced Visit*
Inspector(s): [redacted]

Inspection Narrative

During a CPS investigation, the Department reviewed video and based upon the investigation is issuing the following citations at Middle Creek Three. Please see the attached documentation for the details.

Inspections / Reviews

06/15/2023 - Complaint

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/04/2023*

08/14/2023 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *On-site Verification* **Follow-Up Date:** *09/14/2023*

08/14/2023 - 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

During a CPS investigation of an incident involving Staff member A and Child A, the staff member shoved the desk violently that Child A was sitting in and pushed it backwards. When the desk stopped moving, the Child A jumped up and the Staff A shoved Child A backwards. This was not treating Child A with dignity and respect and resulted in a physical altercation between the two.

Plan of Correction ***Accept (- 08/14/2023)***

- After review of the emergency physical intervention (EPI), the Unit Director notified Childine and removed the staff from the unit. Staff member A acted outside of the approved Safe Crisis Management (SCM) training during the initiation of the emergency physical intervention (EPI).
- Staff member A was suspended for 3 weeks during the DHS investigation.
- The incident was reviewed by DHS and the allegation was verbally Unfounded
- Prior to the staff returning to the unit, the staff had a meeting with the Vice President of Residential Services, Unit Director, and Regional Program Director. This meeting was to review the staff's actions and the individual plan for return. The staff was required to complete the full 3-day safe crisis management training. This training was completed prior to return to the unit. Additionally, the staff would start weekly clinical supervision with the Unit Director upon return to the unit and the staff was offered Employee Assistant Program.
- The client was assessed by the Director of Nursing. No medical attention was required. documentation was provided to DHS during their investigation.
- The Unit Director has added agenda related to self-management and de-escalation to a bi-weekly staff meeting.
- Compliance Caseworker and Clinical Manager will review the next 3 emergency physical interventions at Middle Creek III to ensure de-escalation and proper technique were used by the staff team. Findings of each review will be sent, via email, to the Unit Director, Regional Program Director, Director of QA, and Vice President.
- 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 - 12/06/2023)***

On October 9, 2023, a POC verification meeting was held, and 2 files were reviewed to verify the POC was executed. The plan has been implemented.

3800.202 Appropriate Use of Restrictive Procedures

2. Requirements

3800.202.c. For each incident in which use of a restrictive procedure is considered:
2. A restrictive procedure may not be used unless less intrusive techniques and resources appropriate to the behavior have been tried but have failed.

Description of Violation

On 05/11/2023. Staff A appeared angry on the video and was walking quickly toward Child A, who was sitting in a desk in the doorway of Child A's room. Staff member A shoved the desk into the room. Child A jumped out of the desk when it stopped moving and stood up. Staff A shoved Child A backwards and off balance. None of these actions are appropriate techniques and only served to escalate the situation instead of de-escalating it, which is a violation of the above restrictive procedure.

3800.202 Appropriate Use of Restrictive Procedures *(continued)*

Plan of Correction ***Accept [redacted] - 08/14/2023)***

- After review of the emergency physical intervention (EPI), the Unit Director notified Childline and removed the staff from the unit. Staff member A acted outside of the approved Safe Crisis Management (SCM) training during the initiation of the emergency physical intervention (EPI).
- Staff member A was suspended for 3 weeks during the DHS investigation.
- The incident was reviewed by DHS and the allegation was verbally Unfounded
- Prior to the staff returning to the unit, the staff had a meeting with the Vice President of Residential Services, Unit Director, and Regional Program Director. This meeting was to review the staff's actions and the individual plan for [redacted] return. The staff was required to complete the full 3-day safe crisis management training. This training was completed prior to [redacted] return to the unit. Additionally, the staff would start weekly clinical supervision with the Unit Director upon return to the unit and the staff was offered Employee Assistant Program.
- The client was assessed by the Director of Nursing. No medical attention was required. [redacted] documentation was provided to DHS during their investigation.
- The Unit Director has added agenda related to self-management and de-escalation to a bi-weekly staff meeting.
- Compliance Caseworker and Clinical Manager will review the next 3 emergency physical interventions at Middle Creek III to ensure de-escalation and proper technique were used by the staff team. Findings of each review will be sent, via email, to the Unit Director, Regional Program Director, Director of QA, and Vice President.
- 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] - 12/06/2023)***

On October 19, 2023, a POC verification meeting was help and 2 files were reviewed to verify the POC was executed. The plan has been implemented.