

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

December 3, 2024

[REDACTED], CEO  
SUCCESS REHABILITATION INC.  
[REDACTED]

RE: ACADIA NEUROREHAB #2  
306/312 BENTLEY RIDGVE BLVD.  
LANCASTER, PA, 17602  
LICENSE/COC#: 33964

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/31/2024, 08/01/2024, 08/02/2024, 08/05/2024 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 NEUROREHAB #2 License #: 33964 License Expiration: 03/15/2025  
 Address: 306/312 BENTLEY RIDGVE BLVD., LANCASTER, PA 17602  
 County: LANCASTER Region: CENTRAL

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: SUCCESS REHABILITATION INC.  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 10/21/1999 Issued By: L&I  
 Type: Other Date: 10/21/1999 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 9 Waking Staff: 7

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 08/05/2024

**Inspection Dates and Department Representative**

07/31/2024 - On-Site: [REDACTED]  
 08/01/2024 - On-Site: [REDACTED]  
 08/02/2024 - On-Site: [REDACTED]  
 08/05/2024 - 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: 6  
 Number of Residents Who:  
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 2  
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 3 Have Physical Disability: 0

**Inspections / Reviews**

07/31/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/24/2024

08/30/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/03/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/06/2024

09/11/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/03/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 10/03/2024

12/03/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/03/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 5a1 - DHS Access

## 1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

## Description of Violation

On 8/2/24, at 9AM, an agent of the Department, requested access to staff FA/CPR certificates for all the staff who worked over the previous two weeks. Staff FA/CPR certificates were not provided until 8/5/24.

## Plan of Correction

Accept ( ) - 09/11/2024)

1. The following forms have been created to ensure that all information is available at the time of inspection. These checklists will be completed by the supervisor of the PCH or the residential director. The checklists will be completed by 9/28/2024.

- Residents listing
- Home binder checklist
- Client binder checklist
- Staff records checklist

2. The Residents listing, home binder checklist and client binder checklist will be completed on a quarterly basis to ensure compliance and to ensure all current information is available at any time. These checklists have all been created and will be implemented by 9/29/2024, which will be the date of the first quarterly check.

3. The staff listing was updated on 8/26/2024 by Jami Plank, Residential Director, to include all staff with the dates of hire. This form will be updated as staff information changes by Residential supervisors. The listing will be reviewed and updated quarterly by the residential director. Quarterly review will be done by 9/29/2024 and then again by 12/31/2024 and every quarter after that.

4. The staff records checklist will be completed during the on-boarding process and approved by 2 members of management to ensure a member of staff is in compliance with all regulations before providing care.

5. An audit of all employee records will be completed using the checklist to ensure that all necessary forms are in the employees' file. This audit will be completed by the HR department with HR Director being responsible. They will be completed by 09/29/2024

6. All staff and management will be trained on regulation 2600.5 (a) by 09/29/2024 and the training will be done by the residential director, ( )

## ATTACHMENTS:

Residents listing template

Staff listing

Home binder checklist

Resident binder checklist

Staff records checklist

1/4ly Audit chart

Licensee's Proposed Overall Completion Date: 09/29/2024

Implemented ( ) - 12/03/2024)

## 20b8 - Quarterly Account

**2. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

**Description of Violation**

*Resident #1 has not received a quarterly account of financial transactions over the previous year, per Staff member B.*

**Plan of Correction****Accept (█) - 08/30/2024)**

1. *The residential director completed training with the financial department and the case management team, on 8/27/2024 to train them on the new procedure and the forms to be used.*
2. *Case managers will complete and send out a quarterly financial report by 9/29/24 for all residents. The financial reports will be given to the Residential Director to ensure compliance.*

**ATTACHMENTS:**

*Training Signature Forms*

*Resident Funds Procedures*

*Quarterly financial report cover letter*

*Cash Disbursement Form*

*Record of Financial Transactions*

*Quarterly Financial Summary*

*Client Monies Disbursement/Reconciliation Form*

**Licensee's Proposed Overall Completion Date:** 09/29/2024

**Implemented (█) - 12/03/2024)****26b Quality Management Plan Content****3. Requirements**

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
3. Staff person training.

