



April 30, 2015

Erin Pettit, Director
Ageless Harmony, Inc.
3024 Penn Avenue
West Lawn, PA 19609

RE: Ageless Harmony, Inc.
License # 323120 - Regular

Dear Ms. Pettit:

As a result of the Department of Aging's Licensing Inspection on 02/17/2015, we have found the above named facility to be in compliance with applicable statutes, ordinances and regulations. Therefore, a Regular License is enclosed.

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 AGELESS HARMONY, INC.
LEGAL ENTITY

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

Located at 3024 PENN AVENUE WEST LAWN, PA 19609
(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 41
(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. 323120 - 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: 323120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2015
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NAME OF PROVIDER OR SUPPLIER Ageless Harmony, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 3024 PENN AVENUE WEST LAWN, PA 19609
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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	<p>Initial Comments</p> <p>A State licensure inspection was completed on 2/17/2015. It was determined that Ageless Harmony, Inc. (West Lawn) was in compliance with the requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers Regulations.</p>	1 000		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE