



September 04, 2014

Mia Stahl, Director  
NewCourtland LIFE Center at Allegheny  
1940 West Allegheny Avenue  
Philadelphia, PA 19132

RE: NewCourtland LIFE Center at Allegheny  
License # 313900 - Regular

Dear Ms. Stahl:

As a result of the Department of Aging's licensing inspection of the above named facility on 07/08/2014, 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", 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 NEWCOURTLAND LIFE PROGRAM  
LEGAL ENTITY

To operate NEWCOURTLAND LIFE CENTER AT ALLEGHENY  
(NAME OF CENTER)

Located at 1940 WEST ALLEGHENY AVENUE PHILADELPHIA, PA 19132  
(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 125  
(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 October 01, 2014 until September 30, 2015

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

No: 313900 - 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: September 04, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>313900</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/09/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>NewCourtland LIFE Center at Allegheny</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1940 WEST ALLEGHENY AVENUE PHILADELPHIA, PA 19132</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 7/08/2014 and it was determined that Newcourtland LIFE Center at Allegheny was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 580	<b>11.33(a) Program staff orientation and training</b>  Providers shall, using center staff persons, outside resources, or both, provide program staff persons with the following:  (1) A general orientation in the following areas, within 3 months of employment.  (i) The purpose and goals of older adult daily living services.  (ii) The roles and responsibilities of staff members.  (iii) Positive approach methods to manage behavior.  (iv) Health and safety precautions, including infection control.  (v) Information on fire and safety measures/codes.	1 580	Staff person #1 completed training to address the required topic entitled "Positive Approaches to Managed Behavior" on 7-18-14 and 7-22-14. All staff recently hired and remain within 3 months of employment for general orientation have been reviewed to ensure mandatory training topics are scheduled as per the regulation. The annual education program has also been reviewed for accuracy. The education administrative assistant will audit new hire orientation monthly and re-schedule new hires as needed with oversight by the Director of Education and Compliance. Audits will be reported quarterly to the Quality Assurance Process Improvement Committee by the Director of Education or designee.	8-30-14

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE: *Patricia Braxwell* TITLE: Center Director (X6) DATE: 7-22-14

DEPARTMENT OF AGING APPROVAL: *Kenn [Signature]* DATE: 8/27/14  
 Chief, Division of Licensing

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1 580	Continued From page 1  (vi) The philosophy of the program and, if applicable, the parent organization.  (vii) Confidentiality.  (viii) Interdisciplinary team approach.  (ix) Client rights.  (x) The population served.  (xi) The center's policies and regulations.  (xii) Communication skills.  (xiii) The center's emergency procedures.  (2) Training in the following areas, within 3 months of employment and annually thereafter regarding:  (i) The needs of the clients in the center's target population.  (ii) Body mechanics/transfer techniques.  (iii) Voluntary reporting laws regarding abuse, neglect and exploitation.  (iv) Positive approach methods to manage behavior.	1 580		

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1 580	Continued From page 2 (3) In addition to the general orientation and annual training required in subsection (a)(1) and (2), at least two training sessions, totaling at least 8 hours of training, per year to enhance quality of care and job performance.  This STANDARD is not met as evidenced by:  Findings: Based on a review of six of fifty-four staff records, and interviews with center staff, it was determined that one staff person did not receive training in all areas of general orientation within 3 months of employment. The training record for Staff #1 did not include "Positive Approaches to Managed Behavior".	1 580		
12070	<b>11.143(a) Medication records</b>  A medication log listing medications, dosage, time, date and the name of the person who administered the medication shall be kept for the clients who do not self-administer medication and who needs require the administration of medication by qualified professionals at the center.  This STANDARD is not met as evidenced by:  Findings: Based on a review of seven of one-hundred and ninety client medical records and direct observation, it was discovered that the medication dosage for Client #1 was not correctly documented on	12070	The Medication Administration Record (MAR) for client #1 was corrected on 7-8-14 to reflect Lovothyroxine 50mcg as ordered by the physician. The participant continues to receive the correct dosage. Licensed nurses were in-serviced on updating medication logs. The contracted pharmacist will complete a medication pass to audit the process and provide assistance for correction, if any. A record review has	8-30-14

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12070	Continued From page 3 the Medication Administration Record (MAR). The physician's order for client #1 stated that the dosage for Levothyroxine was to be decreased from 100 mcg to 50 mcg on 6/27/2014. As of 7/08/2014 the dosage listed in the Medication Administration Record (MAR) was 100 mcg.	12070	been completed for all participants who receive medication administration by qualified staff at the center to cross reference the MAR, labels on the pill box/vials and the physician order. Physician orders for medication changes will be reviewed daily by a licensed nurse. Any changes discovered will be updated on the MAR immediately and signed off by two licensed nurses. Medication changes will be audited by the Clinical Services Director and findings will be reported to the Quality Assurance Process Improvement Committee.	