



August 01, 2014

Shannon Wilson, Director
Lancaster Generations, Inc.
2404 Anita Court
Leola, PA 17540

RE: Lancaster Generations, Inc.
License # 261210 - Regular

Dear Ms. Wilson:

As a result of the Department of Aging's licensing inspection of the above named facility on 06/26/2014, 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 LANCASTER GENERATIONS, INC.
LEGAL ENTITY

To operate LANCASTER GENERATIONS, INC.
(NAME OF CENTER)

Located at 2404 ANITA COURT LEOLA, PA 17540
(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 30
(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 September 01, 2014 until August 31, 2015

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

No: 261210 - 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: August 01, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 261210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2014
NAME OF PROVIDER OR SUPPLIER Lancaster Generations, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 2404 ANITA COURT LEOLA, PA 17540		
(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 6/26/2014 and it was determined that Lancaster Generations was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000	Actions Taken: 1. The Center will review the Power of Attorney form in all of the client's files. If the form states that the client has a Power Of Attorney, the chart will be further reviewed for the proper documentation. If copies of the Power of Attorney documents were not provided, the appropriate person will be contacted to provide these. If the assigned Power of Attorney cannot provide these documents, the client will be considered to not have a Power of Attorney. If Power of Attorney Documents are provided, they will be thoroughly checked by the staff doing the client intake. If they are deemed to be correct and have Power of Attorney they will then be placed in the clients chart and documented on the Power of Attorney record. If the documents are not correct, the client will be considered to not have Power of Attorney.	
1 210	11.8(d) Responsible party A center shall have written documentation of designation or appointment when a responsible party has been designated or appointed as described in subsections (a) and (b). Written documentation shall be kept in the client's file and provide information sufficient to enable a center to clearly identify the responsible party and the area in which the responsible party has been designated or appointed to act in the client's behalf. This STANDARD is not met as evidenced by: Findings: Based on a review of six of thirty client records, it was discovered that the center failed to obtain written documentation for one client sufficient to enable the center to clearly identify the responsible party and the area in which the responsible party has been designated or appointed to act in the clients' behalf. The record, belonging to Client #1, indicated the client had a power of attorney; however, the power of attorney agreement was not in the record.	1 210	As for the client whose file did not have the proper documentation during the inspection, the family was contacted. They do not have any documents stating that they are Power of Attorney. They were told by Lancaster Generations staff that until any POA documentation is provided, that the client will be considered to not have a POA. These comments were put into the client's progress notes in the client's file and a new POA form was signed and added to the client's chart on 7/14/2014. 2. Lancaster Generations will change the Power of Attorney document to no longer include the option of copies provided or copies not provided. Employee Responsible: Center Administrator and Nursing Support Date Completed: 7/3/2014 and Ongoing with all new client intakes or changes in Responsible Party See all supporting documentation- Power or Attorney Documentation and Responsible Party policy and Procedure	7/3/2014 and ongoing

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

Sharny Wilson

TITLE

Administrator

(X6) DATE

7-18-14

DEPARTMENT OF AGING APPROVAL

[Signature]

Chief, Division of Licensing

DATE

7/23/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 261210	(X2) MULTIPLE CONSTRUCTIONS A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2014
NAME OF PROVIDER OR SUPPLIER Lancaster Generations, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 2404 ANITA COURT LEOLA, PA 17540		
(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
1 220	<p>11.9(a) Client Rights</p> <p>The program director/administrator shall ensure that clients are, to the extent of their ability, aware of the rights specified in this section. Responsible parties shall also be made aware of client rights. Center clients have rights which include the right to:</p> <p>(1) Be treated with dignity and respect, including privacy in treatment and in care for personal needs.</p> <p>(2) Participate in development and implementation of the client's individual plan of care.</p> <p>(3) Be fully informed regarding the services to be provided, including frequency of services and treatment objectives, as evidenced by the client's or responsible party's written acknowledgement.</p> <p>(4) Receive services designed to promote the client's functional ability to the optimal level and to encourage independence.</p> <p>(5) Be accorded safe, comfortable and healthful accommodations, furnishings and equipment to meet the client's needs.</p> <p>(6) Be free from abuse, neglect, and exploitation.</p> <p>(7) Exercise the right to attend or to refrain from attendance and participation in religious activities, if offered.</p>	1 220	<p>Actions Taken:</p> <p>1. The Center Administrator will create a new client's rights and use the rights exactly as they are listed in the Chapter 11 regulations. These rights will be posted for all clients to see and will replace the existing Client rights in the client's policies and procedures Manual that they receive upon admission.</p> <p>Employee responsible: Center Administrator</p> <p>Date Completed: 7/3/2014 and ongoing</p> <p>See all Supporting documentation- Client Bill of Rights and Client Policies and Procedures Manual</p>	7/3/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 261210	(X2) MULTIPLE CONSTRUCTIONS A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2014
NAME OF PROVIDER OR SUPPLIER Lancaster Generations, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 2404 ANITA COURT LEOLA, PA 17540		
(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
1 220	<p>Continued From page 2</p> <p>(8) End participation at the center at any time.</p> <p>(9) Be free from restraints, seclusion and aversive conditioning.</p> <p>(10) Be accorded rights described in this subchapter in the areas of:</p> <p>(i) Civil Rights (See §11.19 (relating to civil rights).)</p> <p>(ii) Grievance procedures. (See § 11.20 (relating to grievance procedures)).</p> <p>(iii) Access and use of telephone. (See §11.61 (relating to telephone)).</p> <p>(iv) Confidentiality. (See §11.198 (relating to release of information)).</p> <p>(11) Be free to contact and meet privately with representatives of Long Term Care Ombudsman Program.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of the center's policies and procedures, it was determined that subsections (7), (8), (9) and (11) (b) & (c) and some of (3) were not included on the written list of client rights.</p>	1 220		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 261210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2014
NAME OF PROVIDER OR SUPPLIER Lancaster Generations, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 2404 ANITA COURT LEOLA, PA 17540		
(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
12380	<p>11.191(b) Emergency information</p> <p>Emergency information for a client shall include the following:</p> <p>(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).</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>Findings: Based on a review of the centers portable emergency file and a discussion with the center's Director, it was determined that the center failed to include copies of the most recent annual physical examination for one client. Portable emergency record of Client #2 was reviewed on 6/26/14 and the physical exam was dated 12/21/12.</p>	12380	<p>Actions Taken:</p> <p>1. The center will review all the client's charts and emergency files, to ensure that the emergency file contains the most current History and Physical for each client. The Client's emergency file with the expired physical was updated with the most current physical.</p> <p>Date Completed: 7/3/2014</p> <p>Employee Responsible: Nursing Support and Center Administrator</p> <p>See attached supporting documentation – Scanned Audit Sheets with completed checks and dates</p> <p>2. File Audit sheets have been created and the center will review the Emergency files and client charts every other month to ensure that the Emergency Files remain up to date. These audits will be completed in July, September, November, January, March, and May.</p> <p>Date Completed: 7/3/2014 and ongoing</p> <p>Staff responsible: Nursing Support and Center Administrator</p> <p>See attached supporting documentation – New, blank Audit Sheets</p> <p>3. An Emergency File checklist was created that will be checked at all new client intakes and any time an Emergency, Ambulance, History and Physicals, Power of Attorney, Caretaker Release Form is changed in a client's chart. These will be completed by Nursing Support and verified by the center's Nurse and Administrator.</p> <p>Date Completed: Ongoing</p> <p>Staff Responsible: Nursing Support and Center Administrator and Center Nurse</p> <p>See attached supporting documentation - Emergency File Checklist</p>	7/3/2014