



July 08, 2014

Aida Aloian, Director
Dacha Adult Day Care
250 Geiger Road
Philadelphia, PA 19115

RE: Dacha Adult Day Care
License # 313340 - Regular

Dear Ms. Aloian:

As a result of the Department of Aging's licensing inspection of the above named facility on 05/15/2014, 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 DACHA CORPORATION
LEGAL ENTITY

To operate DACHA ADULT DAY CARE
(NAME OF CENTER)

Located at 250 GEIGER ROAD 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 133
(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 August 01, 2014 until July 31, 2015

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

No. 313340 - 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: July 08, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 313340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2014
NAME OF PROVIDER OR SUPPLIER Dacha Adult Day Care		STREET ADDRESS, CITY, STATE, ZIP CODE 250 GEIGER ROAD 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 5/15/2014 and it was determined that Dacha Adult Day Care was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000	<p>Plan of Correction is required</p> <ol style="list-style-type: none"> Starting immediately, the center's director will ensure that client's extend of participation will be documented for every client in the fire training participation log. A second staff member (assistant administrator) will ensure that the extent of a participating client is properly documented. Two staff signatures will be required on the fire training participation log. 	
11510	11.90(b) Fire safety training for clients If a client is medically or functionally unable to participate completely in the fire safety training, the client shall nevertheless participate to the maximum extent possible. The center shall document the extent of the client's participation. This STANDARD is not met as evidenced by: Findings: Based on a review of nine client records and an interview with center staff, it was determined that the extent of one client's participation was not documented. A review of the record of Client #1 revealed that the extent of participation was not documented.	11510		
11610	11.102(c) Client physical examination and med report The medical report shall include:	11610		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE



TITLE

Director 6/16/14

(X6) DATE

DEPARTMENT OF AGING APPROVAL



Chief, Division of Licensing

7/3/14

DATE

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11610	<p>Continued From page 1</p> <p>(1) A review of previous health history, current medication regimen, use of medical treatments and therapies; current health problems and conditions; and a schedule for client self-administration of medications.</p> <p>(2) The record of a general physical examination.</p> <p>(3) General sensory functioning; sensory aids.</p> <p>(4) An indication that a tuberculin skin test has been administered with negative results within 2 years; or, if tuberculin skin test is positive, the results of a chest X-ray.</p> <p>(5) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the client is free of communicable disease, or that the client has a communicable disease but is able to be in the center if specific precautions are taken which will prevent the spread of the disease to other individuals.</p> <p>(6) Medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of nine client records and an interview with the center director, it was determined that the tuberculin skin test requirement under subsection (c)(4) was not met for five clients. The current physical examination forms for Clients #2, #3, #4 and #5 indicated that chest x-rays were accepted in place of tuberculin skin tests.</p>	11610	<ol style="list-style-type: none"> 1. Although a Chest X-Ray is a definitive test to exclude TB, going forward, we will be accepting Chest X-Rays in lieu of PPD only in cases of past history of positive PPD. The remaining clients will be required a PPD test in order to attend ADC. 2. Responsible staff - DON. 3. Starting 06/09/2014. 	