Department of Human Services
Office of Children, Youth and Families

Licensing Inspection Summary - Public

55 PA.CODE CHAPTER 3800

June 25, 2025

[redacted], DIRECTOR OF QI
ABH PENNSYLVANIA CHILDREN'S SERVICES, INC.
[redacted]

RE: GREENWAY LEFT
102 DEVEREUX CIRCLE
WEST CHESTER, PA, 19380
LICENSE/COC#: 15076

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: *GREENWAY LEFT*
Address: *102 DEVEREUX CIRCLE, WEST CHESTER, PA 19380*
County: *CHESTER*
License Number: *15076*
License Expiration: *09/01/2025*

Administrator

Name: [redacted]

Legal Entity

Name: *ABH PENNSYLVANIA CHILDREN'S SERVICES, INC.*
Address: [redacted]

Inspection Information

Start Date: *04/03/2025* **End Date**: *04/03/2025* **Type**: *Complaint* **Notice**: *Announced Visit*
Inspector(s): [redacted]

Inspection Narrative

On 3/21/25, the Department of Human Services Office of Children, Youth, and Families conducted a complaint investigation ABH PA Children Services. As a result of the investigation, which revealed failure to meet regulation 3800.32(b) a citation was issued

Inspections / Reviews

04/03/2025 Complaint

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/10/2025*

04/30/2025 - POC Submission

Reviewer: [redacted] **Follow Up Type**: *On site Verification* **Follow Up Date**: *05/05/2025*

04/30/2025 On site Verification

Submitted By: [redacted] **Date Submitted**: *04/09/2025*
Reviewer: [redacted] **Follow Up Type**: *Not Required*

3800.32 Specific Rights

1. Requirements

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

Description of Violation

On [redacted], the child was observed with marks over [redacted] body that are in different stage of healing. Staff are not able to provide explanation of the marks.

Plan of Correction ***Accept [redacted] - 04/30/2025)***

To prevent further unexplained injuries, during each morning and evening ADLs (Activities of Daily Living) that include bathing and dressing, staff assigned will complete body checks of their assigned individuals and document their discoveries on the body check data form. Any new injuries will be documented within the electronic health record, reported to the medical department for nursing assessment and to the Treatment Manager to engage in an investigation to determine source of findings. The Body Check Form currently includes the space to identify the area of injury and documentation of the follow up completed by the Treatment Manager on the investigation to determine the source of findings. A retraining of the program staff on the updated form will occur by 4/15/25. Additionally, the Treatment Manager will perform weekly Body Check Data Form audits for compliance and procedural fidelity. The leadership team, including operations and medical staff, will meet to review the current form being utilized and will make recommended updates to the form to increase compliance and adherence to the protocols to be updated by 5/1/25.

Licensee's Proposed Overall Completion Date: *05/01/2025*

On-site Verification ***Implemented ([redacted] 06/25/2025)***

Facility provided an updated Body Check Form to document marks/injuries to resident. A training was also completed with staff members reviewing the body check process and the new updated form.