



June 19, 2014

David Lloyd, Director
EARS, Inc.
29 Cloister Avenue
Ephrata, PA 17522

RE: EARS, Inc.
License # 261140 - Regular

Dear Mr. Lloyd:

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".

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to EARS, INC.
LEGAL ENTITY

To operate EARS, INC.
(NAME OF CENTER)

Located at 29 CLOISTER AVENUE EPHRATA, PA 17522
(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 42
(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 July 01, 2014 until June 30, 2015

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

No: 261140 - 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: June 19, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 261140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2014
--	--	--	---

NAME OF PROVIDER OR SUPPLIER EARS, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 29 CLOISTER AVENUE EPHRATA, PA 17522
---	--

(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	<p>Initial Comments</p> <p>EARS, Inc. 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. EARS, Inc. is operating in good standing with the Department of Public Welfare as an Adult Training Facility.</p>	1 000		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE