



March 17, 2014

Daniel Drake, CEO
Living Independently for Elders
d/b/a LIFE U Penn
4508 Chestnut Street
Philadelphia, PA 19139

RE: Living Independently for Elders d/b/a LIFE U Penn
License # 313910 - Regular

Dear Mr. Drake:

As a result of the Department of Aging's licensing inspection of the above named facility on 01/28/2014, 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".

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA
LEGAL ENTITY

To operate LIVING INDEPENDENTLY FOR ELDERLY D/B/A LIFE U PENN
(NAME OF CENTER)

Located at 4508 CHESTNUT STREET PHILADELPHIA, PA 19139
(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 230
(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: 313910 - 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 17, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 313910	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2014
NAME OF PROVIDER OR SUPPLIER Living Independently for Elders d/b/a LIFE U Penn		STREET ADDRESS, CITY, STATE, ZIP CODE 4508 CHESTNUT STREET PHILADELPHIA, PA 19139		
(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 1/28/2014 and 1/29/2014 and it was determined that LIFE U Penn was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 360	11.16(d) Reporting of unusual incidents Within 3 working days after an unusual incident occurs, the center operator shall conduct an investigation of the unusual incident and complete and send copies of an unusual incident report on a form specified by the Department to the following: (1) The Department. (2) The funding agency when the services of the client involved in the unusual incident are being publicly funded. (3) The mental health and mental retardation program of the county in which the center is located if the client involved in the unusual incident has mental illness or mental retardation. This STANDARD is not met as evidenced by: Findings: Based on a review of ten of four-hundred and twenty LIFE program participants it was	1 360	11.16(d) Reporting of Unusual Incidents Response: The Chief Operating Officer (Center Officer) will review the requirement with nursing staff and include the current procedure in the annual competencies for Nurse Practitioners and Registered Nurses. The review will include: (1) Overview of form, (2) Types of incidents to report and (3) Submission of reports to appropriate parties. The COO will insure compliance with the submission of these incidents. Attachment (1) is a copy of the annual competencies for the Nurse Practitioners and Registered Nurses with the highlighted competency.	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

Wanda Cooper

TITLE

COO

(X6) DATE

3/4/14

DEPARTMENT OF AGING APPROVAL

DATE

[Signature]

Chief Division of Licensing

3/5/2014

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1 360	Continued From page 1 determined that the center did not report an unusual incident within three working days of its occurrence. On 1/16/14, an ambulance transported client #1 to the hospital from the day program. An unusual incident report was not submitted to the Department until 1/22/2014, which is four working days after the incident occurred.	1 360		
11610	11.102(c) Client physical examination and med report The medical report shall include: (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. (2) The record of a general physical examination. (3) General sensory functioning; sensory aids. (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. (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 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. (6) Medical information pertinent to diagnosis and treatment in case of an emergency.	11610		

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11610	Continued From page 2 This STANDARD is not met as evidenced by: Findings: Based on a review of ten of two-hundred and twenty client medical records, it was determined that the center failed to obtain a written authorization in the form of a signed statement that a client is free of communicable disease. A review of the medical records for client #2 revealed that the communicable disease statement, on the physical examination dated 9/26/13, did not have the statement completed as required by this regulation.	11610	<p>Response:</p> <p>The Chief Operating Officer will review the documentation requirement to insure all members are "free of communicable disease with the appropriate nursing staff." The documentation protocol will be included as an annual core competency for Nurse Practitioners . The review will include: (1) Overview of standard. The Chief Nursing Officer sign off on the annual competency. Attachment (1) is a copy of the annual competencies for the Nurse Practitioners with the highlighted competency.</p>	
11900	11.132(a) Staff physical examination Staff persons who come into direct contact with clients or who prepare or serve food shall have a physical examination within 12 months prior to employment, and every 2 years from the date of the last physical examination thereafter. This STANDARD is not met as evidenced by: Findings: Based on a review of eight of one-hundred and thirty six staff records it was determined that the center failed to ensure that new one staff person obtained a physical examination within 12 months prior to employment. Staff medical record review for staff person #1 revealed that their date of hire was on 11/18/13 and the physical examination took place on 5/16/12.	11900		

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The Chief Operating Officer will review the standard with the Administrative Assistants and insert a sentence on the LIFE U Penn Employee Physical form that physicals for new employees must be within the past 12 months. Attachment 3 is a copy of the new physical form with the standard inserted.