**Description of Violation**

*The home's quality management review covering the second quarter, did not address incident reporting procedures or staff training.*

**Plan of Correction****Directed (█) - 09/11/2024)**

1. *A 2nd quarter review was completed on 8/29/2024, to include all required information*
2. *A meeting is scheduled for 9/13 with the Directors team to review the policy/plan and set up regular meeting dates to complete quarterly reviews.*
3. *All reportable incidents reports are kept on the shared drive for easy access for the quality management committee to review. They are also to be printed out and filed in the Residents file, located in their home.*
4. *The administrator was educated on the process to print out the reports and file in the residents file at the home. This discussion took place on 08/06/2024, by Jami plank. The residential director.*
5. *All incident reports will be printed out and filed in the home by 9/29/2024 and this will be done by the site supervisor.*

**ATTACHMENTS:**

**26b - Quality Management Plan Content (continued)**

2024 -2nd Quarter Review

Quality Management Policy/Plan

(Directed)

In addition to the above plan of correction:

- Beginning no later than 9/15/24, all reportable incidents reports will be kept on the shared drive for easy access for the quality management committee to review.
- Beginning 9/29/24, the administrator or designee will complete monthly audits of the home's share drive and resident records to ensure all Reportables have been uploaded and/or filed correctly.
- Documentation of Quality Management meeting minutes, staff education and audits will be kept by the home and available for review by the Department
- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 09/29/2024

Implemented [REDACTED] - 12/03/2024)

**44g - Telephone Number****4. Requirements**

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

**Description of Violation**

At the time of the 8/2/24 inspection, the telephone numbers of the Department's personal care home regional office, the local protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy Inc., Disability Rights Pennsylvania (DRP), the local law enforcement agency, the Commonwealth Information Center, and the personal care home complaint hotline is not posted in a conspicuous and public place in the home.

**Plan of Correction**

Accept [REDACTED] - 08/30/2024)

1. The numbers were posted on the bulletin board on 8/03/2024 by the PCHA.
2. A checklist of all required postings was created and will be completed by a supervisor each quarter.
3. The Residential Director will train supervisors on regulation 44 (g) and how to complete the postings checklist each quarter. this training will be completed by 09/29/2024. These checklists will be handed into the residential director upon completion.
4. The first checklist will be completed by 09/29/2024, by the site supervisor.

ATTACHMENT:

Pictures of posted phone numbers required by regulation 44 (g).

Required Postings checklist

Licensee's Proposed Overall Completion Date: 09/29/2024

Implemented [REDACTED] - 12/03/2024)

**51 - Criminal Background Check**

**5. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**Description of Violation**

*Direct Care Staff Member A has not held permanent residency in Pennsylvania for two consecutive years prior to being hired on 6/4/24. As of 8/5/24, a Federal Bureau of Investigation criminal history background check has not been completed for Staff Member A.*

**Plan of Correction**

*Directed (████ - 09/11/2024)*

1. Staff member A completed the FBI background check on ██████████ As of ██████████ the staff is no longer employed. The last shift they worked was on ██████████
2. An audit of all employee records will be completed using the checklist to ensure that all necessary forms are in the employees' file. This included proper background checks. This audit will be completed by 09/29/2024.
3. The checklist will be used to ensure that all information that is requirement is on file before the staff provided direct care.

*Staff and HR staff will be trained on regulation 2600.51 and will be completed by 09/29/2024. The HR specialist will be responsible to complete the employee checklist and this checklist will be implemented with the first new staff that we hire.*

**ATTACHMENTS:**

- Receipt for FBI check
- Staff files checklist

*(Directed)*

*In addition to the above plan of correction:*

- *A checklist will be used to ensure that all information that is required is on file before the staff provided direct care. The HR specialist will be responsible to complete the employee checklist and this checklist will be implemented with the first new staff that we hire beginning 9/15/24.*
- *Documentation of completed audits, checklists and education will be kept by the home and available for review by the Department.*

**Directed Completion Date:** 09/29/2024

*Implemented (████ - 12/03/2024)*

**54a - Direct Care Staff**

**6. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

**Description of Violation**

*Direct care staff person, Staff Member A, attended a non-U.S. educational institution and provides assistance with ADL's. The home does not have a Department-issued waiver for Staff Member A's employment.*

**Plan of Correction**

*Directed (████ - 09/11/2024)*

1. The site supervisor completed an application for a waiver for staff member on 08/29/2024. The application for a

**54a - Direct Care Staff (continued)**

waiver has been withdrawn as Staff Member A has not worked a shift since [REDACTED] and was terminated from employment, effective [REDACTED].

2. An audit of all employee records will be completed using the checklist to ensure that all necessary forms are in the employees' file. This will be completed by the HR department and will be completed by 09/29/2024.
3. The checklist was created on 08/21/24 by the residential director. It will be used to ensure that all information that is required is on file before the staff provides direct care. The checklist will be started immediately with start of a new hire.

