



February 19, 2014

Carol Medford, Program Director  
CHAPS Adult Day Care  
5454 East State Street  
P.O. Box 1027  
Hermitage, PA 16148

RE: CHAPS Adult Day Care  
License # 474020 - Regular

Dear Ms. Medford:

The above-named center is in receipt of an approved regulatory waiver of 6 Pa Code, §§ 11.241 and 11.242. The center has also been found to be operating in good standing with the Department of Public Welfare as an Adult Training Facility. Therefore, a Regular License is enclosed.

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 faint, illegible typed name.

Kevin Longenecker  
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGING

# LICENSE

This license is hereby granted to DIVERSIFIED FAMILY SERVICES, INC.  
LEGAL ENTITY

To operate CHAPS ADULT DAY CARE  
(NAME OF CENTER)

Located at 5454 EAST STATE STREET, P.O. BOX 1027 HERMITAGE, PA 16148  
(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. 28  
(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 March 01, 2014 until February 28, 2015

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

No: 474020 - 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: February 19, 2014

AGL01

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                |   | (X1) PROVIDER LICENSE NUMBER:<br><br><b>474020</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>12/28/2013</b> |
|---|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CHAPS Adult Day Care</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5454 EAST STATE STREET, P.O. BOX 1027<br/>HERMITAGE, PA 16148</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><br><br>CHAPS Adult Day Care is issued a license to operate an Older Adult Daily Living Center by the Department of Aging with an approved regulatory waiver of 6 PA Code § 11.241 & 11.242, which waives the requirement to have an onsite inspection by the Department of Aging. CHAPS Adult Day Care is operating in good standing with the Department of Public Welfare as an Adult Training Facility. | 1 000   |   |   |

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE