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

December 13, 2024

[redacted], CEO
BCL PARTNERS LLC
911 GIBSON BOULEVARD
STEELTON, PA, 17113

RE: LEADING YOUTH FOR EXCELLENCE (LYFE)
911 GIBSON BOULEVARD
STEELTON, PA, 17113
LICENSE/COC#: 33817

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**: *LEADING YOUTH FOR EXCELLENCE (LYFE)*
**Address:** *911 GIBSON BOULEVARD, STEELTON, PA 17113*
**County**: *DAUPHIN*
**License Number**: *33817*
**License Expiration**: *08/21/2024*

## Administrator

**Name**: [redacted]

## Legal Entity

**Name**: *BCL PARTNERS LLC*
**Address:** [redacted]

## Inspection Information

**Start Date**: *07/15/2024* **End Date**: *08/20/2024* **Type**: *Complaint* **Notice**: *Announced Visit*
**Inspector(s)**: [redacted]

## Inspection Narrative

*The Department of Human Services, Office of Children, Youth and Families conducted an investigation at the facility. The following areas of non compliance were noted.*

## Inspections / Reviews

### 07/15/2024 Complaint

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/08/2024*

### 09/19/2024 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *09/26/2024*
**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/26/2024*

### 11/13/2024 - POC Submission

**Reviewer**: [redacted] **Follow Up Type**: *On site Verification* **Follow Up Date**: *12/12/2024*

### 11/13/2024 On site Verification

**Submitted By**: [redacted] **Date Submitted**: *09/26/2024*
**Reviewer**: [redacted] **Follow Up Type**: *Not Required*

## 3800.15 Child Abuse

**1. Requirements**

3800.15.a. The facility shall immediately report suspected abuse of a child in accordance with 23 Pa.C.S. § § 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

**Description of Violation**

*On [redacted], child A reported [redacted] sustained a facial injury as the result of a restraint where [redacted] was thrown onto the floor by staff A. Child A sustained significant pain, swelling, and needed medication to cope with the pain. A video of the incident was viewable and showed staff A throw the resident to the side, landing face down on the floor. The facility did not immediately report suspected abuse to Childline.*

*The executive officer shall develop a plan to assure that this mandate is being met. The plan should state the staff position/person that is responsible for monitoring and enforcement of this policy with staff.*

**Plan of Correction** ***Accept ([redacted] - 11/12/2024)***

*The facility disputes the factual finding that Staff member A threw the student to the floor. The video clearly shows that Staff member A was trying to restrain the student and due to the student's size and movements, as Staff member A tried to pull the student into a seated position, the student's momentum carried both Staff member A and the student to the side. If it was Staff member A's intention to simply throw the student to the floor, [redacted] would have released the student from [redacted] grasp prior to the student hitting the ground; however, both student and Staff member A hit the ground because Staff member A maintained [redacted] hold during the restraint - - a restraint that went badly because of the student's actions during the restraint. The student even admitted to the investigator that [redacted] intentionally shifted [redacted] weight during the restraint to throw off Staff member A's balance, which is what caused both parties to fall to the floor. Thus, the facility disputes the Agency's factual finding that Staff member A threw the student to the ground. Nonetheless, the facility will advise and inform all staff by written memorandum that if a restraint results in an injury to a student then they shall be required to report the same as an instance of suspected abuse to Childline. Staff shall be required to immediately inform a supervisor when such a restraint occurs, who shall then report the same to the Compliance Officer. The Compliance Officer shall be responsible for ensuring that staff has reported the matter to Childline as required and overseeing/monitoring overall implementation of this corrective action plan.*

*As a point of clarification, our initial plan of correction clearly states: "the facility will advise and inform all staff by written memorandum that if a restraint results in an injury to a student then* ***they shall be required to report the same as an instance of suspected abuse to Childline****." There was and is no indication in the initial plan of correction that staff are expected to wait for supervisory review or approval prior to making a childline report (though staff will be required to immediately notify a supervisor when such an instance occurs so that the Compliance Officer is made aware). The "mechanism" to acknowledge that staff has received the memorandum will be a signed verification by each staff member that they received and reviewed the same and were given a verbal explanation thereof. The memo shall be distributed at the first weekly staff meeting immediately following the date of final approval of the plan of correction.*

**Licensee's Proposed Overall Completion Date:** *09/26/2024*

**On-site Verification** ***Implemented [redacted] - 12/12/2024)***

*This plan was implemented on 12/5/2024. MB*

## 3800.32 Specific Rights

**2. Requirements**

## 3800.32 Specific Rights *(continued)*

3800.32.b. A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.

