pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **WHITE DEER RUN, LLC.**
LEGAL ENTITY

To operate **COVE PREP**
NAME OF FACILITY OR AGENCY

Located at **13 OPEN BUILDING, TORRANCE STATE HOSPITAL, TORRANCE, PA 15779**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Secure Care**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **36**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

PROVISIONAL

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 3800: Child Residential and Day Treatment Facilities
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 26, 2026** until **December 16, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **408971**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 03/.23

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES

Certified Mailing Date: July 7, 2026

[redacted], Chief Executive Officer
White Deer Run, LLC.
[redacted]

Re: Cove Prep
Torrance State Hospital
13 Open Building
Torrance, Pennsylvania 15779
License #: 408971

Dear [redacted]

The Department of Human Services (Department) conducted a complaint investigation of the above facility from January 22, 2026, to March 18, 2026, and a second complaint investigation on March 20, 2026, to April 13, 2026, along with an annual licensing review on March 12, 2026, resulting in Licensing Inspection Summary (LIS) documents being issued. The enclosed LIS documents provide details of the violations of the regulations at 55 Pa. Code Chapter 3800 found during the investigations and review. The Department approved the plans of correction (POC) on April 2, 2026, May 21, 2026, and April 1, 2026, respectively.

Failure to comply with the applicable regulations, as specified in detail in the enclosed LIS document, is the basis for the revocation of your current license (# 408970) dated July 2, 2026, to July 2, 2027, and the issuance of a first provisional license (#408971) dated June 26, 2026, to December 26, 2026, (see 62 P.S. § 1008; 55 Pa Code §§ 20.54 (a) and 20.71 (a) (2) and (a) (6)). This first provisional license replaces all previously issued licenses and is effective from the date of issuance. The Department's decision to issue a first provisional license is based on failure to comply with the Human Services Code and applicable regulations (62 P.S. §1026 (b) (4)) and 55 Pa. Code §20.71 (a) (6)), and noncompliance with the Department's applicable regulations (55 Pa. Code §20.71 (a) (2)). Your first provisional license is enclosed.

If you disagree with the decision to issue a first provisional license, you have the right to appeal through a hearing before the Department's Bureau of Hearings and Appeals, in accordance with 1 Pa. Code Part II, Chapters 31-35 (relating to General Rules of Administrative Practice and Procedure) by a petition which meets the requirements set forth at 1 Pa Code § 35.17. If you decide to appeal your provisional license, a written request for an appeal must be received at the following address within ten (10) calendar days of the date of this letter.

[redacted] Regional Director
Western Region Office of Children, Youth and Families
301 Fifth Avenue, Suite 410
Pittsburgh, Pennsylvania 15222

This decision is final 11 calendar days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Laval Miller-Wilson, JD
Deputy Secretary
Office of Children, Youth and Families

Enclosures
Licensing Inspection Summaries
PROVISIONAL Certificate of Compliance

Department of Human Services
Office of Children, Youth and Families

Licensing Inspection Summary - Public

55 PA.CODE CHAPTER 3800

May 11, 2026

[redacted], EXECUTIVE DIRECTOR
WHITE DEER RUN, LLC.
[redacted]

RE: COVE PREP
TORRANCE STATE HOSPITAL
13 OPEN BUILDING
TORRANCE, PA, 15779
LICENSE/COC#: 40897

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Office of Children, Youth and Families review on 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 Office of Children, Youth and Families

Agency/Facility Information

Name: *COVE PREP*
Address: *TORRANCE STATE HOSPITAL, TORRANCE, PA 15779*
County: *WESTMORELAND*
License Number: *40897*
License Expiration: *07/02/2026*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *WHITE DEER RUN, LLC.*
Address: [redacted]
Phone: [redacted] **Email**: [redacted]

Inspection Information

Start Date: *01/22/2026* **End Date**: *03/18/2026* **Type**: *Complaint* **Notice**: *Announced Visit*
Inspector(s): [redacted]

Inspection Narrative

The Department was provided notification of two complaints occurring on 1/22/2026 and 02/26/2026, regarding investigations into reports of abuse and mistreatment of two residents. The reports involved separate incidents with two different staff being in violation of child rights while engaging in a physical intervention with two different residents. The following violations of child rights is being issued:

Inspections / Reviews

01/22/2026 Complaint

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/30/2026*

04/02/2026 - POC Submission

Reviewer: [redacted] **Follow Up Type**: *On site Verification* **Follow Up Date**: *05/07/2026*

04/02/2026 On site Verification

Submitted By: [redacted] **Date Submitted**: *03/27/2026*
Reviewer: [redacted] **Follow Up Type**: *Not Required*

3800.32 Specific Rights

1. Requirements

3800.32.b. A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.

Description of Violation

On [redacted], Child A was abused and mistreated by staff member A. Child A reported that [redacted] was instructed to go to [redacted] room, but [redacted] refused. Staff person A and another staff picked Child A up out of [redacted] chair, one on each arm, to escort Child A to another room. Child A tangled [redacted] legs with Staff person A, which tripped the staff person. Both staff person A and Child A fell to the ground. Staff person A began to restrain Child A on the floor and had [redacted] forearm/elbow on Child A's chest. Child A admitted to resisting, so Staff person A kept shoving Child A's head back onto the floor, using [redacted] forearm on child's face and hand on child's head. Staff person A reported that Child A attempted to bite and staff person A pushed into the bite. A medical consult concluded that the staff used excessive force and the act was diagnostic of child abuse as it created a reasonable likelihood of bodily injury and would have caused substantial pain and interfered with Child A's breathing.

