

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 #4
950 BENTLEY RIDGE BLVD.
LANCASTER, PA, 17602
LICENSE/COC#: 33966

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/31/2025 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 #4 License #: 33966 License Expiration: 03/15/2026
 Address: 950 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: 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

07/31/2025 - 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: 6 Are 60 Years of Age or Older: 1
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

07/31/2025 - 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*

18 - Compliance With Laws

1. 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 changed annually and dated with the date of installation. The battery in the carbon monoxide alarm is undated.

Plan of Correction

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

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [redacted] did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

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

- 1. Staff person A completed the Department approved direct care training course and passed the competency test on 08/17/2025.
- 2. Effective immediately, new staff will complete the required course to comply with 2600.65d before the staff completes the orientation process and begins providing care to residents.
- 3. The employee file checklist was updated on 08/20/2025 to details of what is required to comply with 2600.65d. This checklist will be completed by the HR department before an employee can begin providing care to residents
- 4. The HR team will be trained on how to accurately complete the New employee checklist and details on what training is required to be completed to comply with 2600.65d. This training will also include training the team on how to identify the correct certificate. This training will be completed by the Director of Residential Services by

65d - Initial Direct Care Training (continued)

9/22/2025.

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

ATTACHMENTS:

Staff person A's competency test certificate

New Employee File Checklist

Staff training agenda

Training Agenda for HR Team

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

Implemented (█) - 10/15/2025)

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 B and 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.

65g - Annual Training Content (continued)

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

Description of Violation

Staff B and C did not receive training in fire safety and 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 B was completed on 06/11/2025 and staff member C was completed on 04/29/2025.
- 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)

101r - Bedroom - shades/drapes/window covering

5. Requirements

- 2600.
- 101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The horizontal miniblinds in resident 1's bedroom do not cover the resident's entire window as they are in poor condition with multiple adjacent broken slats.

Plan of Correction

Accept () - 08/27/2025)

- 1. On 08/02/2025, the PCHA corrected the violation by replacing the blinds on the windows of the bedroom for residents #1
- 2. The monthly house inspection was updated on 08/19/2025 by the Director of Residential Services. The inspection was updated to include checking compliance with regulation 2600.101r.
- 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 PCHA.
- 4. All staff will be trained on regulation 2600.101.r by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

ATTACHMENTS:

101r - Bedroom - shades/drapes/window covering (continued)

Picture of blinds
House inspection
Staff training agenda

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

Implemented (█) - 09/26/2025)

125b - Combustible Restrictions**6. Requirements**

2600.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 7/31/25, a can of Neon gas lighter fuel was unlocked, unattended, and accessible in resident 2's bedroom.

Plan of Correction

Accept (█) - 08/27/2025)

1. Resident #2 had brought the combustible materials back from a home visit. When discussed with █ was agreeable to not bringing such materials into the home again and said █ did not realize it was not allowed. This discussion took place with the Assistant Residential Director on 08/01/2025.
2. All staff will be trained on regulation 2600.125b by a Residential Program Manager or the Director of Residential Services by 09/22/2025.
3. The Residential Program Manager educated Resident #2 on regulation 125b and the dangers of keeping combustible materials in █ bedroom.
4. When resident #2 returns home visits, staff will talk with █ and ask if █ has anything that █ brings back that violates the rules and regulations. This was discussed with resident #2 and █ agreed.

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

Implemented (█) - 10/15/2025)

185a - Implement Storage Procedures**7. 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 2 receives █ On 7/22/25, █ nothing was documented on the medication administration record (MAR). On 7/16/25, a █, however, █ was documented on MAR.

Plan of Correction

Accept (█) - 08/27/2025)

1. Staff will receive training on how to document █ correctly in the MAR. This training will be

185a - Implement Storage Procedures (continued)

- 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 [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]

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

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