



March 26, 2015

Paul Woelkers, President
Archangel Adult Day Care Services
1214 Quincy Avenue
Dunmore, PA 18510

RE: Archangel Adult Day Care Services
License # 384920 - Regular

Dear Mr. Woelkers:

As a result of the Department of Aging's licensing inspection of the above named facility on 01/15/2015, three 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 ARCHANGEL ADULT DAY CARE SERVICES, LLC
LEGAL ENTITY

To operate ARCHANGEL ADULT DAY CARE SERVICES
(NAME OF CENTER)

Located at 1214 QUINCY AVENUE DUNMORE, PA 18510
(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 22
(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, 2015 until March 31, 2016

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

No: 384920 - 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 26, 2015

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 384920	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2015
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NAME OF PROVIDER OR SUPPLIER Archangel Adult Day Care Services	STREET ADDRESS, CITY, STATE, ZIP CODE 1214 QUINCY AVENUE DUNMORE, PA 18510
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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	1 000		
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 staff training records, it was determined that the center failed to provide quarterly reviews of the following information: Procedures for handling medical and nonmedical emergencies.	1 511	Plan of correction is required In response to 11.21.(b): The Program Director/Administrator reviewed the facility's protocol on the Review of Medical and Non-Medical Emergency procedures with the Center Nurse on 2-27-15 with the understanding that the reviews will be implemented and documented quarterly with all staff. The Center Nurse was given a log sheet on 3-2-15 to document these reviews and include dates and staff signatures. (attachment #1). The Program Director/Administrator will assure compliance of section 11.21(b) by monitoring these quarterly reviews and logs to ensure that this violation is not repeated.	3-5-15
1 590	11.33(b) Program staff orientation and training A sufficient number of staff persons shall be trained, certified and recertified in cardiopulmonary resuscitation and in first aid training so that at least one staff person so trained, certified and recertified in CPR and first aid training is present in the center at all	1 590		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE: *Jrene J. Walkers* TITLE: *Program Director/Administrator* (X6) DATE: *3-5-15*

DEPARTMENT OF AGING APPROVAL: *[Signature]* DATE: *3/23/15*

ATG6899 FHZY11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 384920	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2015
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1 590	Continued From page 1 times. This STANDARD is not met as evidenced by: Findings: A sufficient number of staff persons were not trained, certified and recertified in cardio-pulmonary resuscitation and in first aid training so that at least one person so trained is present in the center at all times. Staff #4, a driver, did not have this training. The center vehicle is an extension of the center.	1 590	In response to 11.33(b) Staff#4 is currently registered with the American Red Cross of Lackawanna County, Scranton, Pa on 3-20-15 (the next available class) for a class on CPR/First Aid/AED (attachment #2). He will continue to receive bi-yearly training as long as he is employed by Archangel. The Program Director/Administrator will assure the compliance of this corrective action plan by scheduling his course along with the rest of the staff in the future.	3-5-15
11590	11.102(a) Client physical examination and med report To be admitted, an applicant whose needs, as determined through intake screening, may appropriately be met in a center, shall also have had a physical examination within 3 months prior to admission and annually thereafter. This STANDARD is not met as evidenced by: Findings: Based on a review of client records, it could not be determined if the center admitted a client whose physical examination was completed within 3 months prior to admission. A faxed medical	11590	In response to 11.102(a): On 3-3-15, the Program Director/Administrator reviewed the Archangel Admission Process with the Center Nurse with particular attention to the importance of checking that the physical forms are properly dated. Language was added to the Physical form stating that the physical exam must be performed within 3 months prior to admittance to Archangel. (attachment #3). Language was also added to the Tuberculin skin test section of the physical form which specifies that the Tuberculin	3-5-15

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11590	Continued From page 2 examination form for Client #2 that was faxed to the center on 1/18/13 revealed the physical examination was undated prior to the 1/23/13 date of admission. The tuberculin skin test was read on the 1/23/13 day of admission. This should have been read prior to admission. In addition, the director advised that client physical examinations were being scheduled every two years. The center has been open since 10/21/11.	11590	<p>results must be read prior to admission to the Archangel. (attachment #3). The Center Nurse will assure compliance of these corrective actions by reviewing each physical form upon submission to be certain that proper dates are being used and that the Archangel remains in compliance with 11.102(a) before admission to Archangel.</p> <p>In response to the yearly physical section of 11.102(a) The Center Nurse has contacted the family of each client that is due for a physical exam within the years' deadline to inform the families when their next physical is due. She will also contact the client's Physician to confirm this information. To comply with this corrective action, an addition was made to the Center Nurse's Client list of important dates including a date box for the next physical due date. (attachment #4). To assure that this deficiency is not repeated the Program Director/Administrator will check these dates along with the Center Nurse monthly.</p>		