

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

September 18, 2023

[REDACTED], SITE SUPERVISOR  
ACADIA ACQUISITION INC  
[REDACTED]

RE: ACADIA ACQUISITION 2  
306/312 BENTLEY RIDGE BLVD  
LANCASTER, PA, 17602  
LICENSE/COC#: 33143

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/24/2023 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 Bureau of Human Service Licensing

## Facility Information

**Name:** ACADIA ACQUISITION 2 **License #:** 33143 **License Expiration:** 01/01/2024  
**Address:** 306/312 BENTLEY RIDGE BLVD, LANCASTER, PA 17602  
**County:** LANCASTER **Region:** CENTRAL

## Administrator

**Name:** Xor Mee Thao **Phone:** 717-475-9326 **Email:** XThao@acadiarehab.com

## Legal Entity

**Name:** ACADIA ACQUISITION INC  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** Other **Date:** 08/28/2006 **Issued By:** East Lampeter Township

## Staffing Hours

**Resident Support Staff:** 01 **Total Daily Staff:** 7 **Waking Staff:** 5

## Inspection Information

**Type:** Full **Notice:** Unannounced **BHA Docket #:** 0  
**Reason:** Renewal, Incident **Exit Conference Date:** 08/24/2023

## Inspection Dates and Department Representative

08/24/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 8 **Residents Served:** 6

## Secured Dementia Care Unit

**In Home:** No **Area:** **Capacity:** **Residents Served:**

## Hospice

**Current Residents:** 0

## Number of Residents Who:

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 3  
**Diagnosed with Mental Illness:** 2 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

## Inspections / Reviews

08/24/2023 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/08/2023

09/11/2023 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 09/15/2023  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/16/2023

Inspections / Reviews *(continued)*

09/15/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/20/2023

09/18/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 16c - Written Incident Report

### 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

### Description of Violation

On [REDACTED] Resident 1 had a fall which resulted in a visit to the emergency room. Resident 1 sustained some scrapes to arm and leg and a bump to the head. The home did not submit an incident report to the Department until [REDACTED].

On [REDACTED] Resident 1 became unresponsive while receiving personal care by staff, which resulted in Resident 1 slipping from shower chair to the floor. Resident 1 was transported to the emergency room by ambulance. The home did not submit an incident report to the Department until [REDACTED].

### Plan of Correction

Accept [REDACTED] 09/15/2023)

Effective 9/7/2023 staff will contact the on-call supervisor when they are aware of an incident and the supervisor will complete the DHS report to DHS within 24 hours. All staff will be trained 2600.16c on Appendix A and B by 10/8/2023. Training will be documented on a signature sheet. RCG Appendix A and B will be posted at all houses for staff to reference. See attached for a copy of the form.

The PCHA from each home will complete the training. See attachment

Licensee's Proposed Overall Completion Date: 09/14/2023

Implemented [REDACTED] 09/18/2023)

## 105g - Lint Removal and Duct Cleaning

### 2. 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 home did not provide documentation indicating the dryer ducts have been cleaned within the past year or according to manufacturer's instructions.

### Plan of Correction

Accept [REDACTED] - 09/15/2023)

8/25/2023 Email sent from Bentley Ridge maintenance to clean the outside the apartment duct work, Moving forward When they have completed the outside ductwork cleaning PCHA will request a copy of the work completed to include in the DHS Binder. See attached for a copy of the form. PCHA and the Director of Residential Services will put on the calendar July 1st, 2024 to send to maintenance on request clean done by August 30th. PCHA will follow up to get the document done by August.

See attachment.

Licensee's Proposed Overall Completion Date: 09/14/2023

105g Lint Removal and Duct Cleaning (continued)

Implemented ( ) - 09/18/2023)

107d Procedure Emergency Management Agency Submission

3. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed and submitted to local emergency management agency (EMA) for 2022.

Plan of Correction

Accept ( ) - 09/11/2023)

The Director of Residential Services updated the emergency procedures and submitted the written plan to the local emergency management agency.

The director will put a reminder on the calendar on 9/7/2024 to update and submit the plan.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented ( ) - 09/18/2023)

131f Fire Extinguisher Inspection

4. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in home has not been inspected by a fire safety expert since 05/2022.

Plan of Correction

Accept ( ) - 09/11/2023)

On 9/6/23, PCHA bought two new fire extinguishers for 306/312. PCHA will conduct safety inspections every month. A safety inspection audit tool will be utilized to check the date when it is expired. See attached for a copy of the form.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented ( ) 09/18/2023)

185a Implement Storage Procedures

5. 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

Resident 2's blood glucose checks on the glucometer did not match the numbers transcribed on the Mediation Administration Record (MAR) as follows:

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

On [REDACTED] a reading of [REDACTED] was observed in the glucometer. However, a reading of [REDACTED] was documented in the MAR.

On [REDACTED], a reading of [REDACTED] was observed in the glucometer. However, a reading of [REDACTED] was documented in the MAR.

**Plan of Correction**

Accept [REDACTED] - 09/11/2023)

PCHA and health/wellness met and developed a plan for a glucometer audit. Starting 9/7/2023 glucometer will go to health/wellness each week. This task will be added to Carasolva. PCHA will check monthly to make sure the task is done. 9/8/2023 Health and wellness audit the glucometer. All staff will be retrained and signature sheets will be developed for new hires.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented [REDACTED] 09/18/2023)

**187b - Date/Time of Medication Admin.****6. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

Resident 1 is prescribed [REDACTED] and [REDACTED]. Resident 1's 08/2023 medication administration record (MAR) does not include the initials of the staff person who administered [REDACTED] and [REDACTED] on [REDACTED] at [REDACTED] pm.

**Plan of Correction**

Accept [REDACTED] - 09/15/2023)

PCHA and health/wellness will review the MAR to ensure administration is completed accurately, completely, and in a timely manner. PCHA and health/wellness team will retrain staff VII.3.Q medication education Carasolva. During the house meeting, the MAR audit form will be implemented as of 9/12/2023.

Staff will be retrained by 10/8/2023. The client health and wellness assistant will complete the weekly audit starting the week of 9/18/2023. This audit will review that all medications were administered and documented correctly in Carasolva. The PCHA will retrain staff on Acadia policy VII.3.Q and follow the regulations, 2600., 187 B. and 187D. training will be completed by 10/8/2023. See attachment.

Licensee's Proposed Overall Completion Date: 09/14/2023

Implemented [REDACTED] - 09/18/2023)

**187d - Follow Prescriber's Orders****7. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders (*continued*)**Description of Violation**

Resident 2 is prescribed [REDACTED] twice daily. However, medication was not administered to Resident 2 on [REDACTED]

**Plan of Correction****Accept** [REDACTED] - 09/15/2023)

PCHA and health/wellness will retrain staff to follow the five rights when administering medication to clients. This training will be completed by 10/8/2023. PCHA will ensure the medications were administered and correctly documented on Carasolva. This will be done weekly.

Staff will be retrained by 10/8/2023. The client health and wellness assistant will complete the weekly audit starting the week of 9/18/2023. This audit will review that all medications were administered and documented correctly in Carasolva. The PCHA will retrain staff on Acadia policy VII.3.Q and follow the regulations, 2600., 187 B. and 187D. training will be completed by 10/8/2023. See attachment.

Licensee's Proposed Overall Completion Date: 09/14/2023

**Implemented** [REDACTED] - 09/18/2023)