



May 22, 2014

Jung Sook Soe, Director  
Montgomery Adult Daily Living Center, Inc.  
621 Cowpath Road  
Lansdale, PA 19446

RE: Montgomery Adult Daily Living Center, Inc.  
License # 283030 - Regular

Dear Ms. Soe:

As a result of the Department of Aging's licensing inspection of the above named facility on 03/18/2014, eight 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 MONTGOMERY ADULT DAILY LIVING CENTER, INC.  
LEGAL ENTITY

To operate MONTGOMERY ADULT DAILY LIVING CENTER, INC.  
(NAME OF CENTER)

Located at 621 COWPATH ROAD LANSDALE, PA 19446  
(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 June 01, 2014 until May 31, 2015

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

No: 283030 - 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:  <b>283030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>Montgomery Adult Daily Living Center, Inc.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>621 COWPATH ROAD LANSDALE, PA 19446</b>		
(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	<b>Initial Comments</b>  A State licensure visit was completed on 3/18/14 and it was determined that Montgomery Adult Daily Living Center, Inc. was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 230	<b>11.9(b) Client Rights</b>  The center shall post in a prominent place in the center the list of client rights in English and other predominant language of the community. This STANDARD is not met as evidenced by:  Findings: Based on direct observation, the center did not have the list of client rights posted in Korean, as the majority of the clients who are currently attending are Korean.	1 230	<b>Plan of Correction is required</b>  Compliance achieved. Center has client rights available and posted in Korean. Copy attached.  Director has implemented the plan and will continue to oversee the continued compliance of this plan.	4/9/2014
1 540	<b>11.31(a) Minimum staff requirements</b>  Center staff persons promoted or hired on or after October 1, 1993, shall:  (1) Meet the specific educational or experience and skill requirements in §§ 11.34-11.37.	1 540		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE



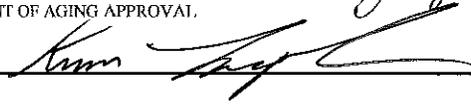
TITLE

Director

(X6) DATE

4/14/2014

DEPARTMENT OF AGING APPROVAL



Chief, Division of Licensing

5/13/14

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1 540	Continued From page 1  (2) Meet training requirements in § 11.33 (relating to program staff orientation and training).  (3) Meet requirements for a physical examination in § 11.132 (relating to staff physical examination).  (4) Never have been found guilty by a court of law of a felony or a crime involving assaultive behavior or moral turpitude as documented through procedures in § 11.18relating to criminal history record check).  (5) Never have been found to be a substantiated perpetrator of abuse, neglect, exploitation or abandonment under the Older Adults Protective Services Act (35 P.S. §§ 10211- 10224).  (6) Never have had a finding entered into the State Nurse Aide Registry concerning abuse, neglect or mistreatment of individuals or misappropriation of their property.  This STANDARD is not met as evidenced by:  Findings: Based on a review of staff records and an interview with the site director it was determined that	1 540	Compliance achieved. The Director obtained verification from the State Nurse Aide Registry for Staff Person #1. Copy attached.  In the future, Director will make sure to obtain verification from the State Nurse Aide Registry for Nurse Aide staff.	4/2/2014

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1 540	Continued From page 2 the center did not meet subsection (6). The center failed to obtain verification from the State Nurse Aide Registry for Staff person #1.	1 540		
1 590	<b>11.33(b) Program staff orientation and training</b>  A sufficient number of staff persons shall be trained, certified and recertified in cardiopulmonary resuscitation and in first aid training so that at least one staff person so trained, certified and recertified in CPR and first aid training is present in the center at all times.  This STANDARD is not met as evidenced by:  Findings: A sufficient number of staff persons were not trained, certified and recertified in cardiopulmonary resuscitation and first aid training so that at least one person so trained is present in the center at all times. Staff #3, a driver, did not have this training.	1 590	Compliance achieved. The center certified Staff #3, a driver, in CPR and first aid training. Copy attached.  In the future, Director will make sure to certify all staff in CPR and first aid training.	4/2/2014
1 630	<b>11.33(f) Program staff orientation and training</b>  The Department may require that centers make reasonable modifications, regarding curricula or the selection and use of trainers, in order to satisfy the requirements of this section.	1 630		

