



June 17, 2014

Cheryl Lepkowski, Director
Lakeside Senior Center
1803 East Lake Road
Erie, PA 16511

RE: Lakeside Senior Center
License # 010820 - Regular

Dear Ms. Lepkowski:

As a result of the Department of Aging's Licensing Inspection on 04/16/2014, we have found the above named facility to be in compliance with applicable statutes, ordinances and regulations. Therefore, a Regular License 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 DR. GERTRUDE A. BARBER CENTER, INC. D/B/A BARBER NATIONAL INSTITUTE
LEGAL ENTITY

To operate LAKESIDE SENIOR CENTER
(NAME OF CENTER)

Located at 1803 EAST LAKE ROAD ERIE, PA 16511
(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 64
(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 July 01, 2014 until June 30, 2015

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

No 010820 - 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: June 17, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 010820	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2014
NAME OF PROVIDER OR SUPPLIER Lakeside Senior Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1803 EAST LAKE ROAD ERIE, PA 16511		
(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 COMPLIANCE A State licensure inspection was completed on 04/16/14. It was determined that Lakeside Senior Center was in compliance with the requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers Regulations.	1 000		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE