



November 21, 2014

Judy Sullivan, Director  
Albright LIFE Lycoming-Clinton  
901 Memorial Avenue  
Williamsport, PA 17701

RE: Albright LIFE Lycoming-Clinton  
License # 144120 - Regular

Dear Ms. Sullivan:

As a result of the Department of Aging's licensing inspection of the above named facility on 10/02/2014, one 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", 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 ALBRIGHT CARE SERVICES  
LEGAL ENTITY

To operate ALBRIGHT LIFE LYCOMING-CLINTON  
(NAME OF CENTER)

Located at 901 MEMORIAL AVENUE WILLIAMSPORT, PA 17701  
(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 90  
(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 December 01, 2014 until November 30, 2015

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

No: 144120 - 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: November 21, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>144120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/03/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>Albright LIFE Lycoming-Clinton</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 MEMORIAL AVENUE WILLIAMSPORT, PA 17701</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 October 2 - 3, 2014 and it was determined that Albright LIFE Lycoming - Clinton was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
11500	<b>11.90(a) Fire safety training for clients</b>  A client shall be instructed upon initial admission and reinstructed quarterly in general fire safety, evacuation procedures, responsibilities during fire drills and the designated meeting place outside the building or within the fire safe area in the event of an actual fire. A client shall also be instructed in smoking safety procedures if clients or staff persons smoke at the center.  This STANDARD is not met as evidenced by:  <b>Findings:</b> Based on a review of fire safety training records, it was determined that client #6 did not receive fire safety training every 3 months to meet the quarterly requirement.  He received training on 4/22/14 and then again on 8/8/14 when a fire drill was held. He attended the center in the month of July.	11500	<b>Plan of Correction is required</b>  <b>11.90(a) Fire Safety for Clients</b>  On a bi-monthly basis, the Activities Director will review Fire Safety procedures with every participant. The Center Manager and the Lead Program Assistant will audit the record of training on a monthly basis to ensure no participant is missed. The results of this auditing will be reported on a monthly basis to the QAPI committee until complete compliance is established.	11/1/2014

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

ATG6899

24U011

TITLE

(X6) DATE

*Matthew Hye, NHA*

*REGIONAL DIRECTOR 11/4/14*

DEPARTMENT OF AGING APPROVAL

DATE

*[Signature]*

*Chief, Division of Licensing 11/20/14*

ATG6899

24U011