On [redacted] Child B was abused and mistreated by staff member B. Child B reported that [redacted] had been struck multiple times in the face during a restraint by staff member B. Child B had dumped a glass of water under another resident's door. Staff came to have [redacted] go to the timeout room, but Child B refused. Staff member B pushed Child B against a wall then moved into a floor restraint. Child B reported that staff member B was punching Child B in the face during this restraint; child reported that [redacted] nose was bleeding during the incident. 3 witnesses stated staff member B was striking Child B during the restraint.

Plan of Correction ***Accept ([redacted] - 04/02/2026)***

This Plan of Correction (POC) addresses the systemic failure to protect residents from abuse and mistreatment during physical interventions. The focus is on immediate safety, staff accountability, and rigorous retraining on restrictive procedure standards.

1. Immediate Actions

• Suspension/Termination: Staff Member B has been terminated based on the findings of abuse.

• Safety Assessments: Child A and Child B will be offered specialized trauma-informed counseling sessions to address the impact of the incidents.

• Internal Investigation: A comprehensive review of all restraints involving these two staff members over the past six months will be conducted to identify any unreported incidents.

2. Systemic Training & Competency

• De-escalation certification: All direct care staff will undergo mandatory, in-person certification in Handle with Care This training will emphasize: Verbal de-escalation techniques.

o The absolute prohibition of restraints with pressure on the face/neck.

o Immediately

o Verbal de-escalation techniques to avoid physical intervention for non-emergency "refusal to follow instructions."

o Immediately

o Having 7 trainers of HWC will ensure that most likely all shifts have at least one trainer on that will be present for any hands-on restrictive procedures to ensure that proper techniques are followed when hands on is necessary. They will also be present to assist staff in proper verbal de-escalation helping in the reduction on the necessity of hands-on.

• Rights & Abuse Awareness: A mandatory seminar for all employees on Section 3800.32(b), focusing on the definition of "excessive force" and the legal/ethical consequences of corporal punishment.

• Completion by end of April 2026

3. Monitoring & Accountability

3800.32 Specific Rights (continued)

• Video Review: The Milieu Managers and the Risk Manager will conduct weekly random audits of video footage and "Restraint Documentation Forms" to ensure interventions align with safety protocols.
• Staff that participated in the restrictive procedure will be required to review the video footage. This will assist in having a discussion and guidance on de-escalation tactics and better awareness for the staff.
• Shift Huddles: Supervisors will implement daily "Safety Huddles" at shift change to discuss high-risk behaviors and reinforce non-physical intervention strategies for specific residents.
• Third-Party Oversight: The facility will implement a "Child Advocate" rotation where a non-direct care administrator interviews two random residents weekly regarding their interactions with staff and their sense of safety.
4. Long-Term Prevention
• Policy Revision: The "Use of Restraint" policy is being updated to explicitly state that physical intervention is prohibited for non-compliance alone (e.g., refusing to go to a room) unless there is an immediate threat of harm to self or others.
• Performance Reviews: Adherence to child rights and de-escalation mastery will now be a weighted metric in all annual performance evaluations.

Licensee's Proposed Overall Completion Date: *03/27/2026*

On-site Verification ***Implemented ([redacted] - 05/11/2026)***

POC Verification visit was completed on May 7, 2026. The Provider has transitioned to a new de-escalation/physical intervention curriculum, Handle With Care. All staff have been trained with 7 in-house trainers on site. New staff will be oriented to the HWC during first weeks of hire. Video was reviewed involving an incident with a resident who did not want to report to programming. Four staff remained present while the lead supervisor continued to attempt de-escalation. The resident continued to refuse and while efforts were made to talk [redacted] to comply, the location of the incident was a main stairwell requiring staff to ultimately touch prompt. The resident did refuse and push back. The video showed some of the staff engaging in the HWC, however, efforts were difficult with the small space on the stairwell landing. The resident was interviewed later and reported that [redacted] interaction with the [redacted] staff who ultimately touched [redacted] was poor and that was why [redacted] responded. This was relayed to Admin as follow up for improved implementation of the curriculum. Ongoing video and resident interviews will be conducted to monitor ongoing implementation.
In service session on excessive force is being scheduled for the May staff meeting. WRO is hoping to attend. Review was completed on the weekly Child Advocate interviews, which were implemented the first of May. Each week 2 residents will be interviewed with questions focusing on staff interactions and resident safety. Documentation will be kept in a child advocacy binder for ongoing review.
Ongoing data will be monitored to track number of restraints, which appears to be declining, and the decrease of resident and staff injury from physical holds. A recent report on a staff was reviewed, regarding two residents attacking staff and the staff responding by flipping a table in direction of a different resident; this resulted in [redacted] termination.

