

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

April 23, 2024

[REDACTED], COMPLIANCE CASEWORKER
ADELPHOI VILLAGE, INC.
1119 VILLAGE WAY
LATROBE, PA, 15650

RE: MANOR ENHANCED
557 MANOR DRIVE
EBENSBURG, PA, 15931
LICENSE/COC#: 33398

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: MANOR ENHANCED

License Number: 33398

Address: 557 MANOR DRIVE, EBENSBURG, PA 15931

License Expiration: 09/01/2024

County: CAMBRIA

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: 02/15/2024

End Date: 03/25/2024

Type: Complaint

Notice: Announced Visit

Inspector(s): [REDACTED]

Inspection Narrative

During a complaint investigation, the following areas of non compliance were noted:

Inspections / Reviews

02/15/2024 Complaint

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/08/2024

04/11/2024 - POC Submission

Reviewer: [REDACTED]

Follow Up Type: On site Verification

Follow Up Date: 04/17/2024

04/11/2024 On site Verification

Submitted By: [REDACTED]

Date Submitted: 04/08/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

3800.82 Poisons**1. Requirements**

3800.82.a. Poisonous materials shall be kept locked and inaccessible to children.

Description of Violation

On [REDACTED] glass cleaner was left in a bathroom used by residents and was not properly locked after usage.

The facility will need to provide a plan that will assure that all poisonous materials are locked and inaccessible to residents. This plan should indicate how the plan will be reinforced with staff members and the staff position that will implement and monitor the plan developed by the facility.

Plan of Correction

Accept [REDACTED] - 04/10/2024)

- The client was immediately assessed by EMS and taken to emergency room. Once medically cleared, [REDACTED] was placed within a psychiatric hospital.
- Following the incident, Unit Director conducted a walkthrough of the program to ensure no other harmful materials were assessable.
- After review of the incident, it was determined Staff Member A was to be terminated for failing to abide by agency policy and procedure
- Program Director ([REDACTED]) met with remaining shift supervisors and Unit Directors of both Manor programs on 2/9/24. Roles and responsibilities of the shift supervisor was reviewed with each shift supervisor signed off of the roles and responsibilities.
- The agency held an interdisciplinary case consultation to review the incident. Out of the consultation, the following points were addressed
 - o (1) change in use and storage of poisonous materials within the unit
 - o (2) review of safety plan communication within the unit
 - o (3) additional proactive risk assessment completed by the Program Director. This will formally be completed on April 10th
- Change in poisonous materials – all materials are locked within the control room bathroom, when not in use. This changed occurred on 2-5-24.
- This POA and all specifics will be reviewed formally in the staff meeting on 4-4-24. The Unit Director will forward the staff meeting minutes to the Compliance Caseworker and Director QA
- The ensure compliance, once a week, the Unit Director will complete a Monday Morning Walk Through focusing on poisonous material and other safety risks. After completion, the Unit Director will email the Program Director, Compliance Caseworker and Director of QA. Weekly submission will be required for the next 4 weeks for monitoring purposes, starting April 15th and ending May 6th, 2024.
- 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: 05/06/2024

On-site Verification

Implemented [REDACTED] - 04/18/2024)

Plan of correction verified 04/17/2024 [REDACTED]

3800.142 Health and Safety Plan**2. Requirements**

3800.142. If the health and safety assessment in § 3800.141 (relating to health and safety assessment) identifies a health or safety risk, a written plan to protect the child shall be developed and implemented within 24

3800.142 Health and Safety Plan (continued)

hours after the assessment is completed.

Description of Violation

Upon Child A's admission, a health and safety assessment was completed by Staff Member A. A written health and safety plan was necessary and was completed by Staff Member A. The details of this plan were not communicated adequately to all staff that were responsible for the care of the child.

The facility is expected to develop a plan that will assure that all pertinent information is effectively communicated to all staff that will be responsible for the care of each child at the facility. The plan should include the staff position responsible for implementing and monitoring this plan.

Plan of Correction**Accept () - 04/10/2024)**

- After review of the incident, it was determined Staff Member A was to be terminated for failing to abide by agency policy and procedure.
- Program Director () met with remaining shift supervisors and Unit Directors of both Manor programs on 2/9/24. Roles and responsibilities of the shift supervisor was reviewed with each shift supervisor signed off of the roles and responsibilities.
- The agency held an interdisciplinary case consultation to review the incident. Out of the consultation, the following points were addressed
 - o (1) change in use and storage of poisonous materials within the unit
 - o (2) review of safety plan communication within the unit
 - o (3) additional proactive risk assessment completed by the Program Director. This will formally be completed on April 10th
- Safety Plan communication has been reviewed with staff weekly since the incident. Staff are required to review the log book and review any new safety plan prior to starting on the floor. Communication has been re-enforce for staff with shift pass down for a verbal shift summary between staff leaving the floor and staff arriving.
- This POA and all specifics will be reviewed formally in the staff meeting on 4-4-24. The Unit Director will forward the staff meeting minutes to the Compliance Caseworker and Director QA
- The Program Director will review log books to ensure prior documentation related to communication of safety plans. This will occur in April and May 2024.
- The Program Director will interview random staff to review checks and balance to the communication of safety plans. This will occur monthly with in person interviews. Any issues will be addressed immediately by the Program Director. This will occur in April and May 2024.
- The summary results of the log monitoring and survey will be emailed to the Vice President of Residential Services, Compliance Caseworker and the Director of Quality Assurance.
- 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: 05/31/2024

On-site Verification**Implemented () - 04/18/2024)**

Plan of correction verified 04/17/2024 ()