



March 18, 2014

Carol Ross, Director
Senior Care of Warminster
720 Johnsville Boulevard
Building 13, Suite 1300
Warminster, PA 18974

RE: Senior Care of Warminster
License # 284840 - Regular

Dear Ms. Ross:

As a result of the Department of Aging's licensing inspection of the above named facility on 01/29/2014, one area of non-compliance was 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 SENIOR CARE CENTERS OF PENNSYLVANIA, INC
LEGAL ENTITY

To operate SENIOR CARE OF WARMINSTER
(NAME OF CENTER)

Located at 720 JOHNSVILLE BOULEVARD, BUILDING 13 - SUITE 1300, WARMINSTER, PA 18974
(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. 53
(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 284840 - 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 18, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 284840	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2014
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NAME OF PROVIDER OR SUPPLIER Senior Care of Warminster	STREET ADDRESS, CITY, STATE, ZIP CODE 720 JOHNSVILLE BOULEVARD WARMINSTER, PA 18974
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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	Initial Comments A State licensure visit was completed on 1/29/14 and it was determined that Senior Care of Warminster was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 630	11.33(f) Program staff orientation and training The Department may require that centers make reasonable modifications, regarding curricula or the selection and use of trainers, in order to satisfy the requirements of this section. This STANDARD is not met as evidenced by: Findings: Based on a review of staff training records it was determined that the Director of Activities, the designee for the director, date of hire 2/21/12, had not taken the mandatory director's training until 12/30/13. Center directors were initially informed of this new training course on 01/28/2013, and several times subsequently, that this training must be completed by June 30, 2013. In addition, the center provided inadequate training	1 630	Plan of Correction is required Plan to correct 11.33 (f) Regional Director completed online director training within proper timeframe and it was assumed that Regional Director could serve as director designee. Activities Director will serve as "on-site" director designee and completed the online director training on 12/30/13. Regional Director inserviced Center Director on the requirement to have onsite designee complete training within 3 months of hire and copy of inservice attached. All staff received annual on line mandatory abuse training on 1/30/14. Copy attached. Regional Director also reviewed this requirement with Center Director.	2/26/14

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

Charles

TITLE

Center Director

(X6) DATE

3/5/14

DEPARTMENT OF AGING APPROVAL

[Signature]

Chief, Division of Licensing

3/18/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 284840	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2014
NAME OF PROVIDER OR SUPPLIER Senior Care of Warminster			STREET ADDRESS, CITY, STATE, ZIP CODE 720 JOHNSVILLE BOULEVARD WARMINSTER, PA 18974		
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1 630	Continued From page 1 regarding mandatory abuse reporting requirements. Center staff must complete abuse training on an annual basis that addresses all required areas, an example of which is the PSONLINE training which is available on the Department's website. This annual training was last completed on 1/16/13 for three staff and on 1/30/13 for the director.	1 630			