



April 22, 2014

Lyudmila Gliot, Director
New Hope Adult Day Care
10750 Bustleton Avenue
Philadelphia, PA 19116

RE: New Hope Adult Day Care
License # 313280 - Regular

Dear Ms. Gliot:

As a result of the Department of Aging's licensing inspection of the above named facility on 02/03/2014, 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 NEW HOPE ADULT DAY CARE, LLC
LEGAL ENTITY

To operate NEW HOPE ADULT DAY CARE
(NAME OF CENTER)

Located at 10750 BUSTLETON AVENUE PHILADELPHIA, PA 19116
(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 60
(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 May 01, 2014 until April 30, 2015

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

No: 313280 - Regular



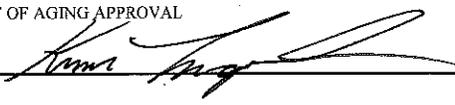
ISSUING OFFICER

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: April 22, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 313280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2014
NAME OF PROVIDER OR SUPPLIER New Hope Adult Day Care		STREET ADDRESS, CITY, STATE, ZIP CODE 10750 BUSTLETON AVENUE PHILADELPHIA, PA 19116		
(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 2/04/2014 and it was determined that New Hope Adult Day Care was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 540	11.31(a) Minimum staff requirements 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. (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 § 11.18 relating to criminal history record check). (5) Never have been found to be a substantiated	1 540		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Program Director	03/21/2014
DEPARTMENT OF AGING APPROVAL		DATE
	Chief, Division of Licensing	4/3/14

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1 540	Continued From page 1 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 five of fourteen staff records it was determined that the center failed to meet the requirements for a physical examination in 11.132 relating to staff physicals. A review of staff medical records revealed that the center failed to obtain a valid current physical for staff # 1 and therefore did not meet the requirements for a physical examination. The medical report that was presented for staff #1 as having occurred on 09/13/2013 was actually the same medical report that was completed on 09/13/2011, only the date of the exam was changed. All other handwritten content was identical. It could not be verified that an exam actually occurred.	1 540	The referred staff was temporarily suspended from work until his physical examination report was submitted. Program Director and Administrative Director reviewed all staff medical records for compliance. No more errors were found. Program Director will continue to audit all employees' medical records to make sure that all employees receive physical examination no more than two years after the previous one. At this time Staff#1 received physical examination and tuberculin skin test. His employee Health Examination Report is attached.	Effective Immediately Program Director and Administrative Director are responsible for timely medical examination reports for all employees.
11290	11.83 Fire safety inspection The center shall have an annual on-site fire safety	11290		

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11290	Continued From page 2 inspection by the local fire department or other fire safety authority. Documentation of the date, source and results of the fire safety inspection shall be kept with its records. This STANDARD is not met as evidenced by: Findings: Based on a review of center records and interview with the center director, it was determined that the center did not have an annual on site fire safety inspection in 2013 conducted by a fire safety authority. The last recorded fire safety inspection is dated 9/12/2012.	11290	Program Director contacted Fire Safety Preparedness Inspector, Harry Perez to conduct Annual Fire Safety Inspection. The inspection took place 03.21.2014. The copy of the report is attached.	Effective March 2014 Administrative Director is responsible for scheduling timely annual Fire Safety Inspections.
11590	11.102(a) Client physical examination and med report To be admitted, an applicant whose needs, as determined through intake screening, may appropriately be met in a center, shall also have had a physical examination within 3 months prior to admission and annually thereafter. This STANDARD is not met as evidenced by: Findings: Based on a review of seven of seventy-nine client records, it was determined that the center admitted clients whose physical examinations were not completed within 3 months prior to admission. The admission date of client #1 was 3/19/2013 and the date of the client's physical examination was	11590	Program Director and Registered Nurse staff will ensure that each new client shall have a physical examination within 3 months prior to admission. Program Director reviewed Policy and Procedure and emphasized the importance of close examination of required documentation at the time of admission. A copy of the revised Medical Report Form for new Clients and (con't)	Effective Immediately RN and Program Director are responsible

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11590	Continued From page 3 3/22/2013, which is three days following admission. The admission date of client #2 was 2/04/2013 and the date of the client's physical examination was 2/12/2013, which is eight days following admission.	11590	a Policy and Procedure for new client admission is attached. If a physical exam is not received, the consumer will be alerted by phone call from Program Director that they cannot start attendance until it is received.	
11610	11.102(c) Client physical examination and med report The medical report shall include: (1) A review of previous health history, current medication regimen, use of medical treatments and therapies; current health problems and conditions; and a schedule for client self-administration of medications. (2) The record of a general physical examination. (3) General sensory functioning; sensory aids. (4) An indication that a tuberculin skin test has been administered with negative results within 2 years; or, if tuberculin skin test is positive, the results of a chest X-ray. (5) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the client is free of communicable disease, or that the client has a communicable disease but is able to be in the center if specific precautions are taken which will prevent the spread of the disease to other individuals. (6) Medical information pertinent to diagnosis and treatment in case of an emergency. This STANDARD is not met as evidenced by:	11610	Program Director and RN will ensure that no one is admitted with a communicable disease that can put other clients at risk for infection. If client's Primary Care Provider does not indicate clearly that client is free from communicable disease on the Medical Report Form, additional form will be faxed to the family physician's office. See infectious disease addendum form.	Effective Immediately The Center's Nurse will be responsible for reviewing of consumers' medical reports and sending immediately for any corrections.

