

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

June 6, 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: 04/16/2024

End Date: 04/17/2024

Type: Renewal

Notice: Announced Visit

Inspector(s): [REDACTED]

Inspection Narrative

The Department of Human Services conducted an annual licensing inspection of Adelphoi Village Manor Enhanced on April 16 17, 2024, for the licensing year extending from 09/01/2023 to 09/01/2024. During the inspection, Departmental staff reviewed 15 of 15 newly hired personnel records, 15 of 15 tenured personnel records, and 4 of 37 child records. All pre inspection documents were reviewed, including fire drills, to measure compliance. During the inspection a physical site walk through was conducted. 2 staff members and 2 children were interviewed.

The following areas of non compliance were found:

Inspections / Reviews

04/16/2024 Renewal

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/10/2024

05/15/2024 - POC Submission

Reviewer: [REDACTED]

Follow Up Type: On site Verification

Follow Up Date: 06/15/2024

05/15/2024 On site Verification

Submitted By: [REDACTED]

Date Submitted: 05/10/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

3800.132 Fire Drills**1. Requirements**

3800.132.d. Children shall be able to evacuate the entire building into a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert, within 2 1/2 minutes or within the period of time specified in writing within the past year by a fire safety expert. The fire safety expert may not be an employee of the facility.

Description of Violation

The fire drill conducted in March 2024 did not include documentation of an evacuation time.

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 () - 05/15/2024)**

- The current workflow for completion was reviewed on 5-3-24 by the Director of Quality Assurance, Compliance Caseworker, Unit Director, Program Director and Director of Secure Services. The current methods is a functional method. Additional enhancements will be made to the workflow by having the Program Director review for quality assurance, which includes proper documentation.
- The Program Director communicated, via email, the enhancement of providing her with all fire drill documentation to the Unit Director on 5-3-24.
- The Compliance Caseworker will randomly audit over the next three months and report out to the Director of Quality Assurance, Program Director and Director of Secure Services.
- Any concerns will be addressed by the Program Director and Director of Secure Services and reported in the following months Residential DHS meetings
- The Unit Director is responsible for monitoring and ensuring compliance.

Licensee's Proposed Overall Completion Date: 05/10/2024

On-site Verification**Implemented () - 05/30/2024)**

Plan of Correction Verified 05/30/2024

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 hours after the assessment is completed.

Description of Violation

In 2 of 4 child records reviewed, the following was found regarding health and safety plans:

The record of Child C indicated that the child has a history of aggressive behavior. The safety plan located in the record dated 03/14/2024 did not include a plan to prevent the aggressive behaviors from occurring.

The record of Child D indicated that the child has a history of aggressive behavior, and a safety plan was not located in the record.

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.

3800.142 Health and Safety Plan (continued)

Plan of Correction

Accept () - 05/15/2024)

- The source of the violation was reviewed on 5-3-24 by the Compliance Caseworker with the Director of Quality Assurance, Program Director and Director of Secure Services. Two areas for improvement were noted to be referral reason and more detailed comprehensive documentation within the safety plan.
- The Program Director met with the Clinical Coordinator on 5-6-24 for clinical supervision and addressed the safety planning process. Documentation of this meeting will be provided to the Compliance Caseworker and Director of Quality Assurance.
- The Unit Director and Program Director will review the Health & Safety Planning process with the staff team, including how to safety plan for a referral reason and provide detailed documentation on the safety plan. This training will occur on 5-9-24. The training sign in sheet will be provided to Compliance Caseworker and Director of Quality Assurance
- The Compliance Caseworker will audit the next 3 arrivals and report out to the Director of Quality Assurance, Program Director and Director of Secure Services.
- Any concerns will be addressed by the Program Director and Director of Secure Services and reported in the following months Residential DHS meetings
- The Unit Director is responsible for monitoring and ensuring compliance.

Licensee's Proposed Overall Completion Date: 05/10/2024

On-site Verification

Implemented () - 05/30/2024)

Plan of Correction Verified 05/30/2024 ()

3800.224 Development of the ISP

3. Requirements

3800.224. Development of the ISP.

Description of Violation

In 3 of 4 child records reviewed, the following was found regarding Individualized Service Plans:

Child A was admitted on (), and an Individualized Service Plan was not completed until 10/19/2024.

Child B was admitted on (), and an Individualized Service Plan was not completed until 04/15/2024.

Child C was admitted on (), and an Individualized Service Plan was not completed until 10/26/2023.

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 () - 05/15/2024)

- The source of the violation was reviewed on 5-3-24 by the Compliance Caseworker with the Director of Quality Assurance, Program Director and Director of Secure Services. How and when documentation of parent's involvement within the ISP and how to document within the EHR was discussed as the source.
- The Program Director meet with the Clinical Coordinator on 5-6-24 for clinical supervision to address the ISP timeliness, and obtaining signatures timely. Documentation of this meeting will be provided to the Compliance Caseworker and Director of Quality Assurance.
- The Compliance Caseworker will audit the next 3 arrivals and report out to the Director of Quality Assurance,

3800.224 Development of the ISP (continued)

Program Director and Director of Secure Services.

Any concerns will be addressed by the Program Director and Director of Secure Services and reported in the following months Residential DHS meetings

The Unit Director is responsible for monitoring and ensuring compliance.

Licensee's Proposed Overall Completion Date: 05/10/2024

On site Verification

Implemented () - 05/30/2024)

Plan of Correction Verified 05/30/2024

3800.243 Content of Records**4. Requirements**

3800.243.1. Personal information including:

v. Religious affiliation.

Description of Violation

In 1 of 4 child records reviewed, the record of Child A did not include religious affiliation.

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 () - 05/15/2024)

- To ensure documentation of religious affiliation, the Program Director approved a workflow revision to include a review of the demographic screen in the EHR by the Clinical Coordinator. The demographic screen contains an extensive drop down of religious affiliation.

- This change in workflow was reviewed with the Clinical Coordinator on 5-6-24 by Program Director

- The Compliance Caseworker review the next 3 arrivals to ensure the religious affiliation was obtained and report out to the Director of Quality Assurance, Program Director and Director of Secure Services.

- Any concerns will be addressed by the Program Director and Director of Secure Services and reported in the following months Residential DHS meetings

- The Unit Director is responsible for monitoring and ensuring compliance.

Licensee's Proposed Overall Completion Date: 05/10/2024

On-site Verification

Implemented () - 05/30/2024)

Plan of Correction Verified 05/30/2024