

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 DETENTION
557 MANOR DRIVE
EBENSBURG,, PA, 15931
LICENSE/COC#: 33840

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 DETENTION

License Number: 33840

Address: 557 MANOR DRIVE, EBENSBURG,, PA 15931

License Expiration: 09/19/2024

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 Detention on April 16 17, 2024, for the licensing year extending from 09/19/2023 to 09/19/2024. During the inspection, Departmental staff reviewed 13 of 13 newly hired personnel records, 18 of 18 tenured personnel records, and 10 of 100 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

3800.149 Emergency Medical Plan

1. Requirements

3800.149.b. The child's parent and, if applicable, the child's guardian or custodian, shall be given a copy of the emergency medical plan upon admission.

Description of Violation

In 1 of 10 child records reviewed, the record of Child I did not include documentation that the emergency medical plan was provided to the child's parent, and if applicable, the child's guardian or custodian upon admission.

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 documentation of the emergency medical plan was provided to DHS by the Compliance Caseworker in person on the last day of the renewal audit.
- Compliance Coordinate, Director of Admissions, and Admissions Coordinator reviewed the distribution process of the emergency medical plans to clients' families or guardians, on 5-8-24
- A process update occurred in March 2024, allowing for the Admissions Coordinator to now scan the distributed document directly into the client's electronic record, allowing for more timely record keeping.
- This process update was reviewed with the Compliance Caseworker, Director of Quality Assurance, Regional Program Director, Director of Secure Services and the Vice President of Residential Care on 5-8-24
- Compliance Caseworker will review the next 3 admissions to ensure proper record keeping. Any issues will be discussed with the Director of Admissions.
- 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

2. Requirements

3800.243.1. Personal information including:

- i. The name, sex, admission date, birth date and Social Security Number.

Description of Violation

In 1 of 10 child records reviewed, the record of Child G did not include a social security number.

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

- Manor Detention is a detention program with a brief length of stay for client. Additionally clients could be new to the county system and their social security number is unknown at arrival to the unit.
- The current workflow for obtaining a client's social security number used by the unit was reviewed by the Director of Quality Assurance, Compliance Caseworker, Unit Director and Program Director. The current workflow is a functional method and will continue to be used within the program. If the social security number is not obtained during arrival, the responsibility transfers to the unit. The Clinical Coordinator will request again from the county, if

3800.243 Content of Records (continued)

unable to be obtained, the Clinical Coordinator will contact the parents.

- Added to the workflow will be if the social security number is not able to be obtained, there will be documentation with in the client file as to all the requests which were made to obtain it. This was reviewed with the Clinical Coordinator on 5-9-24 by Director of Secure Services.
- The Compliance Caseworker review the next three arrivals to ensure the social security number was obtained or there is documentation with in the client file as to all the requests which were made to obtain it 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 (████)

3. Requirements

3800.243.1. Personal information including:

- v. Religious affiliation.

Description of Violation

In 4 of 10 child records reviewed, the records of Child D, Child E, Child G, and Child I did not include documentation of 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 (████)

3800.272 Admission to Secure Care**4. Requirements**

3800.272. Prior to accepting a child in secure care, the facility shall request the following documents from the committing court:

3800.272 Admission to Secure Care (continued)

3. The court order committing the child to a secure care facility.

Description of Violation

In 1 of 10 child records reviewed, the record of Child I did not include a court order.

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 documentation of the court order was provided to DHS by the Compliance Caseworker in person on the last day of the renewal audit.

The current workflow for documentation of the court order within the client 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 reporting methods is a functional method and will continue to be used within the program. An additional enhancement will be made the record checklist to ensure documentation of the court orders is captured clearly and then review with Records Staff. This enhancement will be completed by 5/10/24.

The Compliance Caseworker will audit next three 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

Mandated Reporter Training**5. Requirements**

6383.c.3. Employees who have direct contact with children and foster parents shall receive three hours of training within six months of the issuance of a license or approval certificate and three hours of training every five years thereafter. New employees and new foster parents shall receive three hours of training within 90 days of hire or approval as a foster parent and three hours of training every five years thereafter.

Description of Violation

In 1 of 18 tenured personnel records reviewed, Staff Member A completed mandated reported training on 07/16/2018, and an updated training was not completed until 09/12/2023.

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 current reporting methods for the required trainings 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 reporting methods is a functional method and will continue to be used within the program.

- A training report indicating trainings due within 30, 60, and 90 will be sent monthly to the Unit Director and Program Director. The employee receives emails of upcoming and over due trainings

- The Unit Director will review the trainings due report within the week it is distributed by the Human Resource

Mandated Reporter Training (continued)

Department. If any staff are in need of trainings, the Unit Director will set a completion date for the trainings and communicate the plan to the staff member.

- The Program Director will review the trainings due report and communicate weekly with the Unit Director
- The Compliance Caseworker will complete spot checks of training completed 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 ([REDACTED] - 05/30/2024)

Plan of Correction Verified 05/30/2024 [REDACTED]