pennsylvania
DEPARTMENT OF AGING

March 18, 2014

Nicole Pruitt, Director
Inglis Adult Day Program
2600 Belmont Avenue
Philadelphia, PA 19131

RE: Inglis Adult Day Program
License # 311220 - Regular

Dear Ms. Pruitt:

As a result of the Department of Aging's licensing inspection of the above named facility on 03/07/2014, five 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,

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to INGLIS HOUSE
LEGAL ENTITY

To operate INGLIS ADULT DAY PROGRAM
(NAME OF CENTER)

Located at 2600 BELMONT AVENUE PHILADELPHIA, PA 19131
(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. 41
(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 April 01, 2014 until March 31, 2015

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

No: 311220 - 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: March 18, 2014

AGL01

DEPARTMENT OF AGING

PRINTED: 03/10/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1)PROVIDER LICENSE NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	311220	A. BUILDING B. WING	03/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Inglis Adult Day Program	**2600 BELMONT AVENUE** **PHILADELPHIA, PA 19131**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 3/07/2014 and it was determined that Inglis Adult Day Program was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 850	**11.53(a) Poisons** Poisonous materials shall be kept in a cabinet, closet, cupboard or container that is locked or placed in a location, which is inaccessible to clients. This STANDARD is not met as evidenced by: Findings: Based on direct observation, it was determined that poisonous materials were not kept in a locked closet, cabinet or cupboard. A 4-ounce tube of "McKesson" Vitamin A & D ointment was found in an unlocked cabinet in the program restroom. The label stated that, "If swallowed get medical help or contact a poison control center".	1 850	A&D Ointment was immediately placed in a secure location in the nurse's office during inspection. Program Manager is responsible to monitor the program for materials that may be considered poisonous to be locked up at all times. These items can be locked in the nurse's office or kitchen locked closet. Keys for these locations are kept separate from the locations, but are accessible to staff. All staff is responsible for being aware of products that need to be locked and kept inaccessible to clients. All staff has been in-serviced on what is considered a poisonous material and warning labels to look for (see attachment 1).	
11590	**11.102(a) Client physical examination and med report** To be admitted, an applicant whose needs, as determined through intake screening, may	11590		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE Nicole M. Pruitt TITLE Program Manager (X6) DATE 3/14/14

DEPARTMENT OF AGING APPROVAL Chief, Division of Licensing DATE 3/17/14

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11590	Continued From page 1 appropriately be met in a center, shall also have had a physical examination within 3 months prior to admission and annually thereafter. This STANDARD is not met as evidenced by: Findings: Based on a review of twelve out of twelve client records, it is determined the center failed to ensure that a physical examination was completed within 3 months prior to admission and annually there after for one client. A review of medical records for Client #1 revealed that the current physical examination was completed on 10/16/2013. The date of the prior physical exam was dated 9/24/2012, which is twenty-two days after the annual date.	11590	Current practice in place: Program nurse is responsible for mailing out letters 45 days, and then 20 days prior to physical being due. This practice has been modified, and when a physical is due in less than 15 days, program manager will call client, or caregiver, to alert them that the client can no longer be permitted to attend the program if the physical is not submitted.	
11670	**11.104(c) Development of individual care plan** The individual care plan shall contain at least the following elements: (1) An identification of needs, which can be addressed at the center, and the order in which they will be addressed. (2) The goals to be achieved. (3) The methods and activities for reaching these goals within a specified time frame. (4) Documentation of the client's progress toward meeting each goal and of goal attainment when, as required in §11.105 (relating to review and revision of individual care plan), the plan is reviewed and, as necessary, revised.	11670	A tracking log is kept to monitor when documentation is coming due. Program nurse and program manager have responsibility of monitoring this tracking sheet for completeness and accuracy. In-service for LPN is scheduled for 3/18/2014. Education topics include the use of and *maintenance of* the tracking log).	

