



March 17, 2014

Kathy Renaud, Director
Community Nurses Adult Day Services
625 Maurus Street
Saint Marys, PA 15857

RE: Community Nurses Adult Day Services
License # 034060 - Regular

Dear Ms. Renaud:

As a result of the Department of Aging's licensing inspection of the above named facility on 01/07/2014, four 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 COMMUNITY NURSES HOME SUPPORT SERVICES, INC.
LEGAL ENTITY

To operate COMMUNITY NURSES ADULT DAY SERVICES
(NAME OF CENTER)

Located at 625 MAURUS STREET SAINT MARYS, PA 15857
(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 18
(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 01, 2014 until March 31, 2015

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

No: 034060 - 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: March 17, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 034060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/07/2014
NAME OF PROVIDER OR SUPPLIER Community Nurses Adult Day Services		STREET ADDRESS, CITY, STATE, ZIP CODE 625 MAURUS STREET SAINT MARYS, PA 15857		
(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 January 7, 2014 and it was determined that Community Nurses Adult Day Services 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 the client records, it was determined that the center did not obtain the Power of Attorney (POA) paperwork for client #7. The intake screening indicates that the client has a POA.	1 210	Plan of Correction is required The POA paperwork for client #7 was received on 1/8/14. See attached verification. Going forward, the Center Director will ensure that the POA paperwork will be obtained prior to the client attending the center and the date completed documented.	1/8/14

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

Katharine Bernard LPN

TITLE

Adult Day Coordinator

(X6) DATE

2/5/14

DEPARTMENT OF AGING APPROVAL

[Signature]

DATE

Chief, Division of Licensing

3/13/14

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11260	<p>11.81 Unobstructed egress</p> <p>Stairways, halls, doorways, aisles, passageways and exits from rooms and from the building shall be unobstructed at all times.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a physical site inspection, the B exit from the center that goes through the child day care center is obstructed by a child safety gate. During an emergency this may create a hazardous situation for clients attempting to exit the building.</p>	11260	<p>The building owner was contacted to relocated child safety gate and was corrected immediately. Please see attached photos. Going forward random checks will be conducted by the Center Director to ensure gate is in proper location and not obstructing emergency exit. All staff members were educated on 1/10/14 on importance of fire safety and keeping exits clear.</p>	1/10/14
11900	<p>11.132(a) Staff physical examination</p> <p>Staff persons who come into direct contact with clients or who prepare or serve food shall have a physical examination within 12 months prior to employment, and every 2 years from the date of the last physical examination thereafter.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of the employee records, it was determined that staff person #4 and #7 did not receive their physical examinations within the required time frame; both employees exceeded the</p>	11900	<p>Staff members were educated on 1/9/13 of the importance of completing physical exams every two years. In addition a monthly report will be run by the Private Duty Manager in the Allscripts operating system and the Center Director will track on a spreadsheet each staff persons' physical dates. Please see attached report/spreadsheet. Staff person will be given a 4 month advanced notice of physical due date to maintain compliance. Disciplinary</p>	To begin 2/3/14

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11900	Continued From page 2 every 2 year requirement. Staff person #4 received a physical examination on 7/27/11 and not again until 10/17/13. Staff person #7 received a physical examination on 3/13/11 and not again until 12/18/13.	11900	Continued From page 2 - actions will be taken, up to and including termination, if the necessary information is not entered into the employee file by the date to maintain compliance.	
12380	11.191(b) Emergency information 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: Findings: Based on a review of the portable emergency information files, it was determined that the medication lists for client # 3 and client # 7 were not in their files as required. This was corrected during the inspection.	12380	All necessary emergency information will be obtained at time of admission by Center Director and placed in both the client chart and their emergency file. Any updated information after appointments or hospitalizations will be immediately placed in the client chart and emergency file by the Center Director.	1/7/14