



March 18, 2015

Matthew Hazen, Director  
Albright LIFE  
113 South 9th Street  
Lebanon, PA 17042

RE: Albright LIFE  
License # 244940 - Regular

Dear Mr. Hazen:

As a result of the Department of Aging's licensing inspection of the above named facility on 01/05/2015, 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", written in a cursive style.

Kevin Longenecker  
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGING

# LICENSE

This license is hereby granted to ALBRIGHT CARE SERVICES  
LEGAL ENTITY

To operate ALBRIGHT LIFE  
(NAME OF CENTER)

Located at 113 SOUTH 9TH STREET LEBANON, PA 17042  
(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 74  
(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. 244940 - 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, 2015

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>244940</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/06/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>Albright LIFE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>113 SOUTH 9TH STREET LEBANON, PA 17042</b>		
(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	<b>Initial Comments</b>  A State licensure visit was completed on January 5 - 6, 2015 and it was determined that Albright LIFE was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000	<b>Plan of Correction is required</b>	
1 450	<b>11.18(d) Criminal History record check</b>  For persons hired on or after October 12, 1993, an operator shall apply for the information in subsection (a) for prospective employees within 5 working days after the employee's date of hire.  This STANDARD is not met as evidenced by:  <b>Findings:</b> Based on a review of staff records, it was determined that the criminal history background check for a contracted Certified Nursing Assistant through Hands-On Nursing did not receive a criminal history background check prior to her first day with Albright LIFE as required by Section 502 of the Older Adult Protective Services Act.  Staff person #4 started at Albright LIFE on 11/5/14 and her background check was not submitted until 12/10/14.	1 450	<b>11.18(d) Criminal History record check</b>  1-An employee/contractor checklist is in place. 2-No employee/contractor/agency personnel folder will be filed until complete. Incomplete files will be kept in a designated area. 3-Before orientation by Corporate HR personnel, the employee/contractor/agency file will be checked for all needed information. If the file is missing required documents, the HR staff will call the potential employee/agency to reschedule orientation. 4-If an individual's file is not complete and the individual reports for orientation, they will be rescheduled when the file is complete. 5-On an ongoing basis, an audit will be conducted by Corporate HR staff. It includes a double check box "verification/file complete" in addition to the check of individual record searches.	2/18/15

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE