



April 22, 2014

Erin Pettit, Director
Ageless Harmony, Inc.
2710 Grant Street
Mount Penn, PA 19606

RE: Ageless Harmony, Inc.
License # 323840 - Regular

Dear Ms. Pettit:

As a result of the Department of Aging's licensing inspection of the above named facility on 02/20/2014, two 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', 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 AGELESS HARMONY, INC.
LEGAL ENTITY

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

Located at 2710 GRANT STREET MOUNT PENN, PA 19606
(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 34
(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. 323840 - 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: 323840	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2014
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NAME OF PROVIDER OR SUPPLIER Ageless Harmony, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 2710 GRANT STREET MOUNT PENN, PA 19606
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(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
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1 000	Initial Comments A State licensure visit was completed on 2/20/2014 and it was determined that Ageless Harmony, Inc. was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 630	11.33(f) Program staff orientation and training 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. This STANDARD is not met as evidenced by: 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.	1 630	Plan of Correction is required 11.33 (f) Staff #1 has completed all of the Modules but there is a software issue with the program in OLT (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(W Lawn) has completed the course and exam (documentation attached) but she is having similar issues with printing the certificate. Completion date will be 2/26/2014.	
11690	11.105(b) Review and revision of individual care plan Each semiannual review and, if necessary, revision of	11690		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE: *Erin Pettit Director*

(X6) DATE
2/28/14
DATE

DEPARTMENT OF AGING APPROVAL
[Signature]

Chief Division of Licensing 4/1/14

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11690	Continued From page 1 the plan shall, except as set forth in subsection (c), be discussed with the client or the responsible party, or both. When parties are unable to be present at the center for a discussion of the plan, centers shall, except as set forth in subsection (c), discuss the plan with them by telephone. Documentation of these discussions shall be kept in the client's record. This STANDARD is not met as evidenced by: Findings: Based on a review of four of fourteen client records and a discussion with the center director and nurse, it was found that the semiannual review was not discussed with the client or the responsible party at the center or by telephone. A review of the semiannual review of Client #1 revealed that the client was present during the month of December 2013 when the semiannual review was scheduled and completed, however, the semiannual review was not discussed with the client or the responsible party, or both at the center or by telephone.	11690	The Care Plan was completed for the Client #1 but the nurse neglected to place a note in the file that the client had been notified that the new Care Plan was available and needed a signature by the client or Caregiver. The Client has not been attending at all in Jan o Feb due o the cold weather. In the future, documentation will be in the file, that the client has been notified and a signature is required.	2-26-2014