



April 22, 2014

Betty Giuliano, Interim Director  
Indian Creek Foundation Older Adult Facility  
420 Cowpath Road  
Souderton, PA 18964

RE: Indian Creek Foundation Older Adult Facility  
License # 285150 - Regular

Dear Ms. Giuliano:

The above-named center is in receipt of an approved regulatory waiver of 6 Pa Code, §§ 11.241 and 11.242. The center has also been found to be operating in good standing with the Department of Public Welfare as an Adult Training Facility. Therefore, a Regular License is enclosed.

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 rectangular background.

Kevin Longenecker  
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGING

# LICENSE

This license is hereby granted to INDIAN CREEK FOUNDATION  
LEGAL ENTITY

To operate INDIAN CREEK FOUNDATION OLDER ADULT FACILITY  
(NAME OF CENTER)

Located at 420 COWPATH ROAD SOUDERTON, PA 18964  
(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. 64  
(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 May 01, 2014 until April 30, 2015

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

No. 285150 - 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: April 22, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER:  <b>285150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/27/2014</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>Indian Creek Foundation Older Adult Facility</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>420 COWPATH ROAD SOUDERTON, PA 18964</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	<p><b>Initial Comments</b></p> <p>Indian Creek Foundation Older Adult Facility is issued a license to operate an Older Adult Daily Living Center by the Department of Aging with an approved regulatory waiver of 6 PA Code § 11.241 &amp; 11.242, which waives the requirement to have an onsite inspection by the Department of Aging. Indian Creek Foundation Older Adult Facility is operating in good standing with the Department of Public Welfare as an Adult Training Facility.</p>	1 000		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

DEPARTMENT OF AGING APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_