

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 #3
1104/1114 BENTLEY RIDGE BLVD.
LANCASTER, PA, 17602
LICENSE/COC#: 33965

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/30/2025 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 #3 License #: 33965 License Expiration: 03/15/2026
 Address: 1104/1114 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: 05/01/2001 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 8 Waking Staff: 6

Inspection Information

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

Inspection Dates and Department Representative

07/30/2025 - 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: 5 Are 60 Years of Age or Older: 2
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 3 Have Physical Disability: 1

Inspections / Reviews

07/30/2025 - 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: 09/20/2025
 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: 09/20/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. 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 7/30/25, the resident coding document 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 07/30/2025, 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 Director of Residential Services or the Residential Program Manager.
- 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)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff A and B do not have a high school diploma or GED from the United States, or active registry status on the Pennsylvania nurse aide registry. The home has not applied for a waiver for these staff.

Repeated Violation - 7/31/24

Plan of Correction

Accept (█ - 08/27/2025)

- 1. A waiver was submitted on 08/19/2025 by the Assistant Residential Director. We are awaiting a response with approval. This waiver was for staff member A.
- 2. Staff member B submitted █ high school diplomas for translation and is awaiting evaluation documents. A waiver will be submitted when the translation documents are received by the Assistant Residential Director.
- 3. The HR team will be trained on how to accurately review non US high school diplomas and request translation

54a - Direct Care Staff (continued)

to be completed by the applicant before being hired. This training will be completed by the Director of Residential Services by 9/22/2025.

4. Effective immediately, the waiver will be completed and submitted for approval before the staff completes the orientation process and begins providing care to residents. The waiver will be submitted by the Assistant Residential Director or the Director of Residential Services.

5. The employee file checklist was updated on 08/20/2025 by the Director of Residential Services to include waiver approval. This checklist will be completed by the HR department before an employee can begin providing care to residents

6. All staff will be trained on regulation 2600.54a by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

ATTACHEMENTS:

Proof of waiver submitted for staff member A

Proof of translation submitted for staff member B

New hire checklist

Training agenda for HR team

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

Implemented (█) - 09/26/2025)

65f - Training Topics**3. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff person C did not receive training in meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan during training year January 2024 through December 2024.

Plan of Correction

Accept (█) - 08/27/2025)

1. All staff will be trained on the requirements of regulation 2600.65f by the Director of Residential Services or a Residential Program Manager. This training will take place by 09/22/2025.

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 will be trained on regulation 2600.65f by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

ATTACHMENTS:

Staff training agenda

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.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Staff person C did not receive training in fire safety or the Older Adults Protective Services Act during training year January 2024 through December 2024.

Plan of Correction

Accept (█ - 08/27/2025)

- 1. Fire safety training for staff member C was completed on 06/01/2025
- 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.
- 3. A report on the annual training due date will be provided to management, monthly by the HR Department or Director of Information Services.
- 4. Management will follow- up with staff to ensure training is completed by the due date.
- 5. All staff had completed the fire safety training for 2025 prior to the inspection.
- 6. 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
- 7. 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 (█ - 10/15/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 is prescribed █. On 7/9/25 █ were mistakenly administered into Resident 2's █

Plan of Correction

Accept (█ - 08/27/2025)

- 1. The staff member that was responsible for the medication error was educated on the correct medication administration process on 07/10/2025.
- 2. All █ will be placed in plastic bags and labels for █. This was completed by a member of the client health and wellness department on 07/13/2025.
- 3. For any future prescriptions, a member of client health and wellness team will label █ before they are

187d - Follow Prescriber's Orders (continued)

sent to the homes.

4. All staff will be trained on regulation 2600.187d by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

ATTACHMENTS:

Staff Training Agenda

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

Implemented (█) - 09/26/2025)

225a - Assessment 15 Days**6. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The assessment for resident 3, dated █, did not include supervision, mobility, or medication needs.

Plan of Correction

Accept (█) - 08/27/2025)

1. Resident #3 RASP was missing a page and therefore the supervision, mobility or medication needs were not included. The RASP was updated on 08/19/2025 by the PCHA.

2. RASP's will be reviewed by the Director Services as they are completed to ensure thoroughness.

3. All staff will be trained on regulation 2600.225a by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

ATTACHMENTS:

Staff Training Agenda

Residents updated RASP

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

Implemented (█) - 09/26/2025)