



August 01, 2014

Janice Pompey, Director  
NewCourtland LIFE Center at Germantown  
6950 Germantown Avenue  
Philadelphia, PA 19119

RE: NewCourtland LIFE Center at Germantown  
License # 314550 - Regular

Dear Ms. Pompey:

As a result of the Department of Aging's licensing inspection of the above named facility on 06/24/2014, one area of non-compliance was 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 NEWCOURTLAND LIFE PROGRAM  
LEGAL ENTITY

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

Located at 6950 GERMANTOWN AVENUE PHILADELPHIA, PA 19119  
(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 78  
(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: 314550 - 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:  314550	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  06/24/2014
NAME OF PROVIDER OR SUPPLIER  NewCourtland LIFE Center at Germantown		STREET ADDRESS, CITY, STATE, ZIP CODE 6950 GERMANTOWN AVENUE PHILADELPHIA, PA 19119		
(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 6/24/2014 and it was determined that Newcourtland LIFE Center at Germantown was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 360	<b>11.16(d) Reporting of unusual incidents</b>  Within 3 working days after an unusual incident occurs, the center operator shall conduct an investigation of the unusual incident and complete and send copies of an unusual incident report on a form specified by the Department to the following:  (1) The Department.  (2) The funding agency when the services of the client involved in the unusual incident are being publicly funded.  (3) The mental health and mental retardation program of the county in which the center is located if the client involved in the unusual incident has mental illness or mental retardation.  This STANDARD is not met as evidenced by:  Findings: Based on emailed correspondence, it was discovered that the center failed to report one incident	1 360	<b>Plan of Correction is required</b>  <b>As a result of the Incident involving Client #1 reporting the incident report late:</b>  <b>The Center Director informed the Clinical team about the Incident Report Regulation 11.16d) and Policy and Procedures regarding Incident Reports on 6/30/14.</b>  <b>The Center Director facilitated an in-service with the Clinical team to review the protocol and regulation on how to complete an incident report and the time required when the reports are due on 6/30/14 (see attached). The Center Director and/or designee will review all incidents to ensure that it complies with the required time.</b>  <b>The team will utilize and IT return receipt device as a tracking method to ensure that incidents are sent, received and monitored in a timely manner. The Center Director has also created a tracking log to keep in the</b>	6/30/14

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

DEPARTMENT OF AGING APPROVAL

TITLE

(X6) DATE

DATE

ATG699

6KUS11

If continuation sheet 1 of 2

*Jessie Tompkins* Center Director 7/8/14  
*Kim [Signature]* Chief, Division of Licensing 7/15/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>314550</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/24/2014</b>
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1 360	Continued From page 1 within 3 working days. The incident involving client #1 occurred on 12/23/13, the date of completion as documented on the report is 1/08/2014 and the report was received by the Department on 1/10/2014 at 5:10 PM.	1 360		