**Description of Violation**

*Child A was found to be the subject of regulatory abuse by staff member A.*

*The executive officer shall develop a plan to assure that this mandate is being met. The plan should state the staff position/person that is responsible for monitoring and enforcement of this policy with staff.*

**Plan of Correction** ***Accept ( - 11/12/2024)***

*The video clearly showed that the student was escalating in physical behavior towards staff though it did not record the verbal threats the student was also making towards for several minutes leading to the restraint. The student made multiple threats of physical harm to the employee while back was turned (the student had just threatened to "SHANK ) and the employee felt something hit in the back which assumed was an attack by the student. Staff had no way of determining without the benefit of eyes behind head to determine HOW the student was attacking - - all knew was that felt his safety was in danger because he had been physically impacted from behind (recall that the student had access to a broom or mop handle earlier in the frame). The video showed the staff turned instantly upon being physically impacted and went into restraint mode because he reasonably believed he was being attacked (staff had no way of knowing it was just a kicked trash can as opposed to the student making good on his threat to shank him). Nonetheless, staff will be advised via written memo that Agency regulations deems such actions under these circumstances as abusive, threatening, harassing, mistreatment and/or corporal punishment, and even if they perceive a threat to their safety or the safety of others during an incident where they or others are being physically impacted or assaulted by a student, they will be required to demonstrate de-escalation efforts before employing any restrictive procedure and undertake the same in accordance with their training and relevant restrictive procedure plans. Staff will also be reminded that under no circumstances shall they engage in conduct which is abusive, threatening, harassing, mistreatment and/or in the nature of corporal punishment. The Compliance Officer shall be responsible for overseeing/monitoring overall implementation of this corrective action plan.*

*The "mechanism" to acknowledge that staff has received the memorandum will be a signed verification by each staff member that they received and reviewed the same and were given a verbal explanation thereof. The memo shall be distributed at the first weekly staff meeting immediately following the date of final approval of the plan of correction.*

**Licensee's Proposed Overall Completion Date:** *09/26/2024*

**On-site Verification** ***Implemented - 12/12/2024)***

*This plan was implemented on 12/5/2024. MB*

**3. Requirements**

3800.32.k. A child has the right to appropriate medical, behavioral health and dental treatment.

**Description of Violation**

*Child A sustained a significant injury to his face. The child needed ice and pain medication for five days. Child A was not taken for further medical care to assure there was not more serious damage than observed by the in-house medical staff.*

*The executive officer shall develop a plan to assure that this mandate is being met. The plan should state the staff position/person that is responsible for monitoring and enforcement of this policy with staff.*

**Plan of Correction** ***Accept ( - 11/12/2024)***

*Facility medical staff followed the written guidelines which were previously provided to the Agency. At no time did*

## *3800.32 Specific Rights (continued)*

*the Agency advise in writing that those guidelines were improper. The student was examined immediately for concussion and fracture, both of which were ruled out by medical staff. While there were signs of bruising and swelling, these were physical manifestations consistent with a student being punched in the face during a fight and sustaining a black eye, which rarely results in a referral to an outside medical facility unless an examination reveals objective indicators of injury beyond swelling and bruising. There were none here. And the student, in fact, did not have any facial fracture or structural injury. The student was administered ice for swelling, as would have been the case if the injury was the result of a fist fight and was given meds for what the student described as minor and NON-escalating pain. There were no objective indicators that anything more than swelling and bruising were at issue. We are unaware of any medical or Agency standard that establishes the use of ice and pain medication over five (5) days to address steadily decreasing swelling and pain with abnormal structural facial occurrences as an indication that further medical care is necessary. Nonetheless, we will advise medical and non-medical staff in writing that under such circumstances where a student incurs an injury which causes bruising and swelling going forward, objective medical indicators notwithstanding, students must be taken for further medical care to assure there was not more serious damage than observed by in-house medical staff to satisfy Agency regulatory requirements (in this case, further outside medical care yielded no findings beyond what in-house medical staff previously determined in accordance with the written Red Cross standards it followed). The Compliance Officer shall be responsible for overseeing/monitoring overall implementation of this corrective action plan.*

*The "mechanism" to acknowledge that staff has received the memorandum will be a signed verification by each staff member that they received and reviewed the same and were given a verbal explanation thereof. The memo shall be distributed at the first weekly staff meeting immediately following the date of final approval of the plan of correction.*

**Licensee's Proposed Overall Completion Date:** *09/26/2024*

**On-site Verification** ***Implemented ( - 12/12/2024)***

*This plan was implemented on 12/5/2024. MB*

## 3800.161 Three Meals a Day

**4. Requirements**

3800.161. At least three meals and one snack a day shall be provided to the children.

**Description of Violation**

*Child A reported that would be prevented from having snack as punishment for negative behaviors. Staff A also noted that snacks were occasionally withheld from child A as punishment.*

*The executive officer shall develop a plan to assure that this mandate is being met. The plan should state the staff position/person that is responsible for monitoring and enforcement of this policy with staff.*

**Plan of Correction** ***Accept ( - 09/17/2024)***

*All residents receive a healthy snack. But additional snacks such as rice Krispie treats, potato chips, Gatorade, etc.are made available to residents who earn various behavior levels as an incentive. This is an INCENTIVE not a punishment. Nonetheless, to avoid confusion or even the appearance of a regulatory violation, only one healthy snack option will be distributed at snack time going forward and behavior incentivized snacks will be discontinued.*

**Licensee's Proposed Overall Completion Date:** *09/10/2024*

## 3800.161 Three Meals a Day *(continued)*

**On-site Verification** ***Implemented ( - 12/12/2024)***

*This plan was implemented on 12/5/2024. MB*

## 3800.202 Appropriate Use of Restrictive Procedures

**5. Requirements**

3800.202.a. A restrictive procedure may not be used in a punitive manner, for the convenience of staff persons or as a program substitution.

**Description of Violation**

*Child A was escalated, and staff A was viewed on the video initiating a restraint after the child kicked a trash can, but the child's behavior did not present as a danger to himself of others. Staff A did not continue de-escalation before going hands on.*

*The executive officer shall develop a plan to assure that this mandate is being met. The plan should state the staff position/person that is responsible for monitoring and enforcement of this policy with staff.*

**Plan of Correction** ***Accept - 11/12/2024)***

*The Facility disagrees with the Agency's simple description of the student kicking a trash can, when a more accurate description of the events is that the student kicked a trash can into Staff member A while back was turned leaving Staff member A no idea what hit as did not have the birds eye view of video footage or eyes in the back of head in real time. The video clearly showed that the student was escalating in physical behavior towards staff though it did not record the verbal threats the student was also making towards him for several minutes leading to the restraint. The student made multiple threats of physical harm to the employee while back was turned (the student had just threatened to "SHANK ) and the employee felt something hit in the back which assumed was an attack by the student. Staff had no way of determining without the benefit of eyes behind his head to determine HOW the student was attacking - - all knew was that felt his safety was in danger because had been physically impacted from behind (recall that the student had access to a broom or mop handle earlier in the frame). The video showed the staff turned instantly upon being physically impacted and went into restraint mode because reasonably believed was being attacked (staff had no way of knowing it was just a kicked trash can as opposed to the student making good on his threat to shank him). Nonetheless, staff will be advised via written memo that Agency regulations deems restraints under these circumstances as punitive, convenient or a program substitution, and even if they perceive a threat to their safety or the safety of others during an incident where they or others are being physically impacted or assaulted by a student, they will be required to demonstrate de-escalation efforts before employing any restrictive procedure and undertake the same in accordance with their training. The Compliance Officer shall be responsible for overseeing/monitoring overall implementation of this corrective action plan.*

*The "mechanism" to acknowledge that staff has received the memorandum will be a signed verification by each staff member that they received and reviewed the same and were given a verbal explanation thereof. The memo shall be distributed at the first weekly staff meeting immediately following the date of final approval of the plan of correction.*

**Licensee's Proposed Overall Completion Date:** *09/26/2024*

**On-site Verification** ***Implemented ( - 12/12/2024)***

*This plan was implemented on 12/5/2024. MB*

**6. Requirements**

3800.202. Appropriate use of restrictive procedures.

c. For each incident in which use of a restrictive procedure is considered:

## 3800.202 Appropriate Use of Restrictive Procedures *(continued)*

1. Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.

**Description of Violation**

*Child A was escalated, and staff A was viewed on the video initiating a restraint after the child kicked a trash can, but the child's behavior did not present as a danger to [redacted] of others. Staff A did not continue de-escalation before going hands on.*

*The executive officer shall develop a plan to assure that this mandate is being met. The plan should state the staff position/person that is responsible for monitoring and enforcement of this policy with staff.*