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11670	Continued From page 2 (5) Predetermined date for the next review. (6) An identification of staff persons responsible for the implementation of the plan. This STANDARD is not met as evidenced by: Findings: Based on a review twelve of twelve client records, it is determined that the care plan did not include the predetermined date for the next review for one client. A review of the care plan for Client #2 revealed that the care plan dated 12/23/2013 did not include a predetermined date for the next care plan review.	11670	The care plan document has been updated to include a predetermined date for the next care plan review (6/17/2014). Care plans have a location for listing date fields for care plan periods and date next review will occur. Care plan scheduling has recently been updated to enhance program records and accuracy of review dates. Moving forward, Inglis ADP care plans will always have a predetermined date as set by the master Team Meeting Schedule. This will be reviewed and recorded at Team Meetings weekly. The program manager is responsible for keeping the master schedule, and all team member's present at the team meeting/ review are responsible for ensuring dates appear correctly on care plan document.	
11873	**11.123(2) Core Services - Nursing Services** The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows: (2) Nursing services. The center shall provide,	11873		

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11873	Continued From page 3 contract for or otherwise arrange for nursing services. The number of services provided by the nurse, the manner in which a center obtains nursing services (which may range from formal to informal), and the amount of time spent by the nurse in a center (which may, for example, range from the daily services of a registered nurse staff person to a monthly or quarterly visit by a practical nurse) depend upon the needs of the center's clients. Nursing service includes the following: (i) Centers shall carry out the following standard nursing functions at least quarterly: (A) A review of the client's health status, including dietary needs. (B) Review of medication procedures, if necessary. (C) Review of policies and procedures for personal care. (D) Training and education of staff persons regarding the needs of clients in centers, including infection control. (ii) The following nursing functions may be added to subparagraph (i) if they are consistent with the goals of the center and the characteristics of persons admitted to the center, as determined through intake screening and client physical examination and medical reports: (A) Provision or supervision of modified and therapeutic diets and supplemental feedings. (B) Provision or supervision of observation, monitoring and intervention for unstable medical episodes. (C) Preparation of the client for self-administration of medications.	11873		

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11873	Continued From page 4 (D) Provision of restorative or rehabilitative nursing. (E) Provision of maintenance of respiratory aids, colostomy and ileostomy, urinary drainage devices, dressings, skin care, foot and nail care and routine care of incontinent clients. (F) Response to emergencies. (G) Administration of parenteral treatments. (H) Provision of other skilled nursing care, which can be safely done in the older adult daily living center. This STANDARD is not met as evidenced by: Findings: Based on a review of eight out of eight staff records and interview with the center director, it was determined that the center's nurse did not provide the quarterly infection control training and education required by subsection (2)(i)(D). Program staff received the training on 4/30/2013 and then again on 8/06/2013, which is six days past the quarterly period. Findings: Based on a review of eight out of eight staff records and interview with the center director, it was determined that the center's nurse did not provide a quarterly review of the client's health status, including dietary needs. A review of the records of Client #1 revealed that the date of the last review of the clients health status occurred on 7/19/2012. A review of the records of Client #2 revealed that the date of the last review of the clients health status occurred on 1/23/2014 and the date of the prior health status review occurred on 10/12/2012.	11873	All infection control education sessions are scheduled with the nurse educator for the year in the beginning of the calendar year. If a conflict occurs (i.e. the program is closed for inclement weather), the program manager reschedules for the earliest possible date. For calendar year 2014, all infection control trainings have been scheduled: 2/5/14; 5/5/2014; 8/5/2014; 11/5/2014 Program nurse is responsible for completing quarterly reviews of client's health status. It was determined after inspection, that program nurse did not complete assessments secondary to malfunction in tracking log that counts down when documentation is due. Program nurse has been offered preliminary, unstructured education on tracking log to immediately correct this error. More in depth training on skills to monitor, maintain and modify log is scheduled for 3/18/2014. Client #1 has had a current nurse's review completed 3/7/2014.	

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12410	**11.193 Content of records** Each client's record shall include: (1) Personal information including: (i) The name, sex, admission date, birth date and social security number of the client. (ii) The race, height, weight, color of hair, color of eyes and identifying characteristics. (iii) The language or means of communication spoken or understood by the client and the primary language used in the client's natural home, if other than English. (iv) Documentation of a person's designation or appointment as a responsible party, as described in 11.8 (relating to responsible party). (v) A photograph taken within the last 5 years. (2) Unusual incident reports related to the client. (3) Medical reports and progress notes, if any. (4) Intake screening forms. (5) Individual care plans. (6) Signed release of information form. (7) Signed enrollment agreement. This STANDARD is not met as evidenced by: Findings: Based on a review of twelve out of twelve client records, it was determined that the program failed to ensure that all client records had a photo that was taken within the last five years. A review of the record of Client #2 revealed that the current photo dated 4/11/2006 was in the client record for eight years, one month and four days.	12410	A photograph taken 10/8/2012 was immediately placed on chart to have a current photo available. Date of photo was added to the tracking log to ensure a countdown of when a new one is needed is visible to program manager, program nurse, activities coordinator, and social worker.	