Department of Human Services
Office of Children, Youth and Families
Licensing Inspection Summary - Public
55 PA.CODE CHAPTER 3800

May 11, 2026

[redacted], CEO
WHITE DEER RUN, LLC.
[redacted]

RE: COVE PREP
TORRANCE STATE HOSPITAL
13 OPEN BUILDING
TORRANCE, PA, 15779
LICENSE/COC#: 40897

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Office of Children, Youth and Families review on 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 Office of Children, Youth and Families

Agency/Facility Information

Name: *COVE PREP*
Address: *TORRANCE STATE HOSPITAL, TORRANCE, PA 15779*
County: *WESTMORELAND*
License Number: *40897*
License Expiration: *07/02/2026*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *WHITE DEER RUN, LLC.*
Address: [redacted]
Phone: [redacted] **Email**: [redacted]

Inspection Information

Start Date: *03/12/2026* **End Date**: *03/12/2026* **Type**: *Renewal* **Notice**: *Announced Visit*
Inspector(s): [redacted]

Inspection Narrative

The Department completed the annual licensing inspection at Cove Prep, on March 12, 2026, for the annual licensing renewal from July 2, 2026 July 2, 2027. The Department selected the review based on a 10% random sample of resident files, or 3 of 33 files. All personnel records were reviewed, terminated and current, for both Cove Prep and Cove Secure. Staff are often cross trained and are hired to work in both programs. Citations for staff records will be identified only once and will be recorded on the Cove Prep licensing summary. Fire Drills were reviewed and a physical tour was completed. Video review of physical interventions associated with complaints received during this period was also completed, and two resident interviews were conducted. The following regulatory citations were issued.

Inspections / Reviews

03/12/2026 Renewal

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/30/2026*

04/02/2026 - POC Submission

Reviewer: [redacted] **Follow Up Type**: *On site Verification* **Follow Up Date**: *05/07/2026*

04/02/2026 On site Verification

Submitted By: [redacted] **Date Submitted**: *03/27/2026*
Reviewer: [redacted] **Follow Up Type**: *Not Required*

3800.32 Specific Rights

1. Requirements

3800.32.b. A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.

Description of Violation

On [redacted] Child A was mistreated by staff member D during a physical restraint. Child A was appropriately placed into a physical intervention due to [redacted] aggressive and potentially harmful behavior. While Child A was on the floor in a supine hold, staff member D engaged to secure Child A's arm. Staff member D is seen on video pressing [redacted] knee into the chest of Child A and later seen pressing [redacted] forearm into Child A's face with enough force the child's face is forced sideways into the floor. The Child did not have a significant injury or report substantial pain from the incident and did not disclose restriction to [redacted] breathing.

Plan of Correction ***Accept ([redacted] - 04/01/2026)***

This Plan of Correction (POC) addresses the systemic failure to protect residents from abuse and mistreatment during physical interventions. The focus is on immediate safety, staff accountability, and rigorous retraining on restrictive procedure standards.

1. Immediate Actions

• Suspension/Termination: Staff Member B has been terminated based on the findings of abuse.

• Safety Assessments: Child A and Child B will be offered specialized trauma-informed counseling sessions to address the impact of the incidents.

• Internal Investigation: A comprehensive review of all restraints involving these two staff members over the past six months will be conducted to identify any unreported incidents.

2. Systemic Training & Competency

• De-escalation certification: All direct care staff will undergo mandatory, in-person certification in Handle with Care This training will emphasize: Verbal de-escalation techniques.

o The absolute prohibition of restraints with pressure on the face/neck.

o Immediately

o Verbal de-escalation techniques to avoid physical intervention for non-emergency "refusal to follow instructions."

o Immediately

o Having 7 trainers of HWC will ensure that most likely all shifts have at least one trainer on that will be present for any hands-on restrictive procedures to ensure that proper techniques are followed when hands on is necessary. They will also be present to assist staff in proper verbal de-escalation helping in the reduction on the necessity of hands-on.

• Rights & Abuse Awareness: A mandatory seminar for all employees on Section 3800.32(b), focusing on the definition of "excessive force" and the legal/ethical consequences of corporal punishment.

• Completion by end of April 2026

3. Monitoring & Accountability

• Video Review: The Milieu Managers and the Risk Manager will conduct weekly random audits of video footage and "Restraint Documentation Forms" to ensure interventions align with safety protocols.

• Staff that participated in the restrictive procedure will be required to review the video footage. This will assist in having a discussion and guidance on de-escalation tactics and better awareness for the staff.

• Shift Huddles: Supervisors will implement daily "Safety Huddles" at shift change to discuss high-risk behaviors and reinforce non-physical intervention strategies for specific residents.

• Third-Party Oversight: The facility will implement a "Child Advocate" rotation where a non-direct care administrator interviews two random residents weekly regarding their interactions with staff and their sense of safety.

3800.32 Specific Rights (continued)

4. Long-Term Prevention

• Policy Revision: The "Use of Restraint" policy is being updated to explicitly state that physical intervention is prohibited for non-compliance alone (e.g., refusing to go to a room) unless there is an immediate threat of harm to self or others.

• Performance Reviews: Adherence to child rights and de-escalation mastery will now be a weighted metric in all annual performance evaluations.

Licensee's Proposed Overall Completion Date: *03/27/2026*

On-site Verification ***Implemented ([redacted] - 05/11/2026)***

POC Verification visit was completed on May 7, 2026. The Provider has transitioned to a new de-escalation/physical intervention curriculum, Handle With Care. All staff have been trained with 7 in-house trainers on site. New staff will be oriented to the HWC during first weeks of hire. Video was reviewed involving an incident with a resident who did not want to report to programming. Four staff remained present while the lead supervisor continued to attempt de-escalation. The resident continued to refuse and while efforts were made to talk [redacted] to comply, the location of the incident was a main stairwell requiring staff to ultimately touch prompt. The resident did refuse and push back. The video showed some of the staff engaging in the HWC, however, efforts were difficult with the small space on the stairwell landing. The resident was interviewed later and reported that [redacted] interaction with the [redacted] staff who ultimately touched [redacted] was poor and that was why [redacted] responded. This was relayed to Admin as follow up for improved implementation of the curriculum. Ongoing video and resident interviews will be conducted to monitor ongoing implementation.

