



August 01, 2014

Sam Bellich, CEO
Mercer County Area Agency on Aging, Inc.
Adult Day Care Center
220 North Buhl Farm Drive
Hermitage, PA 16148

RE: Mercer County Area Agency on Aging, Inc.
Adult Day Care Center
License # 470680 - Regular

Dear Mr. Bellich:

As a result of the Department of Aging's licensing inspection of the above named facility on 06/05/2014, two 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 MERCER COUNTY AREA AGENCY ON AGING, INC.
LEGAL ENTITY

To operate MERCER COUNTY AREA AGENCY ON AGING, INC., ADULT DAY CARE CENTER
(NAME OF CENTER)

Located at 220 NORTH BUHL FARM DRIVE HERMITAGE, PA 16148
(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 42
(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: 470680 - 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: 470680	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2014
NAME OF PROVIDER OR SUPPLIER Mercer County Area Agency on Aging, Inc., Adult Day Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 220 NORTH BUHL FARM DRIVE HERMITAGE, PA 16148		
(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 06/05/2014 and it was determined that Mercer CO. Area Agency on Aging, Inc. Adult Day Care Center was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
11500	11.90(a) Fire safety training for clients A client shall be instructed upon initial admission and reinstructed quarterly in general fire safety, evacuation procedures, responsibilities during fire drills and the designated meeting place outside the building or within the fire safe area in the event of an actual fire. A client shall also be instructed in smoking safety procedures if clients or staff persons smoke at the center. This STANDARD is not met as evidenced by: Findings: Based on a review of client records, it was determined that client #1 and client #2 did not receive fire safety training within the 90 day period for the second quarter for 2014. Client #1 has not received fire safety training since 02/04/14 and client #2 has not received fire safety training since 01/09/14.	11500	Plan of Correction is required 11500 11.90(a) Client Fire Safety Training Both Client #1 and Client #2 received Fire Safety Training on 6/6/2014. For the future, four additional columns were added to a document showing client names and dates of completed protocols which is reviewed and updated daily. The date of the Fire Safety Training will be entered for every consumer who completes the training. A blank will indicate to the Acting Director that the client must receive the training upon return to the facility within the 90-day period. The person responsible to accomplish this is the OADL Acting Director. The date of implementation is 6/20/2014.	6/20/14

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Samuel Bellich

CEO MCNAA, Inc.

6/25/14

DEPARTMENT OF AGING APPROVAL

DATE

[Signature]

Chief, Division of Licensing

7/16/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 470680	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2014
--	--	--	---

NAME OF PROVIDER OR SUPPLIER Mercer County Area Agency on Aging, Inc., Adult Day Care Center	STREET ADDRESS, CITY, STATE, ZIP CODE 220 NORTH BUHL FARM DRIVE HERMITAGE, PA 16148
--	---

(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
11500	Continued From page 1 Perspectively they were due for client #1 on 05/2014 and for client #2 04/2014.	11500		
11940	<p>11.133(a) Communicable diseases</p> <p>If a staff person, volunteer or client has a communicable disease or a medical problem which might interfere with health, safety or well-being of others in the center, written authorization from a licensed physician or CRNP, as set for in § 11.102 and 11.132 (relating to client physical examination and medical report; and staff physical examination) is required in order for the person to be present at the center. This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of client medical records, it was discovered that the current physical examination form failed to address 11.133(a). The examination form did not have an area for a physician or CRNP to address a client that has a communicable disease and what precautions are to be taken to prevent the spread of the disease to other individuals.</p>	11940	<p>11940 11.133(a) Communicable Diseases</p> <p>The consumer physical exam has been modified with an addendum to address precautions to be taken when a consumer has a communicable disease. The required physical exam is attached. The date of implementation is 6/20/2014 and person responsible to insure compliance is the OADL Acting Director.</p>	6/20/14