

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

November 27, 2024

[REDACTED]  
SUCESS REHABILITATION INC.  
[REDACTED]

RE: ACADIA NEUROREHAB #5  
649/653 PATRIOT DRIVE  
LANCASTER, PA, 17601  
LICENSE/COC#: 33967

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/16/2024, 10/17/2024 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 #5 **License #:** 33967 **License Expiration:** 03/15/2025  
**Address:** 649/653 PATRIOT DRIVE, LANCASTER, PA 17601  
**County:** LANCASTER **Region:** CENTRAL

## Administrator

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

## Legal Entity

**Name:** SUCESS REHABILITATION INC.  
**Address:** [REDACTED]  
**Phone:** [REDACTED] **Email:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** C-3 SP **Date:** 06/24/2003 **Issued By:** L&I  
**Type:** Other **Date:** 06/24/2003 **Issued By:** L&I

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 5 **Waking Staff:** 4

## Inspection Information

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Interim **Exit Conference Date:** 10/17/2024

## Inspection Dates and Department Representative

10/16/2024 - On-Site: [REDACTED]  
 10/17/2024 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 8 **Residents Served:** 5

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** 0

## Number of Residents Who:

**Receive Supplemental Security Income:** 5 **Are 60 Years of Age or Older:** 0  
**Diagnosed with Mental Illness:** 5 **Diagnosed with Intellectual Disability:** 4  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

## Inspections / Reviews

10/16/2024 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/10/2024

Inspections / Reviews *(continued)*

11/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/26/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/26/2024

11/27/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/26/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

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

Description of Violation

At the time of the 10/17/24 inspection, the last time the home's written emergency procedures were sent to the local emergency management agency was 9/7/23.

Plan of Correction

Accept ( - 11/12/2024)

- 1. The residential director completed training with site supervisors on regulation 107.d on 10/31/24.
- 2. The emergency procedures are in the process of being updated and will be sent out to the local mgmt. agency by 11/15/24. This will be completed by the residential director.
- 3. The plan will become the responsibility of the residential director to update the emergency procedures and send it out to the local mgmt. agency. This will be completed annually.
- 4. The residential director will put a reminder in her calendar for the next due date to ensure it is completed and sent out on time.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented ( - 11/27/2024)

184a - Resident's Meds Labeled

3. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident is ordered , once daily at bedtime starting 10/3/24; prior to this, was ordered as needed. At the time of the 10/17/24 inspection, Resident had two, supply packs of available at the home, with one medication label that read administer as needed and the other medication label that read, administer nightly. The home did not have a change or order sticker applied to the medication label reading, administer as needed.

Plan of Correction

Accept ( - 11/12/2024)

- 1. The residential director completed training with site supervisors on regulation 2600.184(a) on 10/31/24 and with the CHW department on 11/5/24.
- 2. Training and education will be completed on the regulation 2600.184(a) with all staff by 11/17/24. This training will be completed by a site supervisor.
- 3. An audit of all medication labels & MAR's will be completed by the Client Health & Wellness Department in conjunction with the site supervisor of each location. This audit will be completed by 11/22/24.
- 4. Resident #1's physician will be contacted by the Administrator or designee 11/17/24 for the correct label to be provided for each medication by the Administrator or designee.

**184a Resident's Meds Labeled (continued)**

5. An audit of all resident medications will be completed by the Administrator or designee to compare the physician's order to the medication label to ensure they are correct and current. This audit will be completed no later than 11/22/24.
6. Beginning 11/22/24, monthly audits of resident medications and pharmacy labels will be completed by the Administrator or designee.
7. Documentation of completed audits, education and contact with the physician/pharmacy will be kept by the home and available for review by the Department.

Licensee's Proposed Overall Completion Date: 11/22/2024

Implemented [REDACTED] - 11/27/2024)

**187a - Medication Record****4. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

Resident [REDACTED] is prescribed [REDACTED] for [REDACTED]. However, Resident's [REDACTED] medication administration record does not indicate the reason for prescribing and administering the medication.

**Plan of Correction**

Accept [REDACTED] - 11/12/2024)

1. The residential director completed training with site supervisors on regulation 187.a on 10/31/24 and with the CHW department on 11/5/24.
2. Training will be completed on the regulation 2600.187.a with all staff who administer medication by 11/15/24. This training will be completed by a site supervisor.
3. The label and MAR review was completed by Client health and Wellness Department and the information was updated.
4. An audit on all other resident Medication Administration Records will be completed by the Administrator or designee by 11/11/24 to ensure they contain all required information per 2600.187(a).
5. Beginning no later than 11/22/24, the Administrator or designee will complete monthly audits on all resident Medication Administration Records to ensure on going compliance with 2600.187(a).
6. Documentation of completed audits, updates and education will be kept by the home and available for review by the Department.

Licensee's Proposed Overall Completion Date: 11/22/2024

Implemented [REDACTED] 11/27/2024)