In service session on excessive force is being scheduled for the May staff meeting. WRO is hoping to attend. Review was completed on the weekly Child Advocate interviews, which were implemented the first of May. Each week 2 residents will be interviewed with questions focusing on staff interactions and resident safety. Documentation will be kept in a child advocacy binder for ongoing review.

Ongoing data will be monitored to track number of restraints, which appears to be declining, and the decrease of resident and staff injury from physical holds. A recent report on a staff was reviewed, regarding two residents attacking staff and the staff responding by flipping a table in direction of a different resident; this resulted in [redacted] termination.

3800.132 Fire Drills

2. Requirements

3800.132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The fire drills of the facility did not utilize alternate exit routes. For the entire 2025 year every monthly drill had units exit from their same route; unit 1-4 exited out the unit 3 stairwell. Upon discovery of this, the facility provided an updated policy that will provide alternate routes. Facility will enter a plan of correction to ensure that the alternate routes are being used during various times of the year.

Plan of Correction ***Accept ([redacted] - 04/01/2026)***

Below is the updated procedure along with the updated report.

3800.132 Fire Drills (continued)

FIRE DRILL PROCEDURE
Due to a recent change with Torrance`s third party fire alarm monitoring company we are changing our process for handling fire drills at Cove PREP.
Going forward 15 minutes prior to us holding our fire drill we will call the Torrance Security Control Booth at [redacted] *and inform the officer that a drill is taking place at Cove PREP. We will then have to wait for the Security Officer to call the alarm company to place the system in "Test Mode".*
The reason for the change is that the alarm company has changed their process. It has caused the fire company to respond to fire drills, which is unnecessary. Please utilize the following:
Cove PREP
If residents are on their units:
Unit 1, 2 &4 Exit through Unit 1 stair well, through kitchen to large rec yard
• Alternative route Exit building through Unit 3 stairwell.
Unit 3 Exit through unit 3 stair well to large rec yard
• Alternative route exit through unit 1 stair well through kitchen.
If residents are in classroom:
Unit 1 3 exit through unit 1 stair well from basement to large rec yard
• Exit through unit 2 stairwell through unit 1 stairwell through kitchen to large rec yard
**Document which unit and which route unit 4 residents evacuated in the report.*
Cove Secure
If residents are on their units:
Unit 5 Exit building via unit 2 stairwell to small rec yard
• Alternative route Exits building via lobby to front yard
Unit 6 Exits building via lobby to front yard
• Alternative route Exits down unit 3 stair well though classroom hallway to unit 2 stairwell and exit to small rec yard.
If residents are in the classroom:
• Unit will exit building via unit 2 stairwell through unit 5, lobby to front yard.

RESIDENTIAL FIRE DRILL REPORT
Facility Name: Cove PREP/SECURE
Staff Name (Print): Signature:
ACTUAL FIRE FALSE ALARM X FIRE DRILL
FIRE DRILL DURING SLEEPING HOURS (AT LEAST EVERY 6 MONTHS)
x FIRE DRILL WAS UNANNOUNCED
Date:
Time activated alarm:
Name of Building: Open Building 13
Length of time to evacuate building: 1 Mins Secs 1.00
*Identify routes used: Units 1,2,3 exited unit 3 stairwell. Unit 5 went out unit 2 stairwell to small rec area. Unit 6 went out lobby exit and staff went out that exit as well. Torrance security did respond, and gave the all clear. (Add alternative route if used) *Please add which route unit 4 residents evacuted with and what unit due to programming.*
Time all clear was given:
Method of Alarm: Pull Station: x Smoke Detector
Were problems encountered during the fire drill? Please describe:

3800.132 Fire Drills (continued)

None. All went well.
Client Census:
# of clients on grounds: 0
# of staff & accounted for: 0
# of clients off grounds: 0
# of visitors on grounds 0
Total on grounds: 0
"REMINDERS
• FIRE DRILLS MUST BE CONDUCTED ON DIFFERENT DAYS OF THE WEEK, AT DIFFERENT TIMES OF THE DAY AND NIGHT AND ON DIFFERENT STAFFING SHIFTS
• ENSURE ALL PERSONNEL ON ALL SHIFTS ARE TRAINED TO PERFORM ASSIGNED TASKS DURING EMERGENCIES
• INSTRUCT STAFF IN THE USE OF FIRE EXTINGUISHERS UPON EMPLOYMENT AND DOCUMENT THIS INSTRUCTION. INSTRUCTION MAY BE INCLUDED IN THE EMPLOYEE ORIENTATION, BUT MUST OCCUR NO LATER THAN SEVEN DAYS FROM THE DATE OF EMPLOYMENT.
• NO USE OF ELEVATORS DURING FIRE DRILL OR FIRE
**IF FIRE IS ON MAIN ROUTE, USE ALTERNATIVE ROUTE."*

Licensee's Proposed Overall Completion Date: *03/27/2026*

On-site Verification ***Implemented ([redacted] - 05/11/2026)***

POC Verification visit occurred May 7, 2026. The plan of correction would have only consisted of a drill in April. There is not enough time to fully implement the POC. The fire drill for April was reviewed and used regular exit routes. Ongoing monitoring of the monthly fire drills will be occurring to ensure alternate routes that were developed are being used.

