

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

October 15, 2025

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

RE: ACADIA NEUROREHAB #1
1604/1614 BENTLEY RIDGE BLVD.
LANCASTER, PA, 17602
LICENSE/COC#: 33963

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/29/2025 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 #1 License #: 33963 License Expiration: 03/15/2026
 Address: 1604/1614 BENTLEY RIDGE BLVD., LANCASTER, PA 17602
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: SUCCESS REHABILITATION INC.
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/30/2004 Issued By: Labor and Industry
 Type: Other Date: 04/30/2004 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 7 Waking Staff: 5

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/01/2025

Inspection Dates and Department Representative

07/29/2025 - 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: 0

Number of Residents Who:

Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 0
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

07/29/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/24/2025

08/27/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/19/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/23/2025

Inspections / Reviews (*continued*)

10/15/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/29/25 the home's previous renewal inspection, dated 7/31/24, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 08/27/2025)

- 1. On 7/29/25, the previous renewal inspection, dated 7/31/24 was posted on the bulletin board, which is a conspicuous and public place. This was done by the PCHA of the home.
- 2. The Postings Checklist was updated to include specifics concerning 2600.3C. The checklist was updated on 8/19/2025 by the Director of Residential Services and will be implemented 9/1/2025.
- 3. The posting checklist will be completed monthly by a Residential Program Manager or the director of residential services. The checklist will be handed in to the Director of Residential Services for approval.
- 4. Any non-compliance with the Postings Checklist will be followed up on within a week of handing in for approval.
- 5. All staff will be trained on regulation 2600.3c by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

ATTACHMENTS:

- Posting checklist
- Staff training agenda

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented (█ - 09/26/2025)

17 - Record Confidentiality

2. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 7/29/25, at 9:05 AM, the resident coding document with resident names from the inspection conducted on 10/16/24, was unlocked, unattended, and accessible on the home's bulletin board inside the front door.

Plan of Correction

Accept (█ - 08/27/2025)

- 1. On 07/29/2025, the resident coding document was removed from the licensing inspections that were posted. This was done by the PCHA of the home
- 2. The Postings Checklist was updated to include specifics concerning 2600.17. The checklist was updated on 8/19/2025 by the Director of Residential Services and will be implemented 9/1/2025.
- 3. The posting checklist will be completed monthly by a Residential Program Manager or the director of residential services. The checklist will be handed in to the Director of Residential Services for approval.
- 4. Any non-compliance with the Postings Checklist will be followed up on within a week of handing in for approval by the Residential Program Manager or the Director of Residential Services.

17 - Record Confidentiality (continued)

5. All staff will be trained on regulation 2600.17 by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

ATTACHMENTS:

Posting checklist

Staff training agenda

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented (█) - 09/26/2025)

18 - Compliance With Laws**3. Requirements**

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The care facility carbon monoxide alarms standards act requires that batteries be dated when installed and changed at least annually. The home has four alarms -- three had batteries dated 5/14/24 and one had no date.

Plan of Correction

Accept (█) - 08/27/2025)

1. The batteries in the carbon monoxide detectors were replaced on 08/01/2025 by the PCHA of the home.
2. The monthly houses inspection was updated on 08/19/2025 by the Director of Residential Services. The inspection was updated to include checking the carbon monoxide detectors and ensuring batteries are replaced annually. The new form will be implemented for 09/2025 inspections.
3. The monthly house inspection is completed monthly by a Residential Program Manager or a member of the safety committee. Any issues of non-compliance are followed up on by the Residential Program Manager.
4. All staff will be trained on regulation 2600.18 by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

ATTACHMENTS:

Picture of Detector

Staff training agenda

House Inspection Form

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented (█) - 10/15/2025)

65g - Annual Training Content**4. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

65g - Annual Training Content (continued)

Description of Violation

Staff person A did not receive training in fire safety during training year January 2024 to December 2024.

Repeated Violation - 7/31/24

Plan of Correction

Accept () - 08/27/2025

1. Staff member A completed fire safety training on 06/06/2025.
2. The fire safety training required by 2600.65g is now a required training in our iSolve training platform. The training was added to the system as an annual training requirement by the Director of Information Systems on 1/1/2025. All staff are assigned fire safety training, and it is completed in orientation and annually.
2. A report on the annual training due date will be provided to management, monthly by the HR Department or Director of Information Services.
3. Management will follow-up with staff to ensure training is completed by the due date.
4. All staff had completed the fire safety training for 2025 prior to the inspection.
5. All staff will complete the required Older Adult Protective Services Act training by 09/22/2025. The training will be provided through the Isolve training platform
6. All staff will be trained on regulation 2600.65g by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

ATTACHMENTS:

Staff training agenda

Fire safety training completion dates of staff

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented () - 09/26/2025

162c - Menus Posted

5. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the month of July was posted. However, the menu for the first week of August was not posted.