**Plan of Correction** ***Accept [redacted] - 11/12/2024)***

*The Facility disagrees with the Agency's simple description of the student kicking a trash can, when a more accurate description of the events is that the student kicked a trash can into Staff member A while [redacted] back was turned leaving Staff member A no idea what hit [redacted] as [redacted] did not have the birds eye view of video footage or eyes in the back of [redacted] head in real time. The video clearly showed that the student was escalating in physical behavior towards staff though it did not record the verbal threats the student was also making towards him for several minutes leading to the restraint. The student made multiple threats of physical harm to the employee while his back was turned (the student had just threatened to "SHANK [redacted]) and the employee felt something hit [redacted] in the back which [redacted] assumed was an attack by the student. Staff had no way of determining without the benefit of eyes behind [redacted] head to determine HOW the student was attacking [redacted] - - all he knew was that [redacted] felt [redacted]s safety was in danger because [redacted] had been physically impacted from behind (recall that the student had access to a broom or mop handle earlier in the frame). The video showed the staff turned instantly upon being physically impacted and went into restraint mode because [redacted] reasonably believed [redacted] was being attacked (staff had no way of knowing it was just a kicked trash can as opposed to the student making good on his threat to shank him). Nonetheless, staff will be advised via written memo that Agency regulations deems restraints under these circumstances as punitive, convenient or a program substitution, and even if they perceive a threat to their safety or the safety of others during an incident where they or others are being physically impacted or assaulted by a student, they will be required to demonstrate de-escalation efforts before employing any restrictive procedure. The Compliance Officer shall be responsible for overseeing/monitoring overall implementation of this corrective action plan.*

*The "mechanism" to acknowledge that staff has received the memorandum will be a signed verification by each staff member that they received and reviewed the same and were given a verbal explanation thereof. The memo shall be distributed at the first weekly staff meeting immediately following the date of final approval of the plan of correction.*

**Licensee's Proposed Overall Completion Date:** *09/26/2024*

**On-site Verification** ***Implemented ([redacted] - 12/12/2024)***

*This plan was implemented on 12/5/2024. MB*

## 3800.203 Restrictive Procedure Plan

**7. Requirements**

3800.203.f. The plan shall be implemented as written.

**Description of Violation**

*Child A had a restrictive procedures plan dated [redacted] that was not implemented as written. The plan states Child A is one of the largest students in the building. For safety of staff and the youth, multiple staff should be involved in restraining child A as he throws his weight around irresponsibly and could cause injury to himself or the staff if*

## *3800.203 Restrictive Procedure Plan (continued)*

*multiple are not involved. The video shows another staff watching staff A initiating the physical intervention without waiting for assistance. The other staff in the room did not step in to assist but did call for other assistance.*

*The executive officer shall develop a plan to assure that this mandate is being met. The plan should state the staff position/person that is responsible for monitoring and enforcement of this policy with staff.*

**Plan of Correction** ***Accept ([redacted] - 11/12/2024)***

*Again, the Facility disagrees with the Agency's recitation of the facts. The video shows that the restraint happened so quickly - - lasting only seconds - - that by the time the other staff member present processed what was happening, both parties had fallen to the floor which prompted staff to call for assistance. Staff was not simply standing around watching; indeed, the incident concluded within seconds BEFORE staff could intervene. Nonetheless, staff shall be reminded via written memorandum that restrictive procedure plans for all students must be implemented immediately in accordance with the terms thereof at the time of any restraint. The Compliance Officer shall be responsible for overseeing/monitoring overall implementation of this corrective action plan.*

*The "mechanism" to acknowledge that staff has received the memorandum will be a signed verification by each staff member that they received and reviewed the same and were given a verbal explanation thereof. The memo shall be distributed at the first weekly staff meeting immediately following the date of final approval of the plan of correction. A similar "mechanism" will be utilized with respect to verifying staff have reviewed the restrictive procedure plans for youth whereby, on the date the plan of correction is approved, staff will be provided a copy of the restrictive procedure plans to review for all youth in their care and execute a verification confirming that they received and reviewed the same.*

**Licensee's Proposed Overall Completion Date:** *09/26/2024*

**On-site Verification** ***Implemented ([redacted] - 12/12/2024)***

*This plan was implemented on 12/5/2024. MB*

## 3800.205 Staff Training

**8. Requirements**

3800.205. Staff training.

b. Training shall include:

3. The proper use of the specific techniques or procedures that may be used.

**Description of Violation**

*Staff A did not follow trained SCM protocols or postures when initiating and following through with the restrictive procedure involving child A.*

*The executive officer shall develop a plan to assure that this mandate is being met. The plan should state the staff position/person that is responsible for monitoring and enforcement of this policy with staff.*

**Plan of Correction** ***Accept ([redacted] - 11/12/2024)***

*Facility SCM trainers have developed a schedule whereby SCM trainings will be held on an indefinite bi-monthly basis for 1-3 hour time blocks on consecutive Tuesdays & Wednesdays and Saturdays & Sundays. The Compliance Officer shall be responsible for overseeing/monitoring overall implementation of this corrective action plan.*

**Licensee's Proposed Overall Completion Date:** *09/26/2024*

## 3800.205 Staff Training *(continued)*

**On-site Verification** ***Implemented [redacted] - 12/12/2024)***

*This plan was implemented on 12/5/2024. MB*