



April 30, 2015

Erin Pettit, Director
Ageless Harmony, Inc.
2710 Grant Street
Mount Penn, PA 19606

RE: Ageless Harmony, Inc.
License # 323840 - Regular

Dear Ms. Pettit:

As a result of the Department of Aging's licensing inspection of the above named facility on 02/19/2015, four 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", written in a cursive style.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to AGELESS HARMONY, INC.
LEGAL ENTITY

To operate AGELESS HARMONY, INC.
(NAME OF CENTER)

Located at 2710 GRANT STREET MOUNT PENN, PA 19606
(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 34
(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 May 01, 2015 until April 30, 2016

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

No: 323840 - 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: April 30, 2015

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 323840	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2015
NAME OF PROVIDER OR SUPPLIER Ageless Harmony, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 2710 GRANT STREET MOUNT PENN, PA 19606		
(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 2/19/2015 and it was determined that Ageless Harmony, Inc. (Mount Penn) was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000	<div style="border: 1px solid black; padding: 5px;"> <p>11.21 (b)</p> <p>The format for all future trainings on Fire/Evac ,Emergency Procedures (Loss of Power, Loss of Heat, Loss of water, Gas Leaks, Weather Emergencies, etc has been changed and will be completed on a monthly basis. The backup will be the Managers Checklist at EOM to verify completed training. (New form reviewed during inspection and attached.)</p> </div>	
1 511	11.21(b) Emergency Procedures Written emergency procedures shall be reviewed with staff persons at least quarterly. This STANDARD is not met as evidenced by: Findings: Based on a review of one of three staff training records and an interview with the center director, it was determined that one staff person did not receive quarterly emergency procedures training each quarter over the past year. Staff #1 only received the quarterly emergency procedure training on 3/31/2014 and 12/14/2014.	1 511		2/24/ 2015
11630	11.103(b) Enrollment agreement The center is responsible for completing the enrollment agreement with the client or responsible party, or both, and shall review and explain its contents to the client or responsible party, or both, prior to signature. Upon acceptance of the terms and	11630		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE  TITLE **Director** DATE **3.4.2015** (X6) DATE

DEPARTMENT OF AGING APPROVAL  DATE **4/14/15**
ATG699 Q3FF11

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11630	<p>Continued From page 1 conditions in the enrollment agreement, the enrollment agreement shall be signed by the program director/administrator, the client or the responsible party, or both.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of five of sixteen client records and a discussion with the center director, it was determined that upon acceptance of the terms and conditions in the enrollment agreement, the enrollment agreement of one center client was not signed by the program director or administrator. The enrollment agreement of Client #1 was signed by the program manager who had not passed the Aging Administrator Training.</p>	11630	<p>11.103 (b)</p> <p>. The Program Director Designee will take the Aging Administrator Training course. The task will be completed by 3-9-2015. The Program Director Designee has registered. In the future the Director, Administrator or Program Director Designee (after passing the referenced course) will be certified to sign off on a new client chart</p>	2/24/2015
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</p>	11873		

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11873	Continued From page 2 services are as follows: (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 care. (D) Training and education of staff persons regarding the needs of clients in centers, including infection control. (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: (A) Provision or supervision of modified and therapeutic diets and supplemental feedings. (B) Provision or supervision of observation, monitoring and intervention for unstable medical	11873		

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11873	<p>Continued From page 3 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 one of three staff training records and interview with the center director, it was determined that one center staff did not receive a quarterly review of needs of clients in centers, including infection control every quarter. A review of the infection control training record for Staff #1 revealed this staff person only received the training on 3/31/2014 and 10/31/2014.</p>	11873	<p>11.123 (2)</p> <p>The format for all future trainings on "Infection Control Hand washing, Universal precautions, Infection control, review of client care, has been changed and will be completed on a monthly basis. The backup will be the Managers Checklist at EOM to verify completed training. (New form reviewed during inspection and attached..</p>	2/24/20
11920	<p>11.132(c) Staff physical examination</p> <p>The medical report shall include:</p> <p>(1) The record of a physical examination.</p> <p>(2) Indication that a tuberculin skin test has been administered to the individual with negative results within 2 years; or if tuberculin skin test is positive, the results of a chest X-ray.</p>	11920		

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11920	<p>Continued From page 4</p> <p>(3) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the individual is free of communicable diseases or that the individual has a communicable disease but is able to work in the center if specific precautions are taken that will prevent the spread of the disease to clients.</p> <p>(4) Information on a medical problem, which might interfere with the health of the clients.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of one of three staff medical records, it was found that the center failed to obtain a written authorization in the form of a signed statement that one center staff is free of communicable disease. A review of medical records for Staff #1 revealed that the communicable disease statement, on the physical examination dated 9/09/13, did not have the statement completed as required by this regulation.</p>	11920	<p>11.132 (c)</p> <p>We have written to the Doctor that did the staff exam on 9/9/2014 and asked him to verify the fact that there was no communicable disease. We have received documentation from physician on 2/23/15, stating staff is free of communicable disease. We have also changed our policy to allow ONLY our physical format to be used for future hires.</p> <p>(correspondence attached)</p>	2/24/2015
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