**ATTACHMENTS:**

Waiver application  
Staff files checklist

(Directed)

In addition to the above plan of correction:

- The checklist was created on 08/21/24 by the residential director. It will be used to ensure that all information that is required is on file before the staff provides direct care. The checklist will be started immediately with start of a new hire as of 9/15/24.
- Documentation of completed audits, checklists and education will be kept by the home and available for review by the Department.

**Directed Completion Date:** 09/29/2024

**Implemented (** [REDACTED] **- 12/03/2024)**

**124 - Notice to Fire Department****9. Requirements**

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**Description of Violation**

The home does not have documentation of written notification to the local fire department of the address of the home, the correct location of the residents in bedrooms A-F, and the correct assistance needed to evacuate residents in bedrooms A-F in an emergency.

**Plan of Correction**

**Accept (** [REDACTED] **- 09/11/2024)**

1. A new fire letter was sent to the fire department on 08/07/2024 by the site supervisor.
2. The Residential Director will complete training on regulation 124. This training will be completed by 09/29/2024.
3. The supervisor of each home will complete a checklist for the home binder. The checklist includes checking the fire letter for accurate and updated information. This binder will contain the fire letter. The first checklist will be completed by 09/29/2024 and it will be handed into the Residential Director when completed each quarter. The checklist will be completed by 09/29/2024.

**ATTACHMENTS:**

new fire letter

**124 - Notice to Fire Department (continued)***House binder checklist*

Licensee's Proposed Overall Completion Date: 09/29/2024

Implemented (█) - 12/03/2024)

**131a - Fire Extinguisher****10. Requirements**

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

**Description of Violation***At the time of the 8/2/24 inspection of the home, the home was not equipped with an operable fire extinguisher with a minimum 2-A rating.***Plan of Correction**

Directed (█) - 09/11/2024)

1. New fire extinguishers with the 2A rating were purchased by Jami Plank, the residential director on 08/04/2024 and placed in the home.
2. The fire drill checklist was updated on 08/21/2024 to add "all extinguishers have a 2A rating". This checklist will be used starting with the 09/2024 fire drills.
3. The residential director will complete training and education on regulation 131 and fire extinguishers with a 2A rating. This will be completed by 09/29/2024

**ATTACHMENT:***Receipt for 2A fire extinguishers**Updated fire drill checklist**(Directed)**In addition to the above plan of correction:*

- *The fire drill checklist was updated on 08/21/2024 to add "all extinguishers have a 2A rating". This checklist will be used starting with the September 2024 fire drill, to be completed by 9/30/24, and will continue to be completed monthly.*
- *Documentation of completed audits and education will be kept by the home and available for review by the Department.*

Directed Completion Date: 09/30/2024

Implemented (█) - 12/03/2024)

**131c - Kitchen Fire Extinguisher****11. Requirements**

2600.

131.c. A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

131c Kitchen Fire Extinguisher (continued)

Description of Violation

At the time of the 8/2/24 inspection, the fire extinguisher in both of the home's kitchens each had a 1 A 10BC rating.

Plan of Correction

Directed ( ) - 09/11/2024

1. New fire extinguishers with the 2A rating were purchased by ( ), the residential director on 08/04/2024 and placed in the home.
2. The fire drill checklist was updated on 08/21/2024 to add "all extinguishers have a 2A rating". This checklist will be used starting with the 09/2024 fire drills.
3. The residential director will complete training and education on regulation 131 and fire extinguishers with a 2A rating. This will be completed by 09/29/2024

ATTACHMENT:

- Receipt for 2A fire extinguishers
- Updated fire drill checklist

(Directed)

In addition to the above plan of correction:

- The fire drill checklist was updated on 08/21/2024 to add "all extinguishers have a 2A rating". This checklist will be used starting with the September 2024 fire drill, to be completed by 9/30/24, and will continue to be completed monthly.
- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 09/30/2024

Implemented ( ) - 12/03/2024

183e - Storing Medications

12. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1 is prescribed ( ) as needed. On ( ), the saline nasal spray was available in the home, however it expired in ( ).

Plan of Correction

Accept ( ) - 09/11/2024

1. On 08/03/2024, a ( ) was placed in the home by the supervisor.
2. All staff will be trained by management concerning regulation 183 (e). This will be completed by management and will be done by 09/29/2024.
3. A med audit will be complete every Wednesday and Saturday and sent to the client health and wellness dept. to

**183e - Storing Medications (continued)**

ensure compliance with the regulation. This was started on 08/28/2024.

4. All staff will be trained on how to complete a med audit, accurately. This training will be done by management and will be done by 09/29/2024

ATTACHMENTS:

Sample med audit

Licensee's Proposed Overall Completion Date: 09/29/2024

Implemented ( ) - 12/03/2024)

**185a - Implement Storage Procedures****13. 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 #1 is prescribed [REDACTED] as needed. On [REDACTED], the medication was not available in the home.

