



July 08, 2014

Alena Rabinovich, Director
Golden Age Adult Day Center
417 Callowhill Street, Space A
Philadelphia, PA 19123

RE: Golden Age Adult Day Center
License # 315090 - Regular

Dear Ms. Rabinovich:

As a result of the Department of Aging's licensing inspection of the above named facility on 05/30/2014, 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 gray horizontal line.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to GOLDEN AGE ADULT DAY CENTER, INC.
LEGAL ENTITY

To operate GOLDEN AGE ADULT DAY CENTER
(NAME OF CENTER)

Located at 417 CALLOWHILL STREET, SPACE A PHILADELPHIA, PA 19123
(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 89
(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: 315090 - 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: 315090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2014
NAME OF PROVIDER OR SUPPLIER Golden Age Adult Day Center		STREET ADDRESS, CITY, STATE, ZIP CODE 417 CALLOWHILL STREET, SPACE A PHILADELPHIA, PA 19123		
(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 5/30/2014 and it was determined that Golden Age Adult Day Center was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
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 seven of fifty client records and an interview with center staff, it was determined that the extent of the client's participation during the initial fire safety training was not documented for all seven reviewed client charts.	11510	11.90 (b) As of 05/30/2014, the extent of the client's participation during the initial fire safety training is added to revised form. Extent of the clients participation will be documented by Program Director. As of 6/9/2014 Client Manager will review client initial fire safety forms the day after admission.	
12070	11.143(a) Medication records A medication log listing medications, dosage, time, date and the name of the person who administered the medication shall be kept for the clients who do not	12070		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE Program Director (X6) DATE 06/11/2014

DEPARTMENT OF AGING APPROVAL *[Signature]* Chief, Division of Licensing DATE 7/3/14

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12070	Continued From page 1 self-administer medication and who needs require the administration of medication by qualified professionals at the center. This STANDARD is not met as evidenced by: Findings: Based on a review of client medical records and direct observation, it was discovered that Tylenol 325 mg Over The Counter (OTC) medication that was administered to one client was not being documented on the Medication Administration Record (MAR). The Department of Public Welfare's Student Manual "Administering Medications the Right Way" states, in reference to the MAR, "All prescription medications including OTC medications must be recorded on this form."	12070	11.143 (a) As of 05/30/2014 (Staff responsible) RN will ensure all medication that will be administered to the clients in the center will be documented on the Medication Administration Record (MAR). On 05/30/2014 MAR was added to the record for the one client.	
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.	12380		

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12380	Continued From page 2 (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 center's portable emergency file and a discussion with the center Director and Nurse, it was determined that the center failed to include a copy of the most recent annual physical examinations. The portable emergency record of Client #1 was reviewed on 5/30/14, physical exam was dated 5/07/13.	12380	11.191 As of 5/30/2014 placed current/updated physical exam form in portable emergency file for Client #1 as of 05/30/2014 Program Director will review client emergency files quarterly. Center will include a copy of the most recent annual physical exam form to portable emergency folder. Updated form was in clients chart but not in the portable folder. Submitting tool for quarterly compliance.	