



June 19, 2014

Janet Glenn, Director  
A Place Like Home  
5610 Lancaster Avenue  
Philadelphia, PA 19131

RE: A Place Like Home  
License # 314050 - Regular

Dear Ms. Glenn:

As a result of the Department of Aging's licensing inspection of the above named facility on 03/27/2014, one area of non-compliance was identified. The legal entity submitted an acceptable written plan to correct each area of non-compliance. Therefore, the Department issued a Regular License, indicating compliance with applicable statutes, ordinances and regulations.

Thank you for your continued effort to provide quality older adult daily living services. If you have questions, please contact me at (717) 214-6716.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Longenecker", is written over a light blue horizontal line.

Kevin Longenecker  
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGING

# LICENSE

This license is hereby granted to HUMAN INTEREST GROUP OF PENNSYLVANIA, LLC  
LEGAL ENTITY

To operate A PLACE LIKE HOME  
(NAME OF CENTER)

Located at 5610 LANCASTER AVENUE PHILADELPHIA, PA 19131  
(COMPLETE ADDRESS OF CENTER)

To provide older adult daily living services.

The total number of persons which may be served at one time may not exceed 65  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This license is granted in accordance with the Act of July 11, 1990 (P.L. 499, No. 118) and Regulations.

TITLE 6. PA CODE. CHAP. 11. OLDER ADULT DAILY LIVING CENTER Dated July 03, 1993  
(NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 01, 2014 until June 30, 2015

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 314050 - Regular



ISSUING OFFICER

NOTE: This license is issued for the above address only and is not transferable. This license should be posted in a conspicuous place in the center.

Issued On: June 19, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>314050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>A Place Like Home</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5610 LANCASTER AVENUE PHILADELPHIA, PA 19131</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	<b>Initial Comments</b>  A State licensure visit was completed on 3/27/2014 and it was determined that A Place Like Home was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
12380		12380	<b>Plan of Correction is required</b>	

Emergency information for a client shall include the following:

- (1) A written agreement with the client or responsible party regarding emergency care and ambulance transportation, when the agreement is not included as an element in the enrollment agreement in §11.103 (relating to enrollment agreement).
- (2) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
- (3) The name, address and telephone number of the client's physician or source of health care and hospital preference.
- (4) The name, address and telephone number of the person able to give consent for emergency medical treatment, if applicable.
- (5) A copy of the client's most recent annual physical examination, which shall include information on current diagnosis, medications and allergies.

This STANDARD is not met as evidenced by:

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

*James Glenn*

TITLE

*center administrator*

(X6) DATE

*4/9/2014*

DEPARTMENT OF AGING APPROVAL

*[Signature]*

*Chief, Division of Licensing*

DATE

*6/5/14*

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	Findings: Based on a review of the center's portable emergency file and a discussion with the center Director and Nurse, it was determined that the center failed to include a current list of one clients' medications. The portable emergency record of Client #1 was reviewed on 3/27/2014 and the list of medications was dated 4/23/12. It did not match the current list of medications in the client record dated 4/19/2013.		11.191(b).  The medication list for client #1 was updated on 3/28/2013 to reflect the current medications. The Director and Center Nurse have created a checklist for when we have our monthly chart checks to make sure that 11.191(b) is included in the check and the director will be responsible for ensuring the monthly file review/checklists are on-going.	