3800.151 Staff Health Statement

3. Requirements

3800.151. A staff person or volunteer who comes into direct contact with the children or who prepares or serves food, shall have a statement signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant, within 12 months prior to working with children or food service and every 2 years thereafter, stating that the person is free of serious communicable disease that may be spread through casual contact or that the staff person has a serious communicable disease that may be spread through casual contact but is able to work in the facility if specific precautions are taken that will prevent the spread of the disease to children.

Description of Violation

Staff persons A and C did not have the required health statement renewed every 2 years by a signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant.

Staff person A had a prior health statement dated [redacted] the renewal health statement was not completed until [redacted]

Staff person C had a prior health statement dated [redacted]; the renewal health statement was not completed until [redacted]

Plan of Correction ***Accept ([redacted] - 04/01/2026)***

The facility will be utilizing our Nurse Practitioner to complete employee physicals. This will eliminate the need for staff to go off grounds for their employee physicals, ensuring all employees will be up to date on their physicals.

3800.151 Staff Health Statement *(continued)*

Licensee's Proposed Overall Completion Date: *03/27/2026*

On site Verification ***Implemented (- 05/11/2026)***

POC Verification visit occurred on May 7, 2026. 2 staff health statements were reviewed that were due in May. One staff was [redacted] when the statement came due and was scheduled to [redacted] have the statement completed. While it was still a day late, the staff was not working when the statement expired. The second staff was also on leave [redacted] when statement was due and upon first return back was seen by the medical provider. Again, the statement was past due by a few days due to staff being off [redacted]. UPDATE TO POC: The medical department was tracking the employee health statements coming due the following month and providing an email to employee. An update is being made to track 2 months in advance and send email and provide employee a note in mailbox. This will allow for an extra month to catch statements that are due.

3800.208 Pressure Points

4. Requirements

3800.208.a. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, are prohibited, except as provided in subsection (b).

Description of Violation

On [redacted] Child A was subject to staff using a pressure point technique, defined as the application of pain for the purpose of achieving compliance. Child A was appropriately placed into a physical intervention due to [redacted] aggressive and potentially harmful behavior. While Child A was on the floor in a supine hold, staff member D engaged to secure Child A's arm. Staff member D is seen on video pressing [redacted] knee into the chest of Child A and later seen pressing [redacted] forearm into Child A's face with enough force the child's face is forced sideways.

Plan of Correction ***Accept (- 04/01/2026)***

This Plan of Correction (POC) addresses the systemic failure to protect residents from abuse and mistreatment during physical interventions. The focus is on immediate safety, staff accountability, and rigorous retraining on restrictive procedure standards.

1. Immediate Actions

• Suspension/Termination: Staff Member B has been terminated based on the findings of abuse.

• Safety Assessments: Child A and Child B will be offered specialized trauma-informed counseling sessions to address the impact of the incidents.

• Internal Investigation: A comprehensive review of all restraints involving these two staff members over the past six months will be conducted to identify any unreported incidents.

2. Systemic Training & Competency

• De-escalation certification: All direct care staff will undergo mandatory, in-person certification in Handle with Care This training will emphasize: Verbal de-escalation techniques.

o The absolute prohibition of restraints with pressure on the face/neck.

o Immediately

o Verbal de-escalation techniques to avoid physical intervention for non-emergency "refusal to follow instructions."

o Immediately

o Having 7 trainers of HWC will ensure that most likely all shifts have at least one trainer on that will be present for any hands-on restrictive procedures to ensure that proper techniques are followed when hands on is necessary. They will also be present to assist staff in proper verbal de-escalation helping in the reduction on the necessity of hands-on.

• Rights & Abuse Awareness: A mandatory seminar for all employees on Section 3800.32(b), focusing on the

3800.208 Pressure Points (continued)

definition of "excessive force" and the legal/ethical consequences of corporal punishment.
• Completion by end of April 2026
3. Monitoring & Accountability
• Video Review: The Milieu Managers and the Risk Manager will conduct weekly random audits of video footage and "Restraint Documentation Forms" to ensure interventions align with safety protocols.
• Staff that participated in the restrictive procedure will be required to review the video footage. This will assist in having a discussion and guidance on de-escalation tactics and better awareness for the staff.
• Shift Huddles: Supervisors will implement daily "Safety Huddles" at shift change to discuss high-risk behaviors and reinforce non-physical intervention strategies for specific residents.
• Third-Party Oversight: The facility will implement a "Child Advocate" rotation where a non-direct care administrator interviews two random residents weekly regarding their interactions with staff and their sense of safety.
4. Long-Term Prevention
• Policy Revision: The "Use of Restraint" policy is being updated to explicitly state that physical intervention is prohibited for non-compliance alone (e.g., refusing to go to a room) unless there is an immediate threat of harm to self or others.
• Performance Reviews: Adherence to child rights and de-escalation mastery will now be a weighted metric in all annual performance evaluations.

