



November 24, 2014

Archana Desai, Director
SAI Adult Day Care Center
1278 Veterans Highway, Suite E-2
Bristol, PA 19007

RE: SAI Adult Day Care Center
License # 294860 - Regular

Dear Ms. Desai:

As a result of the Department of Aging's licensing inspection of the above named facility on 09/04/2014, 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 SAI ADULT DAY CARE CENTER CORPORATION
LEGAL ENTITY

To operate SAI ADULT DAY CARE CENTER
(NAME OF CENTER)

Located at 1278 VETERANS HIGHWAY, SUITE E-2 BRISTOL, PA 19007
(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. 65
(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 December 01, 2014 until November 30, 2015

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

No: 294860 - 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: November 24, 2014

AGL01

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER LICENSE NUMBER: 294860 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/04/2014 |
|--|---|--|--|---|
| NAME OF PROVIDER OR SUPPLIER SAI Adult Day Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1278 VETERANS HIGHWAY, SUITE E-2 BRISTOL, PA 19007 | | |
| (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 9/4/14 and it was determined that SAI 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 | | |
| 11590 | 11.102(a) Client physical examination and med report To be admitted, an applicant whose needs, as determined through intake screening, may appropriately be met in a center, shall also have had a physical examination within 3 months prior to admission and annually thereafter. This STANDARD is not met as evidenced by: Findings: Based on a review of client records, it was determined that the center admitted a client whose physical examination was not completed within 3 months prior to admission. The admission date of client #1 is 3/10/14 and the date of the client's physical examination is 3/13/14, which is three days following admission. | 11590 | Plan of Correction is required As a plan of Correction, The RN will ensure that any new client shall have a completed physical prior to Admission and annually thereafter. The method implemented to prevent the violation to occur again, the RN will provide the client and their family a memo of the admission regulation pertaining to the physical examination. MEMO IS ATTACHED. | 09/26/14 |

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

Archana Desai

TITLE

President

(X6) DATE

10/31/14

DEPARTMENT OF AGING APPROVAL

Kenn [Signature]

DATE

Chief, Division of Licensing

11/6/14

ATG6899 N4Y111

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER LICENSE NUMBER: 294860 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/04/2014 |
|--|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER SAI Adult Day Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1278 VETERANS HIGHWAY, SUITE E-2 BRISTOL, PA 19007 | | |
| (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) | DATE COMPLETED TO THE (X5) COMPLETE DATE |
| 11873 | <p>11.123(2) Core Services - Nursing Services</p> <p>The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows:</p> <p>(2) Nursing services. The center shall provide, contract for or otherwise arrange for nursing services. The number of services provided by the nurse, the manner in which a center obtains nursing services (which may range from formal to informal), and the amount of time spent by the nurse in a center (which may, for example, range from the daily services of a registered nurse staff person to a monthly or quarterly visit by a practical nurse) depend upon the needs of the center's clients. Nursing service includes the following: (i) Centers shall carry out the following standard nursing functions at least quarterly: (A) A review of the client's health status, including dietary needs. (B) Review of medication procedures, if necessary. (C) Review of policies and procedures for personal</p> | 11873 | <p>PLAN OF CORRECTION IS</p> <p>As a Plan of correction, The RN will Conduct all the Quarterly Infection Control trainings.</p> <p>To prevent and ensure that this will not occur again, the Director will schedule all trainings where the RN will be the only one who conducts the Infection control training quarterly.</p> | 09/26/14 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER LICENSE NUMBER: 294860 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/04/2014 |
|--|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIER SAI Adult Day Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1278 VETERANS HIGHWAY, SUITE E-2 BRISTOL, PA 19007 | | |
| (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 |
| 11873 | <p>Continued From page 2 care.</p> <p>(D) Training and education of staff persons regarding the needs of clients in centers, including infection control.</p> <p>(ii) The following nursing functions may be added to subparagraph (i) if they are consistent with the goals of the center and the characteristics of persons admitted to the center, as determined through intake screening and client physical examination and medical reports:</p> <p>(A) Provision or supervision of modified and therapeutic diets and supplemental feedings.</p> <p>(B) Provision or supervision of observation, monitoring and intervention for unstable medical episodes.</p> <p>(C) Preparation of the client for self-administration of medications.</p> <p>(D) Provision of restorative or rehabilitative nursing.</p> <p>(E) Provision of maintenance of respiratory aids, colostomy and ileostomy, urinary drainage devices, dressings, skin care, foot and nail care and routine care of incontinent clients.</p> <p>(F) Response to emergencies.</p> <p>(G) Administration of parenteral treatments.</p> <p>(H) Provision of other skilled nursing care, which can be safely done in the older adult daily living center.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of training records and a discussion with the director, it was discovered that the</p> | 11873 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER LICENSE NUMBER: 294860 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/04/2014 |
|--|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIER SAI Adult Day Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1278 VETERANS HIGHWAY, SUITE E-2 BRISTOL, PA 19007 | | |
| (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 |
| 11873 | Continued From page 3 nurse did not always sign the quarterly training sheet for infection control. The center director stated that both she and the nurse instruct staff quarterly on various topics. It could not be determined if the center nurse conducted quarterly infection control training per subsection (2)(i)(D). | 11873 | | |