The home failed to implement procedures to ensure safe medication administration.

On [REDACTED], Resident #1 was prescribed the following, per the home's "active PRN/OTC's" electronic medication list available to the resident:

- [REDACTED]
- [REDACTED]
- [REDACTED]

While the home is only administering [REDACTED], twice daily, the home did not obtain written orders for the discontinuation for [REDACTED] or update Resident #1's active medication list. Additionally, the home did not contact the physician for additional clarification on correct orders for the administration of the medication.

**Plan of Correction**

Directed ( ) - 09/11/2024)

1. All staff will be trained by management concerning regulation 183 (e). This will be completed by management and will be done by 09/29/2024.

2. A med audit will be complete every Wednesday and Saturday to ensure compliance with the regulation. The audits were started on 08/28/2024 and are completed by the staff and checked by the client health and wellness department.

3. The audit includes the following: all current medications, including PRN's, all counts of medications, refills required, label accuracy checking against the MAR.

3. All staff will be trained on how to complete a med audit, accurately. This training will be done by management and will be done by 09/29/2024.

4. All staff will be trained on regulation 2600.185(a) and to ensure that all medications are available. This will be completed by site supervisors and will be completed by 09/29/2024.

The home received orders on 06/12/2024. At the time of inspection, the orders were not made available to the inspector.

ATTACHEMNTS:

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

Sample med audit

MH's RX order for [REDACTED]

(Directed):

In addition to the above plan of correction:

- Resident #1's [REDACTED] will be made available in the home by the Administrator or designee by 9/15/24.
- Resident #1's [REDACTED] orders were reviewed and proper discontinued orders will be received from the physician for the doses not being administered by [REDACTED].
- Resident #1's "active PRN/OTC's medication list will be updated to only include the current order for [REDACTED] by 9/15/24 by the Administrator or designee.
- An audit of all other resident "active" medication lists will be completed by 9/15/24 to ensure it only includes current physician's orders by the Administrator or designee.
- Beginning 9/20/24, the Administrator or designee will complete monthly audits of resident's active medication lists to ensure they remain current and accurate.
- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 09/29/2024

Implemented [REDACTED] - 12/03/2024)

**190a - Completion Medication Course****14. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

Staff Member A completed initial medication administration certification on 8/3/23. As of 8/5/24, Staff Member A has not completed the annual practicum requirements. Per Staff Member B, Staff Member A continues to administer medications to residents.

**Plan of Correction**

Accept [REDACTED] - 09/11/2024)

1. Medication practicum was completed for staff member A on 08/23/2024.
2. The agency has 2 new med trainers that will conduct an audit of all medication training files by 09/29/2024.
3. A tracking system will be implemented to ensure compliance with all medication training regulations. The tracking system will be completed by the 2 med trainers and will be done by 09/29/2024.
4. All medication training has been put into the Relias training system to track. Staff and supervisors will receive notifications of upcoming trainings due on a weekly basis. The training was put into Relias on 8/4/2025 and notifications were received immediately.

ATTACHMENTS:

Med practicum

Med trainers certifications

## 190a - Completion Medication Course (continued)

Licensee's Proposed Overall Completion Date: 09/29/2024

Implemented ( ) - 12/03/2024)

## 252 - Record Content

## 15. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
4. Language or means of communication spoken or used by the resident.

## Description of Violation

Resident #1's record does not include their eye color, hair color, religion, language, or identifying marks.

## Plan of Correction

Directed ( ) - 09/11/2024)

1. Resident #1's, correct face sheet was placed in ( ) file on ( ). The correct face sheet with all the correct information required by regulation 252 was in his electronic health records but was not printed and put in ( ) file.
2. The residential director completed a training with the case management team on 08/27/2024 to training them on the requirements of face sheets and regulation 2600.252.
3. An audit of all face sheets will be completed by case management and supervisors by 9/29/24 and quarterly
4. The face sheet is on the resident book checklist that will be completed 1/4ly. The checklist will include checking the face sheet for updates and accuracy and will be completed by the site supervisor. The first checklist will be completed by 10/31/2024 and quarterly.

## ATTACHMENTS:

Resident #1's face sheet with required information from regulation 252

Training signature sheet

Face sheet Audit form

(Directed)

In addition to the above plan of correction:

- The face sheet is on the resident book checklist that will be completed 1/4ly. The checklist will include checking the face sheet for updates and accuracy and will be completed by the site supervisor. The first checklist will be completed by 10/1/24 and quarterly thereafter.
- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 10/01/2024

Implemented ( ) 12/03/2024)