



May 29, 2014

Norman Moses, Director
L.C.A.R.C. Adult Training Facility
1111 South Cascade Street
New Castle, PA 16101

RE: L.C.A.R.C. Adult Training Facility
License # 461970 - Regular

Dear Mr. Moses:

The Department of Aging received your Application for License on 03/31/2014. The purpose of the Application for License was relocation from 1 West Washington Street, New Castle, PA 16101 to 1111 South Cascade Street, New Castle, PA 16101.

As a result of an abbreviated licensing inspection on 05/23/2014, we have found the above named facility to be in compliance with applicable statutes, ordinances and regulations. Therefore, a Regular license reflecting the facility's new location and capacity 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".

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to LAWRENCE COUNTY ASSOCIATION FOR RESPONSIBLE CARE
LEGAL ENTITY

To operate L.C.A.R.C. ADULT TRAINING FACILITY
(NAME OF CENTER)

Located at 1111 SOUTH CASCADE STREET NEW CASTLE, PA 16101
(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 50
(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 June 01, 2014 until February 28, 2015

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

No: 461970 - 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: May 29, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 461970	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2014
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NAME OF PROVIDER OR SUPPLIER L.C.A.R.C. Adult Training Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 1 WEST WASHINGTON STREET NEW CASTLE, PA 16101
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(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>Initial Comments</p> <p>A State licensure relocation inspection was completed on 05/23/2014. It was determined that L.C.A.R.C. Adult Training Facility was in compliance with the requirements of 6 PA Code, Chapter 11, Older adult Daily Living Centers Regulations.</p>	1 000		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE