



July 28, 2014

Dewey Stillwagon, CEO
Point Manor Adult Day Care Center
300 Union Street
Point Marion, PA 15474

RE: Point Manor Adult Day Care Center
License # 085374- Interim

Dear Mr. Stillwagon:

As a result of the Department of Aging's Licensing Inspection on 05/29/2014, 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".

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to TIMBERCRAFT DBA POINT MANOR
LEGAL ENTITY

To operate POINT MANOR ADULT DAY CARE CENTER
(NAME OF CENTER)

Located at 300 UNION STREET POINT MARION, PA 15474
(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. 56
(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 July 23, 2014 until December 31, 2014

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

No. 085374 - 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: July 28, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2014
NAME OF PROVIDER OR SUPPLIER Point Manor Adult Day Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 300 UNION STREET POINT MARION, PA 15474		
(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 May 29, 2014 and it was determined that Point Manor Adult Day Care Center was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 070	11.2(f) Applicability This subchapter does not measure or assure compliance with other applicable Federal, State and local laws; regulations; codes; and ordinances. It is the responsibility of the center operator to comply with all other applicable laws, regulations, codes and ordinances. This STANDARD is not met as evidenced by: Findings: Based on a physical site inspection and discussion with the center operator, a fire safe room was identified. The center did not have documentation to verify the room meets the code for a fire safe area.	1 070	Plan of Correction is required <i>Enclosed is a copy of the required Fire Safe Area Designation inspection form.</i> <i>This change was completed and inspected 6/19/14</i> <i>Dewey L Stillwagon</i> <i>7/20/14</i>	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE: Dewey L. Stillwagon TITLE: Administrator (X6) DATE: 6/23/14

DEPARTMENT OF AGING APPROVAL: [Signature] Chief, Division of Licensing DATE: 7/23/14

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1 450	<p>11.18(d) Criminal History record check</p> <p>For persons hired on or after October 12, 1993, an operator shall apply for the information in subsection (a) for prospective employees within 5 working days after the employee's date of hire.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of staff records it was determined that the criminal history check for staff #4 has not been verified.</p>	1 450	<p>Enclosed is a copy of the criminal record check for staff # 4.</p> <p>I Dewey L. Stillwagon will see all correct information to be in compliance is on each form from now on.</p> <p>Thank You 7/21/14 Dewey L. Stillwagon</p>	
1 590	<p>11.33(b) Program staff orientation and training</p> <p>A sufficient number of staff persons shall be trained, certified and recertified in cardiopulmonary resuscitation and in first aid training so that at least one staff person so trained, certified and recertified in CPR and first aid training is present in the center at all times.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of staff records it was determined that the center needs to verify a sufficient number of staff have CPR and First Aid training. As of the date of this inspection, none of the four staff identified as working in the center have CPR certification or first aid training.</p>	1 590	<p>Enclosed is a copy of current CPR and First Aid cards.</p> <p>I am responsible for compliance of plan - 7/21/14 Dewey L. Stillwagon</p>	

ATG6899

BIIG11

If continuation sheet 2 of 5

Prior to First Day of Hiring I will have a check list to assure all paper work required is completed.
Dewey L. Stillwagon 7/21/14

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1 700	<p>11.36(b) Activities coordinator</p> <p>The activities coordinator shall have a bachelor's degree or 2 years experience in the human services field and skills to work with aging adults and adults with functional impairment.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of the staff records it could not be determined if staff person #2 meets the minimum requirements of an activities coordinator.</p>	1 700	<p>Please find enclosed new resume for newly hired Activities Director Dewey. Enclosed is an updated resume for Activity Program Coordinator.</p> <p>I reviewed your list and hired a new activities coordinator to be in compliance and will check closer future staff Dewey L Stillwagon</p> <p>Enclosed is a 3/21/14 picture of the cleared path of egress.</p> <p>When in operation I Dewey L Stillwagon will make daily rounds to see all paths of egress are always open and free of obstructions.</p>	
11260	<p>11.81 Unobstructed egress</p> <p>Stairways, halls, doorways, aisles, passageways and exits from rooms and from the building shall be unobstructed at all times.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a physical site inspection, the rear egress was obstructed with various building materials.</p>	11260	<p>picture of the cleared path of egress.</p> <p>When in operation I Dewey L Stillwagon will make daily rounds to see all paths of egress are always open and free of obstructions.</p>	

Dewey L Stillwagon
7/21/14

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11900	<p>11.132(a) Staff physical examination</p> <p>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.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of the staff records it was determined that physical examinations for staff person #1 and #4 were not verified.</p>	11900	<p><i>Enclosed are copies of needed physical examinations for staff #1 and #4</i></p> <p><i>All staff will be required to have Point Manor Adult Day Care - Staff Medical Evaluation - Physical Form</i></p>	
11920	<p>11.132(c) Staff physical examination</p> <p>The medical report shall include:</p> <p>(1) The record of a physical examination.</p> <p>(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.</p> <p>(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.</p>	11920	<p><i>Completed before hiring I Dewey L. Stillwagon will be sure paper work is complete</i></p> <p><i>7/21/14</i></p> <p><i>Enclosed is copy of completed physical form</i></p> <p><i>Dewey L. Stillwagon</i></p>	

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11920	Continued From page 4 (4) Information on a medical problem, which might interfere with the health of the clients. This STANDARD is not met as evidenced by: Findings: Based on a review of staff records it was determined that the TB skin test for staff person #4 was not on file.	11920	Enclosed is a copy of staff #4 TB skin test. Staff #4 has completed the necessary physical paper work required for hiring. Enclose is the Doctors evaluation on our physical form. In the future I Dewey L. Stillwagon will review this work prior to hiring Dewey L Stillwagon 7/20/14	