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11873	<p>11.123(2) Core Services - Nursing Services</p> <p>Findings: Based on a review of seven of seventy-nine client medical records, it was found that the center failed to obtain a written authorization in the form of a signed statement that one client is free of communicable disease. A review of medical records for client #3 revealed that the communicable disease statement, on the physical examination dated 12/11/13, did not have the statement completed as required by this regulation.</p> <p>The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows:</p> <p>(2) Nursing services. The center shall provide, contract for or otherwise arrange for nursing services. The number of services provided by the nurse, the manner in which a center obtains nursing services (which may range from formal to informal), and the amount of time spent by the nurse in a center (which</p>	11873		

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11873	Continued From page 5 may, for example, range from the daily services of a registered nurse staff person to a monthly or quarterly visit by a practical nurse) depend upon the needs of the center's clients. Nursing service includes the following: (i) Centers shall carry out the following standard nursing functions at least quarterly: (A) A review of the client's health status, including dietary needs. (B) Review of medication procedures, if necessary. (C) Review of policies and procedures for personal care. (D) Training and education of staff persons regarding the needs of clients in centers, including infection control. (ii) The following nursing functions may be added to subparagraph (i) if they are consistent with the goals of the center and the characteristics of persons admitted to the center, as determined through intake screening and client physical examination and medical reports: (A) Provision or supervision of modified and therapeutic diets and supplemental feedings. (B) Provision or supervision of observation, monitoring and intervention for unstable medical episodes. (C) Preparation of the client for self-administration of medications. (D) Provision of restorative or rehabilitative nursing. (E) Provision of maintenance of respiratory aids, colostomy and ileostomy, urinary drainage devices, dressings, skin care, foot and nail care and routine care of incontinent clients.	11873		

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11873	Continued From page 6 (F) Response to emergencies. (G) Administration of parenteral treatments. (H) Provision of other skilled nursing care, which can be safely done in the older adult daily living center. This STANDARD is not met as evidenced by: Findings: Based on a review of staff records and interview with the center director, it was determined that the center's nurse did not provide the quarterly infection control training and education required by subsection (2)(i)(D) to all staff. Center staff did not receive the quarterly infection control training between 12/05/2012 and 9/07/2013.	11873	Program Director will make sure that all staff will receive Training and Education regarding the needs of clients in center including infection control. Registered Nurse created Plan for Staff Infection Control Training to be administered quarterly. The new form is attached.	Effective immediately RN is responsible.
11900	11.132(a) Staff physical examination Staff persons who come into direct contact with clients or who prepare or serve food shall have a physical examination within 12 months prior to employment, and every 2 years from the date of the last physical examination thereafter. This STANDARD is not met as evidenced by: Findings: Based on a review of staff medical records and an interview with the center director, it was determined that one staff person did not have a physical examination within two years from the date of the last physical examination. The most current physical examination form on record for staff person #1 was dated 9/13/2011.	11900	Program Director and Administrative Director reviewed all staff medical records for compliance. No more errors were found. Program Director and Administrative Director will continue to audit all employees' medical records to make sure that all employees receive physical examination no more than two years after the previous one. At this time Staff #1 received Physical examination and tuberculin skin test from his physician. (con't)	Effective immediately Program Director and Administrative Director are responsible.

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11920	<p>11.132(c) Staff physical examination</p> <p>The medical report shall include: (1) The record of a physical examination. (2) Indication that a tuberculin skin test has been administered to the individual with negative results within 2 years; or if tuberculin skin test is positive, the results of a chest X-ray. (3) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the individual is free of communicable diseases or that the individual has a communicable disease but is able to work in the center if specific precautions are taken that will prevent the spread of the disease to clients. (4) Information on a medical problem, which might interfere with the health of the clients.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of five of fourteen staff medical records and interview with the Director, it was determined that the center failed to ensure that all staff obtained a physical examination with an indication that a tuberculin skin test has been administered to the individual with negative results within 2 years; or if tuberculin skin test is positive, the results of a chest X-ray. The record for Staff #1 revealed that the most recent tuberculin skin test was read on 9/15/2011. A new tuberculin skin test should have occurred by 09/15/2013.</p>	11920	<p>His Employee Health Examination Report is attached.</p> <p>The referred staff was temporarily suspended from work until he submitted a physical examination form with a record of PPD. Program Director and Administrative Director will continue to audit all employees' medical records to make sure that all employees receive physical examination and PPD no more than two years after the previous one. At this time Staff #1 received Physical examination and tuberculin skin test from his physician. His Employee Health Examination Report is attached.</p>	<p>Effective Immediately</p> <p>Program Director and Administrative Director are responsible.</p>
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11920	Continued From page 8 REPEAT Findings: Based on a review of five of fourteen staff records, it was discovered that Staff #1 did not have a current statement indicating the staff person was free of communicable disease. The most current physical exam on record was dated 9/13/2011. This regulation was also cited during the licensing inspection that occurred 02/20/2013.	11920		
12370	11.191(a) Emergency information Emergency information for a client shall be readily accessible at the center. This STANDARD is not met as evidenced by: Findings: Based on a review of the center's portable emergency file and a discussion with the center Director, it was determined that the center failed to include copies of the most recent annual physical examination for all clients. The portable emergency record of Client #4 was reviewed on 2/04/14 and the annual physical exam form was dated 1/07/13.	12370	Program Director reviewed the Medical Record of Client#4. Client#4 did not attend the center due to an illness between August 2013 and January 17, 2014. Client#4 had a physical examination with PCP on 12.06.2013. RN sent a Medical Report form to be filled out to the PCP twice. Completed Medical Report form was received on 02.05.2014. It is attached.	Effective immediately Center RN is responsible for reviewing that client's Medical Report documents are in order prior to allowing client to resume attendance. RN is responsible for updating the Portable Emergency Record.