



April 15, 2014

Victoria Vaisberg, Director
Circle of Friends, ADHC
9405 Bustleton Avenue
Philadelphia, PA 19115

RE: Circle of Friends, ADHC
License # 313310 - Regular

Dear Ms. Vaisberg:

As a result of the Department of Aging's licensing inspection of the above named facility on 04/04/2014, 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 CIRCLE OF FRIENDS, ADHC, INC.
LEGAL ENTITY

To operate CIRCLE OF FRIENDS, ADHC
(NAME OF CENTER)

Located at 9405 BUSTLETON AVENUE PHILADELPHIA, PA 19115
(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 139
(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 April 08, 2014 until December 31, 2014

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

No: 313310 - 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 15, 2014

AGL01

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER LICENSE NUMBER: 313311 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/04/2014 |
|--|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER Circle of Friends, ADHC | | STREET ADDRESS, CITY, STATE, ZIP CODE 9405 BUSTLETON AVENUE PHILADELPHIA, PA 19115 | | |
| (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 4/04/2014 and it was determined that Circle of Friends, ADHC was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations: | 1 000 | <p>Plan to correct 11.21(b)</p> <p>Administration of Circle of Friends, ADHC will make sure that written emergency procedures shall be reviewed with all staff persons at least quarterly. To ensure the accuracy of quarterly attendance of all staff, a new form has been created with all staff names and signatures of attending staff. See exhibit 1. Operation Manager is responsible for continued compliance with Emergency Procedures regulation effective immediately.</p> <p>Exhibit 1: Quarterly Emergency Medical and Non-Medical Procedures Review attendance form.</p> | |
| 1 511 | 11.21(b) Emergency Procedures Written emergency procedures shall be reviewed with staff persons at least quarterly. This STANDARD is not met as evidenced by: Findings: Based on a review of six of twenty-eight staff training records and an interview with the center director, it was determined that the center failed to review procedures for handling non-medical emergencies quarterly with one staff. The most recent emergency procedures review for Staff #1 was not conducted within 90 days from the date of the previous review. Reviews occurred on 3/03/2014 and 9/06/2013. | 1 511 | | 4/8/2014 |

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

Victoria Christy

TITLE

program director

(X6) DATE

4/9/2014

DEPARTMENT OF AGING APPROVAL

[Signature]

Chief, Division of Licensing

DATE

4/15/2014