



March 17, 2014

Marquita Thomas, Director  
Senior Care at Crozer  
One Medical Center Boulevard  
Upland, PA 19013

RE: Senior Care at Crozer  
License # 304220 - Regular

Dear Ms. Thomas:

As a result of the Department of Aging's licensing inspection of the above named facility on 01/30/2014, 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".

Kevin Longenecker  
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGING

# LICENSE

This license is hereby granted to SENIOR CARE CENTERS OF PENNSYLVANIA, INC.  
LEGAL ENTITY

To operate SENIOR CARE AT CROZER  
(NAME OF CENTER)

Located at ONE MEDICAL CENTER BOULEVARD UPLAND, PA 19013  
(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 April 01, 2014 until March 31, 2015

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

No: 304220 - 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: March 17, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>304220</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/30/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>Senior Care at Crozer</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>ONE MEDICAL CENTER BOULEVARD UPLAND, PA 19013</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 1/30/2014 and it was determined that Senior Care at Crozer was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
11610	<b>11.102(c) Client physical examination and med report</b>  The medical report shall include: (1) A review of previous health history, current medication regimen, use of medical treatments and therapies; current health problems and conditions; and a schedule for client self-administration of medications. (2) The record of a general physical examination. (3) General sensory functioning; sensory aids. (4) An indication that a tuberculin skin test has been administered with negative results within 2 years; or, if tuberculin skin test is positive, the results of a chest X-ray. (5) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the client is free of communicable disease, or that the client has a communicable disease but is able to be in the center if specific precautions are taken which will prevent the spread of the disease to other individuals. (6) Medical information pertinent to diagnosis and	11610	<b>Plan of Correction is required</b>	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE  
*Marquita Thomas*

TITLE  
*Center Director* (X6) DATE  
*2/20/14*

DEPARTMENT OF AGING APPROVAL  
*[Signature]*

*Chief, Division of Licensing* DATE  
*3/17/14*

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11610	Continued From page 1 treatment in case of an emergency.  This STANDARD is not met as evidenced by:  Findings: Based on a review of six of fifty-one client medical records, it was found that the center failed to obtain a written authorization in the form of a signed statement that one client is free of communicable disease. A review of medical records for client #1 revealed that the communicable disease statement, on the physical examination form dated 12/13/13, did not have the statement completed as required by this regulation.	11610	<u>Plan to correct 11.102 (c)</u>  Center RN obtained a free of communicable disease statement for Client #1. Copy attached. Center RN and Center Director will check client charts quarterly to be sure statement about communicable disease has been completed for each client.	2/17/14
12380	<b>11.191(b) Emergency information</b>  Emergency information for a client shall include the following: (1) A written agreement with the client or responsible party regarding emergency care and ambulance transportation, when the agreement is not included as an element in the enrollment agreement in §11.103 (relating to enrollment agreement). (2) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency. (3) The name, address and telephone number of the client's physician or source of health care and hospital preference. (4) The name, address and telephone number of the person able to give consent for emergency medical	12380		

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12380	<p>Continued From page 2 treatment, if applicable. (5) A copy of the client's most recent annual physical examination, which shall include information on current diagnosis, medications and allergies.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of the center's portable emergency file and a discussion with the center Director, it was determined that the center failed to include a copy of one clients' most recent annual physical examination. The portable emergency record of Client #2 was reviewed on 1/30/14 and the physical exam form in the file was dated 6/11/2012.</p>	12380	<p><u>Plan to correct 11.191 (b)</u></p> <p>Most current physical exam for client #2 was copied and included in the center emergency binder. Copy attached. Center RN and Center Director will check emergency binder on a quarterly basis to be sure the most current client physical exam is copied and included.</p>	2/17/14