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1 630	Continued From page 3  This STANDARD is not met as evidenced by:  Findings: Based on a review of staff training records it was determined that a designee for the director had not taken the mandatory director's training. Center directors were initially informed of this new training course on 01/28/2013, and several times subsequently, that this training must be completed by June, 30, 2013.	1 630	Compliance achieved. The designee for the director has taken the mandatory director's training. Copy attached.  In the future, Director will make sure staff training records are up to date.	4/13/2014
1 720	<b>11.37(b) Program assistant/aide</b>  The program assistant/aide shall have at least one of the following qualifications:  (1) A high school diploma or GED equivalent.  (2) One or more years of related experience in working with individuals in a health care or social service setting.  (3) Satisfactory completion of requirements of the Department of Education necessary to be a nursing assistant.  (4) In lieu of paragraph (1), (2) or (3), appropriate training conducted by the center in addition to the training required in § 11.33	1 720		

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1 720	Continued From page 4 (relating to program staff orientation and training).  This STANDARD is not met as evidenced by:  Findings: Based on a review of staff records the files did not include qualifications for staff #2 and staff #3 to show they met the qualifications for their positions.	1 720	Compliance achieved. Qualifications for Staff #2 and Staff #3 provided files to show they met the qualifications for program assistant/aide. Staff #2 will provide documentation (college diploma) from Bloomberg University. Staff #2 letter attached Staff #3 has provided documentation from Sangi University, which was notarized into English. Copy attached. In the future, Director will make sure that staff records will include files to ensure they have met the qualifications for their positions.	4/14/2014
1 850	<b>11.53(a) Poisons</b>  Poisonous materials shall be kept in a cabinet, closet, cupboard or container that is locked or placed in a location, which is inaccessible to clients.  This STANDARD is not met as evidenced by:  REPEAT  Findings: Based on direct observation, it was discovered that poisonous materials were not kept in a locked closet, cabinet or cupboard. Shower supplies, which included bar soap, and shampoo, were on the floor of the shower, and perineal liquid wash was on the back of the toilet tank in the shower room. These would be accessible to clients when using the restroom.	1 850		

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1 850	Continued From page 5 A citation was issued on the 3/30/12 inspection for this regulation.	1 850	Compliance achieved immediately on day of inspection. Poisonous materials are kept in a locked room.	3/18/2014
11250	<b>11.72(c) Exterior conditions</b>  The outside of the building and the center grounds shall be well maintained and in good repair. This STANDARD is not met as evidenced by:  Findings: Based on a physical site inspection, it was observed that the outside landing was not in good repair. On inspection of the outside entrance area it was discovered that concrete was broken up and some of the concrete was missing at the bottom of the railing. The broken concrete is hazardous to clients and may present a fall risk.	11250	Director has implemented the plan and will continue to oversee the continued compliance of this plan.  Compliance achieved. Outside concrete area has been repaired. Picture attached.  Director has implemented the plan and will continue to oversee the continued compliance of this plan.	4/10/2014
11510	<b>11.90(b) Fire safety training for clients</b>  If a client is medically or functionally unable to participate completely in the fire safety training, the client shall nevertheless participate to the maximum extent possible. The center shall document the extent of the client's participation.  This STANDARD is not met as evidenced by:	11510		

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11510	Continued From page 6 Findings: Based on a review of client records and an interview with center staff, the extent of the client's participation was not documented for each individual client.	11510	In the past, Director documented participation for all clients for fire safety training together.  In the future, Director will document fire safety training participation for all clients separately.  Director has implemented the plan and will continue to oversee the continued compliance of this plan.	3/18/2014