



September 23, 2014

Tatsiana Matsveyeva, Director  
Grace Adult Day Health Care  
101 East Olney Avenue  
Philadelphia, PA 19120

RE: Grace Adult Day Health Care  
License # 314040 - Regular

Dear Ms. Matsveyeva:

As a result of the Department of Aging's licensing inspection of the above named facility on 07/16/2014, 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".

Kevin Longenecker  
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGING

# LICENSE

This license is hereby granted to GRACE ADULT DAY HEALTH CARE, INC.  
LEGAL ENTITY

To operate GRACE ADULT DAY HEALTH CARE  
(NAME OF CENTER)

Located at 101 EAST OLNEY AVENUE PHILADELPHIA, PA 19120  
(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 262  
(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: 314040 - 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 23, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>314040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>Grace Adult Day Health Care</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 EAST OLNEY AVENUE PHILADELPHIA, PA 19120</b>		
(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	<b>Initial Comments</b>  A State licensure visit was completed on 7/16/2014 and it was determined that Grace Adult Day Health Care was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 210	<b>11.8(d) Responsible party</b>  A center shall have written documentation of designation or appointment when a responsible party has been designated or appointed as described in subsections (a) and (b). Written documentation shall be kept in the client's file and provide information sufficient to enable a center to clearly identify the responsible party and the area in which the responsible party has been designated or appointed to act in the client's behalf. This STANDARD is not met as evidenced by:  Findings: Based on a review of eight of one-hundred and thirty-five client records, it was discovered that the center failed to obtain written documentation for one client sufficient to enable the center to clearly identify the responsible party and the area in which the responsible party has been designated or appointed to act in the clients' behalf. The record, belonging to Client #1, indicated the client had a guardian; however, the guardianship agreement was not in the record.	1 210	All client records were reviewed for compliance with Section 11.8(d).  Based on the conversation with a daughter of the Client #1, it was found out that the Client does not have a guardianship as indicated in her record. She has an informal support as needed from her daughter. The proper correction was made in Client's record. (Please see the attached Exhibit# A). Program Director will ensure to have all proper documentation in file prior admission in order for the client to start the program. The family members/clients/caregivers will be advised before the intake screening to bring all the required documentation for the client.	<b>07.17.2014</b>

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

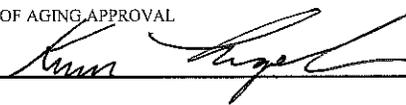


TITLE

(X6) DATE

09.15.2014

DEPARTMENT OF AGING APPROVAL



DATE

Chief, Division of Licensing

9/22/14

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1 511	<b>11.21(b) Emergency Procedures</b>  Written emergency procedures shall be reviewed with staff persons at least quarterly. This STANDARD is not met as evidenced by:  Findings: Based on a review of eight of one-hundred and thirty-five staff training records and an interview with the center director, it was determined that one staff person did not receive quarterly emergency procedures training each quarter over the past year. Staff #2 last received the quarterly emergency procedure training on 1/31/2014.	1 511	Program Director at Grace ADHC Center will conduct quarterly reviews on Fire Safety with all program staff according to Section 11.21(b). The staff members who will not be present at the day of the quarterly review will be provided training within that week to comply with 11.21(b). The new form was created to assure the compliance with the requirements of the Section 11.21(b). The form will be signed by every staff member and reviewed by Program Director for missing signature. As soon as all missing members are identified, they will be provided a training, the signed form will be placed in a binder for the record. (Please see the attached	07.17.2014
11610	<b>11.102(c) Client physical examination and med report</b>  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	11610	Registered Nurse at Grace Adult Day Health Care Center always conducts on quarterly basis training to all staff on "Infectious Control, Safety and Health Precautions". All staff was aware of the communicable disease for the Client# 3 and precautions for that.  The physician for the Client# 3 was asked to fully complete physician medical report indicating the precautions and correct the part to state that the Client #3 is not free from communicable disease. The client's physician created the list of precautions for the Client# 3 and forwarded to the Center. It was attached to the client's medical record. (Please see the attached Exhibit#C).	07.17.2014

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11610	<p>Continued From page 2</p> <p>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> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of eight of one-hundred and thirty-five client medical records, it was found that that the center failed to list the specific precautions to be taken with one client, which will prevent the spread of the disease to other individuals. Client #3 has a communicable disease but did not have a physician's statement specifying what precautions are to be taken to prevent the spread of the disease.</p>	11610	<div style="border: 1px solid black; padding: 5px;"> <p>The Registered Nurse at Grace ADHC will make client's physician aware of the need for infections control disease precautions for specific clients after reviewing the diagnoses for the client. The client will not be admitted to the program unless the medical physician form is fully completed for the client.</p> </div>	