Licensee's Proposed Overall Completion Date: *03/27/2026*

On-site Verification ***Implemented ([redacted] - 05/11/2026)***

POC Verification visit was completed on May 7, 2026. The Provider has transitioned to a new de-escalation/physical intervention curriculum, Handle With Care. All staff have been trained with 7 in-house trainers on site. New staff will be oriented to the HWC during first weeks of hire. Video was reviewed involving an incident with a resident who did not want to report to programming. Four staff remained present while the lead supervisor continued to attempt de-escalation. The resident continued to refuse and while efforts were made to talk [redacted] to comply, the location of the incident was a main stairwell requiring staff to ultimately touch prompt. The resident did refuse and push back. The video showed some of the staff engaging in the HWC, however, efforts were difficult with the small space on the stairwell landing. The resident was interviewed later and reported that [redacted] interaction with the [redacted] staff who ultimately touched [redacted] was poor and that was why [redacted] responded. This was relayed to Admin as follow up for improved implementation of the curriculum. Ongoing video and resident interviews will be conducted to monitor ongoing implementation.
In service session on excessive force is being scheduled for the May staff meeting. WRO is hoping to attend. Review was completed on the weekly Child Advocate interviews, which were implemented the first of May. Each week 2 residents will be interviewed with questions focusing on staff interactions and resident safety. Documentation will be kept in a child advocacy binder for ongoing review.
Ongoing data will be monitored to track number of restraints, which appears to be declining, and the decrease of resident and staff injury from physical holds. A recent report on a staff was reviewed, regarding two residents attacking staff and the staff responding by flipping a table in direction of a different resident; this resulted in [redacted] termination.

UPDATE TO POC: PROVIDER IS BEING DIRECTED TO ASK RESIDENTS IN DEBRIEFING IF ANY PRESSURE POINT TO ARM/ELBOW OR OTHER BODY PART OCCURRED IN ANY PHYSICAL HOLD. ONGOING VIDEO REVIEW WILL LOOK FOR USE OF ARM/ELBOW EXTENTION BY STAFF.

Department of Human Services
Office of Children, Youth and Families
Licensing Inspection Summary - Public
55 PA.CODE CHAPTER 3800

May 21, 2026

[redacted], EXECUTIVE DIRECTOR
WHITE DEER RUN, LLC.
[redacted]

RE: COVE PREP
TORRANCE STATE HOSPITAL
13 OPEN BUILDING
TORRANCE, PA, 15779
LICENSE/COC#: 40897

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Office of Children, Youth and Families licensing inspections on of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

Please submit documentation verifying compliance in SansWrite as corrective actions are implemented. The Department will review this documentation to determine compliance. Please note that in order for the Department to verify your compliance, you are required to upload documentation into SansWrite AFTER the Plan of Correction has been accepted by the Department, and not with the initial submission of your Plan of Correction.

Sincerely,

[redacted]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Office of Children, Youth and Families

Agency/Facility Information

Name: *COVE PREP*
Address: *TORRANCE STATE HOSPITAL, TORRANCE, PA 15779*
County: *WESTMORELAND*
License Number: *40897*
License Expiration: *07/02/2026*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *WHITE DEER RUN, LLC.*
Address: [redacted]
Phone: [redacted] **Email**: [redacted]

Inspection Information

Start Date: *03/10/2026* **End Date**: *04/13/2026* **Type**: *Complaint* **Notice**: *Announced Visit*
Inspector(s): [redacted]

Inspection Narrative

On March 10, 2026, information was provided to the Department regarding a reported weeklong facility lockdown, initiated on [redacted] *in which all residents were placed into an extended form of seclusion when they were confined to their locked bedrooms. There were allowances made for residents to be outside their secure rooms for hygiene, scheduled phone calls, scheduled or requested sessions with the therapist and an occasional short reprieve to meet with staff. The residents were unreasonably confined and locked in their rooms for the remainder of each day. Resident interviews were completed on March 26, 2026, when all residents were able to confirm the lockdown did occur, and all residents confirmed they were locked in their rooms minus the above exceptions. The residents consistently reported a minimum of a "week" when asked how long they were on lockdown.*

Inspections / Reviews

03/10/2026 Complaint

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/17/2026*

05/21/2026 - POC Submission

Reviewer: [redacted] **Follow Up Type**: *On site Verification* **Follow Up Date**: *06/26/2026*

3800.32 Specific Rights

1. Requirements

3800.32.b. A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.

Description of Violation

On [redacted] the children in the facility were placed on a facility-wide restriction that included an approximately week-long lockdown of the residents to their rooms, while doors to all resident rooms were locked. The restriction halted in-person school session and residents were provided with worksheets to complete in their rooms. Residents were also given meals in their rooms. There were allowances made for residents to be outside their secure rooms for hygiene, scheduled phone calls, scheduled or requested sessions with the therapist and an occasional short reprieve to meet with staff. The residents were unreasonably confined and locked in their rooms for the remainder of each day. The residents consistently reported this lockdown to be in place for approximately one week.

Plan of Correction ***Accept ([redacted] - 05/21/2026)***

The Cove Prep/Secure Locked Seclusion Policy/Procedures has been revised to meet all regulatory standards.
All clinical and floor staff will immediately complete mandatory retraining on the new protocols. Agency staff will read and sign the revised lock seclusion policy. This policy is now added to the "New Hire Orientation" and will be signed annually.
Moving forward Cove Prep/Secure will immediately eliminate facility-wide lockdowns as a primary tool for environmental control or behavior management.
Cove Prep/Secure staff will focus on Individualized Care. Staff will utilize interventions to target specific resident behaviors rather than penalizing the entire population.
Since the Implementation of "Handle with Care (HWC) model staff is prioritizing verbal de-escalation and trauma-informed responses.
The Handle with Care philosophy has effectively equipped employees with physical and psychological tools to manage unruly behavior safely. In addition we will be putting up doors on unit 1 and unit 3. This will help ensure that residents are not able to run off onto other units causing safety concerns for both residents and staff. These doors will also be equipped with maglocks as it is on other units. Adding to the security of the units/

Licensee's Proposed Overall Completion Date: *05/29/2026*

3800.33 Prohibition Against Deprivation of Rights

2. Requirements

3800.33.a. A child may not be deprived of specific or civil rights.

