



September 17, 2014

Patty Schultz, Director
Eldercare West
1200 Grubb Road
Palmyra, PA 17078

RE: Eldercare West
License # 243180 - Regular

Dear Ms. Schultz:

As a result of the Department of Aging's licensing inspection of the above named facility on 08/08/2014, 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 horizontal line.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to AVENUES
LEGAL ENTITY

To operate ELDERCARE WEST
(NAME OF CENTER)

Located at 1200 GRUBB ROAD PALMYRA, PA 17078
(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 19
(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 October 01, 2014 until September 30, 2015

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

No: 243180 - 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: September 17, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 243180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2014
NAME OF PROVIDER OR SUPPLIER Eldercare West		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 GRUBB ROAD PALMYRA, PA 17078		
(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 August 8, 2014 and it was determined that Eldercare West was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
11290	11.83 Fire safety inspection The center shall have an annual on-site fire safety inspection by the local fire department or other fire safety authority. Documentation of the date, source and results of the fire safety inspection shall be kept with its records. This STANDARD is not met as evidenced by: Findings: Based on a review of center records, it was determined that the annual fire safety inspection was late. Fire and life safety inspections were conducted on 5/10/13 by HIGH Environmental Health and Safety Consulting and again on 6/11/14.	11290	Plan of Correction is required 11.83 Fire Safety Inspection Program Manager PS and Site Supervisor ML reviewed the Fire Safety inspection regulatory requirements. Going forward, program manager is responsible for scheduling the next fire safety inspection for a date prior to 6-11-15. Please see attached document (A) for verification.	8-26-14
11610		11610		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

Patricia Schultz

TITLE

Program Manager

(X6) DATE

8-29-14

DEPARTMENT OF AGING APPROVAL

DATE

Kim [Signature]

ATG6899

S04D11

Chief, Division of Licensing

9/15/14

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11610	<p>11.102(c) Client physical examination and med report</p> <p>The medical report shall include:</p> <ol style="list-style-type: none"> (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. (2) The record of a general physical examination. (3) General sensory functioning; sensory aids. (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. (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. (6) Medical information pertinent to diagnosis and treatment in case of an emergency. <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of client records, it was determined that the results of a chest X-ray were accepted in place of a tuberculin skin test for client #4. A history of a positive tuberculin skin test was not indicated for client #4.</p>	11610	<p>11.102(c) Client physical examination and med report Client #4's received a tuberculin skin test on 8-20-14, and a negative reading was documented on 8-22-14. Program Manager PS and Site Supervisor ML reviewed regulation 11.102 in its entirety. Site supervisor is responsible for ensuring that any new clients admitted to the center with a completed chest x-ray have documentation of a positive tuberculin test. The Site Supervisor is responsible for ensuring that the regulatory requirements being met. Please see attached documents (B) and (C) for verification.</p>	8-26-14

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11680	<p>11.105(a) Review and revision of individual care plan</p> <p>A review of the client's progress on the plan shall be completed or coordinated at least every 6 months for clients in attendance at the center. At the time of each semiannual progress review each plan shall also be revised if necessary.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of client records, it was determined that a revision of client #4's care plan is overdue. Client #4 was admitted on 12/16/13 and the initial care plan was dated 1/15/14. The care plan review was due on or before 7/15/14 and had not occurred as of the date of the inspection.</p>	11680	<p>11.105(a) Review and revision of individual care plan Client #4's care plan was completed and reviewed with her on 8-11-14. Site supervisor ML updated her spreadsheet to make the document easier to read and navigate, to ensure that this does not occur in the future. Program Manager PS and Site Supervisor ML reviewed regulation 11.105 in its entirety. The Site Supervisor is responsible for updating Individual Care Plans and ensuring that they are updated and reviewed in the required time frame. Please see attached documents (D) and (E) for verification.</p>	8-11-14
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>	11900		

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11900	Continued From page 3 Findings: Based on a review of staff physicals, it was determined that the physical for staff person #1 was not completed within the 2 year requirement. Staff person #1 had a physical on 7/13/11 and then again on 7/25/13 exceeding the requirement. Staff person #1 worked on 7/24/13.	11900	11.132(a) Staff physical examination Program Manager PS and HR Manager KM reviewed regulation 11.132. Program Manager PS is responsible for maintaining a chart of staff physical due dates, and making sure that a staff person does not work in program on or after their physical due date unless a new physical has been completed. Please see attached documents (F) and (G) for verification.	8-26-14