



March 17, 2014

Matthew Lerlo, Director
Senior Care of Bristol
2403 East Farragut Avenue
Bristol, PA 19007

RE: Senior Care of Bristol
License # 294830 - Regular

Dear Mr. Lerlo:

As a result of the Department of Aging's licensing inspection of the above named facility on 01/16/2014, 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 faint, larger version of the same signature.

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 OF BRISTOL
(NAME OF CENTER)

Located at 2403 EAST FARRAGUT AVENUE 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 60
(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: 294830 - 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: 294830	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2014
NAME OF PROVIDER OR SUPPLIER Senior Care of Bristol		STREET ADDRESS, CITY, STATE, ZIP CODE 2403 EAST FARRAGUT AVENUE 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
11450	<p>11.88(d) Fire drills</p> <p>Fire drills shall be held on different days of the week and at different times of the day.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of fire safety records, it was determined that the center had not documented the day of the week on which the 3/7/13 fire drill was held. Fire drills shall be held on different days of the week.</p>	11450	<p><u>Plan to Correct 11.88 (d)</u></p> <p>On the 3/7/13 fire drill record, the Center Director indicated the date of the drill but did not write in the day of the week. The word "Thursday" has been added to this drill record. The fire drill form was also modified to include a place to write the day of the week. Regional Director inserviced Center Director on this requirement. Copy of corrected drill record, new form, and inservice attached.</p>	2/26/2014