



November 21, 2014

Uma Alpert, Director  
New Age Adult Day Care Services, LLC  
55 Buck Road, Suite 12  
Huntingdon Valley, PA 19006

RE: New Age Adult Day Care Services, LLC  
License # 295424- Interim

Dear Ms. Alpert:

As a result of the Department of Aging's Licensing Inspection on 09/05/2014, an Interim license was issued. An Interim license is issued if the applicant is suitable, the premises are safe and the applicant is likely to comply substantially with applicable statutes, ordinances and regulations prior to expiration of the Interim license.

An Interim license is not renewable. At the expiration of an Interim license, the Department may issue a Regular license or a maximum of one Provisional license.

Thank you for your continued effort to provide 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", written in a cursive style.

Kevin Longenecker  
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGING

# LICENSE

This license is hereby granted to NEW AGE ADULT DAY CARE SERVICES, LLC  
LEGAL ENTITY

To operate NEW AGE ADULT DAY CARE SERVICES, LLC  
(NAME OF CENTER)

Located at 55 BUCK ROAD, SUITE 12 HUNTINGDON VALLEY, PA 19006  
(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 35  
(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 November 21, 2014 until April 30, 2015

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

No: 295424 - Interim



ISSUING OFFICER

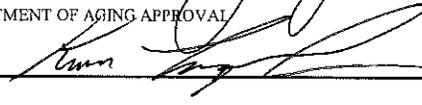
NOTE: This license is issued for the above address only and is not transferable. This license should be posted in a conspicuous place in the center.

Issued On: November 21, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/05/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>New Age Adult Day Care Services, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>55 BUCK ROAD, SUITE 12 HUNTINGDON VALLEY, PA 19006</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 9/5/14 and it was determined that New Age Adult Day Care Services LLC was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000	Provider is in the process of installing a hand, prep, and 3 compartment sink in the kitchen/dining area with hot and cold running water.	Nov 15 <sup>th</sup> 2014
1 980	<b>11.59(a) Running Water</b>  A center shall have hot and cold running water in all bathrooms and kitchen areas.  This STANDARD is not met as evidenced by:  Findings: During a facility walk through inspection it was discovered that there was no sink in the Activity / Dining Room. On one end of the dining area there are wall cabinets above and below a counter housing a microwave. In addition, there is a refrigerator on the left of the counter area. Kitchen areas are required to have hot and cold running water.	1 980		

AUTHORIZED PROVIDER REPRESENTATIVE SIGNATURE:  TITLE: **DIRECTOR** (X6) DATE: **10/27/14**

DEPARTMENT OF AGING APPROVAL:  DATE: **11/21/14**

ATG6899 6QVU11