Description of Violation

On [redacted] for approximately one week, residents were deprived of their rights while under a facility-wide lockdown. Residents who were not engaging in disruptive behavior were made to endure the same restrictions as residents who were responsible for the initiation of the lockdown restrictions.

Plan of Correction ***Accept ([redacted] - 05/21/2026)***

The Cove Prep/Secure Locked Seclusion Policy/Procedures has been revised to meet all regulatory standards. This policy along with Handle with Care philosophy will focus on the individuals who are engaging in disruptive behaviors, rather than punish the individuals who are displaying appropriate behaviors.
The Cove Prep/Secure Locked Seclusion Policy/Procedures has been revised to meet all regulatory standards. All clinical and floor staff will immediately complete mandatory retraining on the new protocols. Agency staff will read and sign the revised lock seclusion policy. This policy is now added to the "New Hire Orientation" and will be signed annually. Moving forward Cove Prep/Secure will immediately eliminate facility-wide lockdowns as a primary tool

3800.33 Prohibition Against Deprivation of Rights (continued)

for environmental control or behavior management.

Licensee's Proposed Overall Completion Date: *05/29/2026*

3. Requirements

3800.33.b. A child's rights may not be used as a reward or sanction.

Description of Violation

Starting on [redacted], for approximately one week, residents were placed on a facility wide restriction that included a lockdown of the residents to their rooms, while doors to all resident rooms were locked. Residents were told that they were being placed on a lockdown, however, residents were given no clear timeframe of how long the restrictions were to be in place. Residents were made to remain in their locked rooms until the facility could 'reset' the behaviors of those who initiated the sanction.

Plan of Correction ***Accept ([redacted] - 05/21/2026)***

The Cove Prep/Secure Locked Seclusion Policy/Procedures has been revised to meet all regulatory standards. The revision states that orders for seclusion are not to exceed 2 hours. If the need for seclusion continues beyond the initial two (2) hour period, a reorder must be obtained from the Medical Services Manager or the Psychiatrist and be documented in the resident's chart.

Cove Prep/Secure staff will be instructed by the shift supervisor to ensure all residents that are in locked seclusion, are put on five minute checks on ObserveSmart. Shift supervisor will send out an email to the Cove Prep Management team that all residents that are put on locked seclusion are put on five minute checks via ObserveSmart.

Effective immediately, the revised policy regarding Lock Seclusion at Cove Prep/Secure is in effect to ensure the highest standards of safety and care for our residents.

Key Policy Revisions:

• Time Limit: Lock Seclusion must be discontinued after two (2) hours.

• Physical Needs: The physical needs of the child (nutrition, hydration, bathroom) must be met promptly.

• Maximum Duration: Seclusion shall not exceed a total of 8 hours in any 48 hour period without a written court order.

• Accountability: Failure to follow the requirements of this revised Lock Seclusion policy will result in immediate termination of employment.

Staff Responsibilities:

• Seclusion is a last resort, used only for emergency, imminent danger, or as outlined in a resident's approved treatment plan.

• Continuous assessment and monitoring are required to ensure the safety and wellbeing of the resident.

Staff are required to review the updated policy in full and strictly adhere to all guidelines.

Licensee's Proposed Overall Completion Date: *05/29/2026*

3800.274 Additional Requirements

4. Requirements

3800.274.17. The following requirements apply to the use of seclusion:

ii. The use of seclusion may not exceed 4 hours, unless a licensed physician, a licensed physician's assistant or registered nurse examines the child and gives written orders to continue the use of seclusion. Reexamination and new written orders are required for each 4-hour period the seclusion is continued. If seclusion is interrupted for any purpose and reused within 24 hours after the initial use of seclusion, it is considered

3800.274 Additional Requirements *(continued)*

continuation of the initial seclusion period.

Description of Violation

Beginning on [redacted] all residents in the facility were placed on a weeklong restriction lockdown that resulted in all residents being confined to seclusion that exceeded 4 hours. The extended seclusion was not under advice or guidance of a licensed physician, a licensed physician's assistant.

Plan of Correction ***Accept ([redacted] - 05/21/2026)***

The Cove Prep/Secure Locked Seclusion Policy/Procedures has been revised to meet all regulatory standards. The revision states that orders for seclusion are not to exceed 2 hours. If the need for seclusion continues beyond the initial two (2) hour period, a reorder must be obtained from the Medical Services Manager or the Psychiatrist and be documented in the resident's chart.

Cove Prep/Secure staff will be instructed by the shift supervisor to ensure all residents that are in locked seclusion, are put on five minute checks on ObserveSmart. Shift supervisor will send out an email to the Cove Prep Management team that all residents that are put on locked seclusion are put on five minute checks via ObserveSmart.

Effective immediately, the revised policy regarding Lock Seclusion at Cove Prep/Secure is in effect to ensure the highest standards of safety and care for our residents.

Key Policy Revisions:

• Time Limit: Lock Seclusion must be discontinued after two (2) hours.

• Physical Needs: The physical needs of the child (nutrition, hydration, bathroom) must be met promptly.

