



October 27, 2014

Connie Henry, Director
Horizon Adult Day Services
1810 Country Line Road, Unit 401
Huntingdon Valley, PA 19006

RE: Horizon Adult Day Services
License # 285301 - Provisional

Dear Ms. Henry:

As the above named facility has not yet enrolled clients; the Department is unable to conduct a full inspection and determine if the center is in compliance with applicable statutes, ordinances and regulations. Therefore, a Provisional license was issued.

The Department of Aging will inspect the facility prior to the expiration of the Provisional license. If your facility is found to be in compliance with applicable statutes, ordinances and regulations, a Regular license will be issued.

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', written in a cursive style.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to HORIZON ADULT DAY SERVICES, LLC
LEGAL ENTITY

To operate HORIZON ADULT DAY SERVICES
(NAME OF CENTER)

Located at 1810 COUNTRY LINE ROAD, UNIT 401 HUNTINGDON VALLEY, PA 19006
(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 35
(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 November 01, 2014 until April 30, 2015

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

No: 285301 - Provisional I



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: October 27, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 285301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2014
NAME OF PROVIDER OR SUPPLIER Horizon Adult Day Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 COUNTRY LINE ROAD, UNIT 401 HUNTINGDON VALLEY, PA 19006		
(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 As Horizon Adult Day Services, LLC has not yet enrolled clients, the Department is unable to conduct a full inspection and therefore cannot determine if the center is in compliance with 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE