



July 09, 2014

Victoria Krenitsky, Director
Elderday at Penn Hall
1427 Philadelphia Avenue
Chambersburg, PA 17201

RE: Elderday at Penn Hall
License # 190560 - Regular

Dear Ms. Krenitsky:

As a result of the Department of Aging's licensing inspection of the above named facility on 05/06/2014, three 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 MENNO-HAVEN, INC.
LEGAL ENTITY

To operate ELDERDAY AT PENN HALL
(NAME OF CENTER)

Located at 1427 PHILADELPHIA AVENUE CHAMBERSBURG, PA 17201
(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 50
(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: 190560 - 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 09, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 190560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2014
NAME OF PROVIDER OR SUPPLIER Elderday at Penn Hall		STREET ADDRESS, CITY, STATE, ZIP CODE 1427 PHILADELPHIA AVENUE CHAMBERSBURG, PA 17201		
(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 May 6, 2014 and it was determined that Elderday at Penn Hall was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
11610	11.102(c) Client physical examination and med report The medical report shall include: (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	11610	Plan of Correction is required	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

Victoria Kravtsov

TITLE

Director

(X6) DATE

6-18-14

DEPARTMENT OF AGING APPROVAL

[Signature]

DATE

Chief, Division of Licensing

7/9/14

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11610	Continued From page 1 treatment in case of an emergency. This STANDARD is not met as evidenced by: Findings: Based on a review of client records, it was determined that the communicable disease statement was not answered for client # 4 and #6.	11610	Client # 4 no longer attends the center. The client's physical was returned 6/16/14 on May 6, 2014 stating 'yes' he was	
11680	11.105(a) Review and revision of individual care plan 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. This STANDARD is not met as evidenced by: Findings: Based on a review of client records, it was determined that the care plan for client #8 was overdue. The most recent care plan review was conducted on 8/1/13. The next care plan review should have been conducted no later than 2/1/2014. added to the monthly care plan list so not to	11680	free of communicable disease. See attached #1 The nurse and director are the responsible people. They will check the form completely when received. # 8 clients care plan was updated 6-23-14. The director is responsible for CP and #8 was	

again.

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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 staff records, it was determined that staff person #5 did not have a current physical exam on file. The most recent physical exam occurred on 7/8/11.</p>	11900	<p>The staff had her physical updated on 5-27-14 – see attachment #2</p> <p>The director is responsible for keeping staff physicals current. She will make sure with HR that relief staff have a current 2 year physical before working in ADS.</p>	6/16/14