



May 22, 2014

Joann Gago, Executive Director
LIFE Pittsburgh
875 Greentree Road, One Parkway Center, Suite 200
Pittsburgh, PA 15220

RE: LIFE Pittsburgh
License # 062880 - Regular

Dear Ms. Gago:

As a result of the Department of Aging's licensing inspection of the above named facility on 03/11/2014, one area of non-compliance was 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 LIVING INDEPENDENCE FOR THE ELDERLY PITTSBURGH, INC. D/B/A LIFE PITTSBURGH
LEGAL ENTITY

To operate LIFE PITTSBURGH
(NAME OF CENTER)

Located at 875 GREENTREE ROAD, ONE PARKWAY CENTER, SUITE 200 PITTSBURGH, PA 15220
(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. 119
(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 May 31, 2015

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

No 062880 - 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 22, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 062880	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2014
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NAME OF PROVIDER OR SUPPLIER LIFE Pittsburgh	STREET ADDRESS, CITY, STATE, ZIP CODE 875 GREENTREE ROAD, ONE PARKWAY CENTER, SUITE PITTSBURGH, PA 15220
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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	Initial Comments A State licensure visit was completed on 03/11/2014 and it was determined that LIFE Pittsburgh - Greentree was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 400	11.17(b) Reporting of deaths Within 24 hours after a death of a client occurs at the center, the center operator shall complete and send copies of a death report on a form specified by the Department to the following: (1) The Department. (2) The funding agency when the services of the deceased client are being publicly funded. (3) The mental health and mental retardation program of the county in which the center is located if the deceased client had mental illness or mental retardation This STANDARD is not met as evidenced by: Findings: Based on information received by the	1 400	Plan of Correction is required It is LIFE Pittsburgh's intention to report all incidents to the Department within the required time frame. LIFE Pittsburgh completed a review of regulation 11.17 (b) with all persons responsible for reporting deaths in the center. The review included the review of regulation 11.17(b) and stressing the importance of reporting such event within 24 hours. The review was completed on March 31, 2014, and will be monitored by the Director of Quality and Compliance.	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE: *Janet Lago* TITLE: CEO (X6) DATE: 4/3/14

DEPARTMENT OF AGING APPROVAL: *Ann Lynch* DATE: 5/19/14

ATG6899 FE6K11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 062880	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2014
NAME OF PROVIDER OR SUPPLIER LIFE Pittsburgh		STREET ADDRESS, CITY, STATE, ZIP CODE 875 GREENTREE ROAD, ONE PARKWAY CENTER, SUITE PITTSBURGH, PA 15220		
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1 400	Continued From page 1 Department, it was determined that the center did not report the death of client #5 within 24 hours as required. The Department received a client death report on 11/04/13. This report indicated that the had client passed away at the center on 10/31/13. The center should have reported the client's death to the Department no later than 11/01/13.	1 400		