Plan of Correction

Accept () - 08/27/2025

1. The menu for August was posted on 7/29/25 by the PCHA of the home. The August menu was previously completed but was not posted.
2. The Postings Checklist was updated to include specifics concerning 2600.162c. The menus will be posted for the current month and the following month. The checklist was updated on 8/19/2025 by the Director of Residential Services and will be implemented 9/1/2025.
3. The posting checklist will be completed 1/4ly by a Residential Program Manager or the director of residential services. The checklist will be handed in to the Director of Residential Services for approval.
4. Any non-compliance with the Postings Checklist will be followed within a week of handing in for approval.
5. All staff will be trained on regulation 2600.162c by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

162c - Menus Posted (continued)**ATTACHMENTS:***Picture of menu**Staff training agenda**Postings checklist*

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented (█) - 09/26/2025

185a - Implement Storage Procedures**6. 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 received █ on the medication administration record (MAR) including on 7/26/25 █ was documented on the MAR and on 7/2 █ was documented on the MAR.

Repeated Violation - 7/31/24 and 10/6/24

Plan of Correction

Accept (█) - 08/27/2025

1. Staff will receive training on how to document █ correctly in the MAR. This training will be completed by a member of the Client Health & Wellness team or a Residential Program Manager by 9/22/2025.
2. All staff will be trained on regulation 2600.185a by a Residential Program Manager or the Director of Residential Services by 09/22/2025.
3. The client Health & Wellness Team will review Glucometers on a weekly basis and send discrepancy to the Residential Program Manager to follow-up with the staff to review errors and how to document correctly.

ATTACHMENTS:*Staff training agenda**Glucometer training*

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented (█) - 09/26/2025

187a - Medication Record**7. 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).

187a - Medication Record (continued)

Description of Violation

Resident 2 is prescribed [REDACTED]. The medication administration record does not indicate the diagnosis or purpose for this medication.

Plan of Correction

Accept ([REDACTED]) - 08/27/2025)

1. The Medication Record for Resident 2 was updated on 07/29/2025 by the Client Health and Wellness Director to include the diagnosis or purpose of the medication.
2. All new medications put on the Medication Record will be reviewed by a member of the client health and wellness team to ensure compliance with 2600.187a.
3. All staff will be trained on regulation 2600.187a by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

ATTACHMENTS:

Resident 2's updated Medication Record
Staff Training Agenda

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented ([REDACTED]) - 09/26/2025)

225c - Additional Assessment

8. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident 3's current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED].

Repeated Violation - 10/16/24

Plan of Correction

Accept ([REDACTED]) - 08/27/2025)

1. The previous RASP was documented as previously being completed, but could not be found, due to previous PCHA no longer being employed.
2. On 08/17/2025, the Director of Residential Services created a folder on the shared drive, where all RASP's will be stored. On 08/24/2025 all previous and current RASP's were uploaded to the folder. The Residential Director and all Residential Program Managers will have access to the folder.
3. All staff will be trained on regulation 2600.225c by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

ATTACHMENTS:

Staff Training Agenda
Share points RASP folders

Licensee's Proposed Overall Completion Date: 09/22/2025

225c - Additional Assessment (continued)

Implemented (████ - 09/26/2025)

227c - Support Plan Revision

9. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident’s needs as indicated on the current assessment.

Description of Violation

Resident █████ has a bedside mobility device. █████ current RASP, completed █████, does not include the specific need for the device, the intended use and risks with using the device, the resident’s ability to use the device safely, and identification of the device to be used and whether a cover is required.

Plan of Correction

Accept (████ - 08/27/2025)

1. Resident # █████ RASP was updated on 08/01/2025 by the Director of Residential Services. The updated RASP includes all the required information concerning the bedside Mobility Device.
2. The Residents Binder checklist was updated on 08/18/2025 by the Director of Residential Services, to include information on the enabler bar requirements.
3. The Residents Binder Checklist will be completed by the Director of Residential Services or the Residential Program Manager for all binders by 09/22/2025 and quarterly in the months of December, March, June 2025.
4. The Director of Residential Services will monitor that checklists are completed by tracking on a chart.
5. All staff will be trained on regulation 2600.227c by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented (████ - 09/26/2025)