• Maximum Duration: Seclusion shall not exceed a total of 8 hours in any 48 hour period without a written court order.

• Accountability: Failure to follow the requirements of this revised Lock Seclusion policy will result in immediate termination of employment.

Staff Responsibilities:

• Seclusion is a last resort, used only for emergency, imminent danger, or as outlined in a resident's approved treatment plan.

• Continuous assessment and monitoring are required to ensure the safety and wellbeing of the resident.

Staff are required to review the updated policy in full and strictly adhere to all guidelines.

The only time that a possible facility lockdown would occur is if there is a riot situation happening on multiple units and there is eminent danger to residents and staff. This will be utilized until the situation is deemed safe by leadership and local authorities (PSP). All documentation will be completed and orders written to support any such actions. Doors will be immediately unlocked once this occurs.

Licensee's Proposed Overall Completion Date: *05/29/2026*

5. Requirements

3800.274.17. The following requirements apply to the use of seclusion:

iii. A staff person shall observe a child in seclusion at least every 5 minutes.

Description of Violation

Beginning on [redacted] all residents in the facility were placed on a weeklong restriction lockdown that resulted in all residents being confined to seclusion that exceeded 4 hours. The residents were not observed every five minutes and instead were observed every 15 minutes.

Plan of Correction ***Accept ([redacted] - 05/21/2026)***

The Cove Prep/Secure Locked Seclusion Policy/Procedures has been revised to meet all regulatory standards. The revision states that orders for seclusion are not to exceed 2 hours. If the need for seclusion continues beyond the initial two (2) hour period, a reorder must be obtained from the Medical Services Manager or the Psychiatrist and

3800.274 Additional Requirements (continued)

be documented in the resident's chart.
Cove Prep/Secure staff will be instructed by the shift supervisor to ensure all residents that are in locked seclusion, are put on five-minute checks on ObserveSmart. Shift supervisor will send out an email to the Cove Prep Management team that all residents that are put on locked seclusion are put on five-minute checks via ObserveSmart.
Effective immediately, the revised policy regarding Lock Seclusion at Cove Prep/Secure is in effect to ensure the highest standards of safety and care for our residents.
Key Policy Revisions:
• Time Limit: Lock Seclusion must be discontinued after two (2) hours.
• Physical Needs: The physical needs of the child (nutrition, hydration, bathroom) must be met promptly.
• Maximum Duration: Seclusion shall not exceed a total of 8 hours in any 48-hour period without a written court order.
• Accountability: Failure to follow the requirements of this revised Lock Seclusion policy will result in immediate termination of employment.
Staff Responsibilities:
• Seclusion is a last resort, used only for emergency, imminent danger, or as outlined in a resident's approved treatment plan.
• Continuous assessment and monitoring are required to ensure the safety and wellbeing of the resident.
Staff are required to review the updated policy in full and strictly adhere to all guidelines.
The only time that a possible facility lockdown would occur is if there is a riot situation happening on multiple units and there is eminent danger to residents and staff. This will be utilized until the situation is deemed safe by leadership and local authorities (PSP). All documentation will be completed and orders written to support any such actions. Doors will be immediately unlocked once this occurs.

Licensee's Proposed Overall Completion Date: *05/29/2026*

6. Requirements

3800.274.17. The following requirements apply to the use of seclusion:
vi. The use of seclusion for any child may not exceed 8 hours in any 48-hour period without a written court order.

Description of Violation

Beginning [redacted], for approximately one week, all residents in the facility were placed into extended seclusion for more than 8 hours over a 48-hour period without a written court order.

Plan of Correction ***Accept ([redacted] - 05/21/2026)***

The Cove Prep/Secure Locked Seclusion Policy/Procedures has been revised to meet all regulatory standards. The revision states that orders for seclusion are not to exceed 2 hours. If the need for seclusion continues beyond the initial two (2) hour period, a reorder must be obtained from the Medical Services Manager or the Psychiatrist and be documented in the resident's chart.
Cove Prep/Secure staff will be instructed by the shift supervisor to ensure all residents that are in locked seclusion, are put on five-minute checks on ObserveSmart. Shift supervisor will send out an email to the Cove Prep Management team that all residents that are put on locked seclusion are put on five-minute checks via ObserveSmart.
Effective immediately, the revised policy regarding Lock Seclusion at Cove Prep/Secure is in effect to ensure the highest standards of safety and care for our residents.
Key Policy Revisions:
• Time Limit: Lock Seclusion must be discontinued after two (2) hours.
• Physical Needs: The physical needs of the child (nutrition, hydration, bathroom) must be met promptly.

3800.274 Additional Requirements (continued)

• Maximum Duration: Seclusion shall not exceed a total of 8 hours in any 48-hour period without a written court order.
• Accountability: Failure to follow the requirements of this revised Lock Seclusion policy will result in immediate termination of employment.
Staff Responsibilities:
• Seclusion is a last resort, used only for emergency, imminent danger, or as outlined in a resident's approved treatment plan.
• Continuous assessment and monitoring are required to ensure the safety and wellbeing of the resident.
Staff are required to review the updated policy in full and strictly adhere to all guidelines.
The only time that a possible facility lockdown would occur is if there is a riot situation happening on multiple units and there is eminent danger to residents and staff. This will be utilized until the situation is deemed safe by leadership and local authorities (PSP). All documentation will be completed and orders written to support any such actions. Doors will be immediately unlocked once this occurs.

Licensee's Proposed Overall Completion Date: *05/29/2026*