



April 22, 2014

Erin Pettit, Director
Ageless Harmony, Inc.
3524 Kutztown Road
Laureldale, PA 19605

RE: Ageless Harmony, Inc.
License # 322890 - Regular

Dear Ms. Pettit:

As a result of the Department of Aging's licensing inspection of the above named facility on 02/12/2014, three areas of non-compliance were 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", written in a cursive style.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to AGELESS HARMONY, INC.
LEGAL ENTITY

To operate AGELESS HARMONY, INC.
(NAME OF CENTER)

Located at 3524 KUTZTOWN ROAD LAURELDALE, PA 19605
(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 14
(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 May 01, 2014 until April 30, 2015

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

No: 322890 - 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: April 22, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 322890	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2014
NAME OF PROVIDER OR SUPPLIER Ageless Harmony, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 3524 KUTZTOWN ROAD LAURELDALE, PA 19605		
(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	Initial Comments A State licensure visit was completed on 2/12/2014 and it was determined that Ageless Harmony, Inc. (Laureldale) was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 210	11.8(d) Responsible party A center shall have written documentation of designation or appointment when a responsible party has been designated or appointed as described in subsections (a) and (b). Written documentation shall be kept in the client's file and provide information sufficient to enable a center to clearly identify the responsible party and the area in which the responsible party has been designated or appointed to act in the client's behalf. This STANDARD is not met as evidenced by: Findings: Based on a review of client records, it was discovered that the center failed to obtain written documentation sufficient to enable the center to clearly identify the responsible party and the area in which the responsible party has been designated or appointed to act in the client's behalf. The record, belonging to Client #1, indicated the client had a power of attorney; however, the power of attorney agreement was not in the client record.	1 210	Plan of Correction is required 11.8 Client #1 family was advised that we did not have the Power of Attny. papers. They have been asked to provide the papers on numerous occasions but they have not brought them in. At the present time the client is not attending due to falling at home. In the future staff has been instructed to answer the Power of Attny question NO, if the notarized papers are not currently available for the file. The Director will review the files to assure compliance. The correction was instituted on 2/20/2014.	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE: Erin Peto TITLE: Director (X6) DATE: 2.26.2014

DEPARTMENT OF AGING APPROVAL: [Signature] DATE: 4/10/14
ATC6899 OX3011

2-26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 322890	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2014
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1 630	<p>11.33(f) Program staff orientation and training</p> <p>The Department may require that centers make reasonable modifications, regarding curricula or the selection and use of trainers, in order to satisfy the requirements of this section.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of staff training records it was determined that staff #1 had not taken the mandatory director's training. Center directors were initially informed of this new training course on 01/28/2013, and several times subsequently, that this training must be completed by June, 30, 2013.</p>	1 630	<p>11.33 (f) Staff #1 has completed all of the Modules but there is a software issue with the program in OLTL (documentation attached). The exam has been completed and passed. The software will not print out the Certificate. The Director had already completed the course, the manager has completed the course and exam but she is having similar issues with printing the certificate. Completion date will be 2/26/2014.</p>	
11550	<p>11.101(a) Intake screening</p> <p>The center shall complete, or arrange for the completion of, an intake screening for each applicant in order to determine the appropriateness of the older adult daily living center for that individual. The screening shall be completed within 60 days prior to admission.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of four of eight client records, it was determined that all center clients did not have the intake screening completed within six</p>	11550		

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11550	Continued From page 2 months prior to admission. A review of the record of Client #2, admission date 9/19/2013, revealed that the client's intake screening was not completed until 9/29/13, ten days after admission.	11550	11.101 (a) Client #2 was admitted on 9/19/13. Administrative Director personally completed the pre Assessment prior to the 19th. The program manager finished the entire chart on the 9/29/13 and apparently inserted that date on all of the paperwork. In the future, staff will be reminded that dates cannot be crossed off and changed and the entire chart will be reviewed by the Director. The correction was instituted on 2/20/2014.	