



January 16, 2014

Thomas Pregent, Director  
Portraits of Life Adult Day Services, Inc.  
419 Market Street  
Lykens, PA 17048

RE: Portraits of Life Adult Day Services, Inc.  
License # 232830 - Regular

Dear Mr. Pregent:

As a result of the Department of Aging's Licensing Inspection on 01/10/2014, we have found the above named facility to be in compliance with applicable statutes, ordinances and regulations. Therefore, a Regular License is enclosed.

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 PORTRAITS OF LIFE ADULT DAY SERVICES, INC.  
LEGAL ENTITY

To operate PORTRAITS OF LIFE ADULT DAY SERVICES, INC.  
(NAME OF CENTER)

Located at 419 MARKET STREET LYKENS, PA 17048  
(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

Restrictions: \_\_\_\_\_

This license is granted in accordance with the Act of July 11, 1990 (P.L. 49  
TITLE 6. PA CODE. CHAP. 11. OLDER ADULT DAILY LIVING CENTER  
(NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 01, 2014

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

No: 232830 - Regular

**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

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SERVICES, INC.

d. 19  
(MAXIMUM CAPACITY)

No. 118) and Regulations.

Dated July 03, 1993

until January 31, 2015

is.



ISSUING OFFICER

On: January 16, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER:  <b>232830</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/10/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>Portraits of Life Adult Day Services, Inc.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>419 MARKET STREET LYKENS, PA 17048</b>
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(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	<p><b>Initial Comments</b></p> <p><b>COMPLIANCE</b></p> <p>A State licensure inspection was completed on January 10, 2014. It was determined that Portraits of Life Adult Day Services, Inc. was in compliance with the requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers Regulations.</p>	1 000		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE