



November 12, 2014

Mark Gusek  
LIFE - Northwestern Pennsylvania  
149 West 22nd Street  
Erie, PA 16502

RE: LIFE - Northwestern Pennsylvania  
License # 013990 - Regular

Dear Mr. Gusek:

As a result of the Department of Aging's licensing inspection of the above named facility on 09/17/2014, 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", is written over a light blue horizontal line.

Kevin Longenecker  
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGING

# LICENSE

This license is hereby granted to THE LUTHERAN HOME FOR THE AGED D/B/A THE VILLAGE AT LUTHER SQUARE D/B/A LIFE CENTER NWPA

To operate LIFE - NORTHWESTERN PENNSYLVANIA  
(NAME OF CENTER)

Located at 149 WEST 22ND STREET ERIE, PA 16502  
(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 87  
(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 December 01, 2014 until November 30, 2015

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

No: 013990 - 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: November 12, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>013990</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/18/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE - Northwestern Pennsylvania</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>149 WEST 22ND STREET ERIE, PA 16502</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 09/16-17/14 and it was determined that LIFE - NWPA was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000	<b>Plan of Correction is required</b>  11.90 Fire Safety for Clients  LIFE-NWPA Center Manager or designee will educate all LIFE participants on fire safety training during the second week of every other month to ensure that fire safety training meets or exceeds the quarterly fire safety regulation. The Center Manager or designee will utilize the Participant Fire Safety Training Record to ensure that all participants are receiving the Quarterly Fire Safety Training (see attached Outlook electronic reminder for Fire Safety Training for Center Manager, Social Work Assistant and Quality Assurance Coordinator and the Fire Safety Training Record).	10/20/14
11500	<b>11.90(a) Fire safety training for clients</b>  A client shall be instructed upon initial admission and reinstructed quarterly in general fire safety, evacuation procedures, responsibilities during fire drills and the designated meeting place outside the building or within the fire safe area in the event of an actual fire. A client shall also be instructed in smoking safety procedures if clients or staff persons smoke at the center.  This STANDARD is not met as evidenced by:  <b>Findings:</b> Based on a review of client records, it was determined that client #1 received initial fire safety training on 04/28/14. The fire safety training records did not indicate that the client receive training in the third quarter of 2014.	11500	The Social Services Assistant will be responsible for updating the Participant Fire Safety Training Record during the first week of every month to ensure that it matches the current LIFE Census so that every LIFE participant will receive Fire Safety Training (see attached Outlook electronic reminder for Fire Safety Training for Center Manager, Social Work Assistant and Quality Assurance Coordinator)  The Quality Assurance Coordinator or designee will be responsible for completing an audit of the Participant Fire Safety Training Record during the second week of every month to ensure that the Record accurately reflects the current LIFE Census. The audit will begin on the second week of October 2014 and continue for the next six months (see attached Fire Safety Training Record audit tool).	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

*Qasim Benke*

TITLE

*Center Manager*

(X6) DATE

*9/25/14*

DEPARTMENT OF AGING APPROVAL

*[Signature]*

*Chief, Division of Licensing*

DATE

*11/03/14*

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11690	<p><b>11.105(b) Review and revision of individual care plan</b></p> <p>Each semiannual review and, if necessary, revision of the plan shall, except as set forth in subsection (c), be discussed with the client or the responsible party, or both. When parties are unable to be present at the center for a discussion of the plan, centers shall, except as set forth in subsection (c), discuss the plan with them by telephone. Documentation of these discussions shall be kept in the client's record.</p> <p>This STANDARD is not met as evidenced by:</p> <p><b>Findings:</b> Based on a review of client records it was discovered that the center failed to involve two clients, their responsible parties, or both in the revision and review of multiple care plans. Centers are required to involve the client, responsible party or both in the development, review and revision of the care plan. Based on the signature dates of the below-indicated care plans, it cannot be determined that clients and/or their responsible parties were given the opportunity to be involved in the care planning process in a timely manner.</p> <p>The care plan revisions and reviews for Client# 2 for which the center did not involve the client and/or responsible party or both are as follows:</p> <p>The care plan dated 10/03/2012 was not signed by either the client or responsible party.</p>	11690	<p>11.105 (b) Review and Revision of Individual Care Plan</p> <p>A Quality Assurance Audit will be implemented where, one week after care plan review has occurred, the Quality Assurance Coordinator or designee will audit the medical record to ensure that either the care plan has been reviewed within that one week time or that appropriate documentation has been provided to show that contact with family/participant has been initiated. The audit will begin in October 2014 and continue for the next six months (<b>see attached Care Plan audit tool</b>).</p>	10/2014

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11690	Continued From page 2  The care plan dated 11/14/2012 indicated a phone contact with the responsible party on 02/01/2013.  The care plan dated 01/22/2013 indicated a phone contact with the responsible party on 04/08/2013.  The care plan dated 07/30/2013 indicated a phone contact with the responsible party on 08/14/2013.  The care plan dated 07/21/2014 was not signed by the responsible party until 09/04/2014.  The care plan revisions and reviews for Client# 3 for which the center did not involve the client and/or responsible party or both are as follows:  The care plan dated 10/03/2012 was not signed by either the client or responsible party until 11/02/2012.  The care plan dated 04/16/2013 was not signed by either the client or responsible party until 05/15/2013.	11690		
12380	<b>11.191(b) Emergency information</b>  Emergency information for a client shall include the following: (1) A written agreement with the client or responsible party regarding emergency care and ambulance transportation, when the agreement is not included as an element in the enrollment agreement in §11.103 (relating to enrollment agreement).	12380		

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12380	<p>Continued From page 3</p> <p>(2) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.</p> <p>(3) The name, address and telephone number of the client's physician or source of health care and hospital preference.</p> <p>(4) The name, address and telephone number of the person able to give consent for emergency medical treatment, if applicable.</p> <p>(5) A copy of the client's most recent annual physical examination, which shall include information on current diagnosis, medications and allergies.</p> <p>This STANDARD is not met as evidenced by:</p> <p><b>Findings:</b> Based on the review of the record for client's #1 and conversation with center Director, it was discovered that no written agreement with the client or responsible party regarding emergency care and transportation to the hospital, was found in the clients records nor in the enrollment agreement for non- PACE clients, as required by subsection (b)(1).</p>	12380	<p>11.191 (b) Emergency Information</p> <p>The Emergency Intervention Agreement (EIA) will be modified to read:</p> <p><i>In the event that LIFE-NWPA or its service providers are not able to reach me due to weather, natural disaster, or other events out of LIFE-NWPA or our provider's control, below is a list of at least one emergency contact that LIFE-NWPA can reach for assistance. Additionally, should I or my designated individuals be unable to give consent at time of need, by signing below, LIFE-NWPA is authorized to seek emergency care at a medical facility and/or ambulance transportation in the event emergency treatment is deemed necessary by center staff. Costs will be borne by myself or my other third party sources.</i></p> <p>The EIA will be added as an Attachment to the LIFE-NWPA Adult Daycare Enrollment Agreement, which governs ADC only Participants. Please note that this modification will be for ADC ONLY participants. The EIA will no longer be specifically used for LIFE Participants as they are bound under a separate enrolment agreement written and controlled by PA-DPW-OLTL; that agreement, along with other records, meets 11.191(b) (<b>see attached Attachment B Emergency Intervention Agreement</b>).</p>	10/2014