



August 19, 2014

Gretchen McClure, Director  
Orchard View Senior Center  
66 Lloyd Lane  
Troy, PA 16947

RE: Orchard View Senior Center  
License # 361320 - Regular

Dear Ms. McClure:

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", 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 MARTHA LLOYD COMMUNITY RESIDENTIAL FACILITY, INC.  
LEGAL ENTITY

To operate ORCHARD VIEW SENIOR CENTER  
(NAME OF CENTER)

Located at 66 LLOYD LANE TROY, PA 16947  
(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 September 01, 2014 until August 31, 2015

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

No: 361320 - 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 19, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>361320</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/24/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>Orchard View Senior Center</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>66 LLOYD LANE TROY, PA 16947</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 6/24/14 and it was determined that Orchard View Senior Center was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
11920	<b>11.132(c) Staff physical examination</b>  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.  This STANDARD is not met as evidenced by:	11920	<b>Plan of Correction is required</b>	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

*[Handwritten Signature]*

TITLE

*CRF Director*

(X6) DATE

*07.18.2014*

DEPARTMENT OF AGING APPROVAL

*[Handwritten Signature]*

*Chief, Division of Licensing*

DATE

*08/13/2014*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>361320</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/24/2014</b>
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11920	Continued From page 1 Findings: Based on a review of staff records, it was discovered that the physical examination form, dated 10/02/13, for staff person #3, did not have the communicable disease statement completed, as required by this regulation.	11920	All staff physical examinations will be reviewed by the Health Services Supervisor to assure that all areas are completed at the time of the examination. The exam was returned to the physician who completed the communicable disease statement. Attachment #1	6/26/14