

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

September 29, 2025

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

RE: ACADIA NEUROREHAB #5
649/653 PATRIOT DRIVE
LANCASTER, PA, 17601
LICENSE/COC#: 33967

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 #5 License #: 33967 License Expiration: 03/15/2026
 Address: 649/653 PATRIOT DRIVE, LANCASTER, PA 17601
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C-3 SP Date: 06/24/2003 Issued By: Labor and Industry
 Type: Other Date: 06/24/2003 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 5 Waking Staff: 4

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: 5

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: 5 Diagnosed with Intellectual Disability: 5
 Have Mobility Need: 0 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*)

09/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/20/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65f - Training Topics

1. 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

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

Plan of Correction

Accept () - 08/27/2025

- 1. All staff, including staff member A 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 () - 09/26/2025

65g - Annual Training Content

2. 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 A 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 A was completed on 03/25/2025.
- 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.

65g - Annual Training Content (continued)

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 (█) - 09/26/2025)

89b - Hot Water Temperature**3. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 7/31/25 at 1:44 PM, the water in the first floor common bathroom measured 123.8 degrees Fahrenheit. At 4:14 PM, when retested, the water measured 124.0 degrees Fahrenheit.

Plan of Correction

Accept (█) - 08/27/2025)

1. A maintenance request was submitted to the homes maintenance department to turn down the hot water This request was submitted on 08/04/2025 by the PCHA and the water was turned down on 08/05/2025 by the maintenance worker.

2. The hot water will be tested daily by staff at various times of the day and at various locations. The temperature will be documented on a monthly chart that will be handed in at the end of the month to the Director of Residential Services.

3. All staff will be trained on regulation 2600.89b by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

ATTACHMENTS:

Maintenance Request

Water testing chart

Staff training agenda

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

Implemented (█) - 09/26/2025)

101j7 - Lighting/Operable Lamp**4. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents A and B do not have access to a source of light that can be turned on/off at bedside.

101j7 - Lighting/Operable Lamp (continued)**Plan of Correction****Accept ([REDACTED] - 08/27/2025)**

1. On 07/31/2025, the PCHA corrected the violation by providing Residents A and B with an operable source of lighting that could be turned on at bedside.
2. The monthly house inspection was updated on 08/19/2025 by the Director of Residential Services. The inspection was updated to include checking that each resident has an operable lamp or other source of lighting that can be turned on at bedside.
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.j by a Residential Program Manager or the Director of Residential Services by 09/22/2025.

ATTACHMENTS:*Pictures of lighting provided**House Inspection**Staff training agenda***Licensee's Proposed Overall Completion Date: 09/22/2025****Implemented ([REDACTED] - 09/26/2025)**