



July 08, 2014

Mark Amick, Director
LIFE Lawrence County
2911 West State Street
New Castle, PA 16101

RE: LIFE Lawrence County
License # 464770 - Regular

Dear Mr. Amick:

As a result of the Department of Aging's licensing inspection of the above named facility on 05/06/2014, three area(s) 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 VIECARE BEAVER, LLC
LEGAL ENTITY

To operate LIFE LAWRENCE COUNTY
(NAME OF CENTER)

Located at 2911 WEST STATE 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 79
(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 August 01, 2014 until July 31, 2015

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

No: 464770 - 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: July 08, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 464770	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2014
NAME OF PROVIDER OR SUPPLIER LIFE Lawrence County		STREET ADDRESS, CITY, STATE, ZIP CODE 2911 WEST STATE STREET NEW CASTLE, PA 16101		
(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 A State licensure visit was completed on 05/06-07/2014 and it was determined that LIFE Lawrence County was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
11290	11.83 Fire safety inspection The center shall have an annual on-site fire safety inspection by the local fire department or other fire safety authority. Documentation of the date, source and results of the fire safety inspection shall be kept with its records. This STANDARD is not met as evidenced by: Findings: Based on a review of center records, it was found that the center did not have an annual on-site fire safety inspection within 12 months from the date of the previous inspection. The most recent on-site fire safety inspection was conducted on 12/16/13. The previous fire safety inspection was conducted on 11/05/12.	11290	Plan of Correction is required The Center Director or designee will ensure the completion of the annual on-site fire safety inspection within twelve months of the previous inspection. The annual on site fire inspection will be scheduled a minimum of thirty days prior to the annual date to ensure completion in a timely manner. An Outlook Calendar reminder will be used by the Center Director to schedule the annual inspection with the Recreation Manager / Safety Committee Chairperson also utilizing an Outlook reminder as a back-up.	5/20/14 reviewed with managers 5/16/14

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE

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11440	<p>11.88(c) Fire drills</p> <p>Alternate exit routes shall be used during fire drills.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of fire drill records, the center failed to vary exit routes over a 6 month time frame. The center used only the main exit on drills conducted on 07/24/13, 10/22/13, 01/20/14. The fire drill conducted on 04/24/14 used the main and rear exit, which was over the 6 month time frame.</p>	11440	<p>LIFE Lawrence County conducts fire drills on a quarterly basis. During a minimum of one every 6 months, staff will have a fire drill in which participants use multiple egresses</p> <p>Center Director will ensure completion</p>	<p>5/20/14 reviewed with managers</p> <p>On 5/16/14</p>
11610	<p>11.102(c) Client physical examination and med report</p> <p>The medical report shall include:</p> <p>(1) A review of previous health history, current medication regimen, use of medical treatments and therapies; current health problems and conditions; and a schedule for client self-administration of medications.</p> <p>(2) The record of a general physical examination.</p> <p>(3) General sensory functioning; sensory aids.</p> <p>(4) An indication that a tuberculin skin test has been administered with negative results within 2 years; or, if tuberculin skin test is positive, the results of a chest X-ray.</p> <p>(5) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the client is free of communicable disease, or that</p>	11610	<p>All participant Physical Examinations will be reviewed for accuracy and completeness prior to attending the day program. The Physical Examination will be completed by the Participant's physician and submitted to the Intake and enrollment staff. Once submitted, The Intake and Enrollment staff will forward the Physical Examination report to the Director Of Clinic and Home Care or designee. The Director of Clinic and Home Care or designee Will review the physical examination to ensure</p>	<p>5/20/14 reviewed with managers on 5/16/14</p>

Completeness and accuracy. This review Will be documented on a LIFE intake progress Note.

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D14Q11

If continuation sheet 2 of 3

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11610	<p>Continued From page 2</p> <p>the client has a communicable disease but is able to be in the center if specific precautions are taken which will prevent the spread of the disease to other individuals.</p> <p>(6) Medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of client medical records, it was found that the center failed to review a physical examination for correctness. A review of medical records for Client #2 revealed that the communicable disease statement, on the physical examination dated 09/09/13 was not completed correctly. The client does not have a communicable disease, but the physician completed the form in the area, as if the client had a communicable disease, but was safe to attend the center.</p>	11610		