

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

September 29, 2025

[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 07/29/2025 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 #2 License #: 33964 License Expiration: 03/15/2026
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/21/1999 Issued By: Labor and Industry
 Type: Other Date: 10/21/1999 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 10 Waking Staff: 8

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: 5

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 1
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 5 Have Physical Disability: 5

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*)

09/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65g - Annual Training Content

1. 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.

Description of Violation

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

Plan of Correction

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

- 1. 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 the 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 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

Proposed Overall Completion Date: 09/22/2025

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

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

185a - Implement Storage Procedures

2. 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 [redacted] There were discrepancies [redacted] recorded on the medication administration record (MAR). These included:

- On 7/26/25 at 5:00 PM, [redacted]
- On 7/24/25 at 8:00 AM, [redacted]
- On 7/23/25 at 12:00 PM, [redacted]
- On 7/18/25 at 8:00 AM, [redacted]
- On 7/13/25 at 5:00 PM, [redacted]

185a - Implement Storage Procedures (continued)

Resident 2 [REDACTED]. On 7/24/25 at 7:00 AM, [REDACTED] nothing was documented on the MAR this date/time. On 7/20/25, [REDACTED] was documented on the MAR.

Plan of Correction**Accept ([REDACTED] - 08/27/2025)**

1. Staff will receive training on how to document [REDACTED] correctly in the MAR. This training will be completed by a member of the Client Health & Wellness team 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 [REDACTED] 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
[REDACTED]*Proposed Overall Completion Date: 09/22/2025***Licensee's Proposed Overall Completion Date: 09/22/2025****Implemented ([REDACTED] - 09/26/2025)**