



July 22, 2016

Marcus Luk, Director
99 Adult Day Care
1019 Cherry Street
Philadelphia, PA 19107

RE: 99 Adult Day Care
License # 315080 - Regular

Dear Mr. Luk:

As a result of the Department of Aging's licensing inspection of the above named facility on 05/31/2016, six 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 99 ADULT DAY CARE, INC.

LEGAL ENTITY

To operate 99 ADULT DAY CARE

(NAME OF CENTER)

Located at 1019 CHERRY STREET PHILADELPHIA, PA 19107

(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. 27

(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 August 01, 2016 until July 31, 2017

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

No 315080 - 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: July 22, 2016

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 315080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2016
NAME OF PROVIDER OR SUPPLIER 99 Adult Day Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1019 CHERRY STREET PHILADELPHIA, PA 19107		
(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 6/01/2016 and it was determined that 99 ADC was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000	Plan of Correction is required	
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 four of seven staff training records and an interview with the center director, it was determined that all center staff persons did not receive quarterly emergency procedures training each quarter over the past year. Center staffs received this training on 12/11/2015 and not again as of the date of inspection 6/01/2016, which is two months and twenty days past the quarterly date 3/11/2016.	1 511	11.21 (b) Citation addressed the untimely revision of the emergency procedures at least quarterly with staff members and cannot be corrected. Since then, review of the emergency procedures has been completed on 6/10/16 and 6/13/16. With immediate effect, the Director/Assistant Director/RN is charged with the responsibility of overseeing staff training which includes review of the emergency procedures. Future tentative training dates are also scheduled in the Outlook calendar as reminders. See attachment #1 – Staff Training Record and attachment #2 – Quarterly Staff Training Reminder. (The plan was implemented with immediate effect.)	
11500	11.90(a) Fire safety training for clients A client shall be instructed upon initial admission and reinstructed quarterly in general fire safety, evacuation procedures, responsibilities during fire drills and the	11500	11.90 (a) Citation addressed the untimely reinstructing one participant on general fire safety and cannot be corrected. Since then the concerned participant has been reinstructed in a fire safety	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

DIRECTOR

(X6) DATE

7/13/16

DEPARTMENT OF AGING APPROVAL

Chief, Division of Licensing

DATE

7/20/16

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11500	Continued From page 1 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: Findings: Based on a review of eight of sixty-seven client training records, it was discovered that the center failed to reinstruct one client quarterly in general fire safety. Client #1 received this training on 12/23/2015 and not again as of the date of inspection 6/01/2016, which is two months and nine days past the quarterly date 3/23/2016.	11500	training session. To overcome the different admission dates of all participants, the center has adopted the institution of general fire safety training monthly. Attendance will be taken to ensure each participant in the program attends the training at least once within a 3-month period. The center's Director/Assistant Director/RN is charged with the responsibility of overseeing its implementation. Reminders are also logged in the Outlook calendar. See attachments #3 & #4 – (The plan was implemented with immediate effect.)	
11610	11.102(c) Client physical examination and med report The medical report shall include: (1) A review of previous health history, current medication regimen, use of medical treatments and therapies; current health problems and conditions; and a schedule for client self-administration of medications. (2) The record of a general physical examination. (3) General sensory functioning; sensory aids. (4) An indication that a tuberculin skin test has been administered with negative results within 2 years; or, if tuberculin skin test is positive, the results of a chest X-ray. (5) To the extent that confidentiality laws permit,	11610		

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11610	<p>Continued From page 2 written authorization in the form of a signed statement that the client is free of communicable disease, or that the client has a communicable disease but is able to be in the center if specific precautions are taken which will prevent the spread of the disease to other individuals. (6) Medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of eight of sixty-seven client medical records, it was determined that one center client did not have an indication that a tuberculin skin test had 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. It was found that client #1, date of admission 12/23/2015, did not receive an indication that a tuberculin skin test had been administered with negative results until 12/24/2015, which is one day after the first day of program attendance on 12/23/2016.</p> <p>Findings: Based on a review of eight of sixty-seven client medical records, it was determined that two center clients had positive tuberculin test results, and did not have the chest x-ray report in their medical records. Due to a positive tuberculin test result, client #2 had a chest x-ray with a negative result dated 4/09/2015, however the record did not contain the</p>	11610	<p>11.102 (c)</p> <p>The citation addressed the oversight of a negative tuberculin skin test result before admission. Since then the intake procedure checklist has been revamped with an additional condition to check for proper tuberculin skin test results before formal admission. The Director/Assistant Director/RN is charged with the responsibility of overseeing its compliance.</p> <p>See attachment #5 – Intake Checklist. (The plan was implemented with immediate effect.)</p> <p>11.102 (c) The citation addressed the missing of the supporting chest x-ray report for participant with a negative x-ray result. Both concerned participants were instructed to obtain the supporting chest x-ray report. Once obtained, they will be forwarded to the department as proofs of correction. A revamp of the intake procedure checklist was completed to ensure compliance. The Director/Assistant Director/RN is charged with the responsibility of overseeing with immediate effect.</p> <p>See attachment #5 – Intake Checklist Attachment #6 – x-ray study. (The plan was implemented with immediate effect.)</p>	

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11610	<p>Continued From page 3</p> <p>supporting chest x-ray report. Due to a positive tuberculin test result, client #3 had a chest x-ray with a negative result dated 2/12/2015, however the record did not contain the supporting chest x-ray report.</p> <p>Findings: Based on a review of eight of sixty-seven client medical records, it was found that that the center failed to correctly document if two center clients were free of a communicable disease and also failed to list if the clients are able to be in the center if specific precautions are taken, which will prevent the spread of the disease to other individuals. The free of disease statement was incorrectly marked stating that the client #4 was free of disease; Client #4 has the diagnosis of Hepatitis B Infection as listed on the physical examination form dated 3/22/2016. Client #4 was also missing a physician's statement specifying if client was able to be in the center and what precautions are to be taken to prevent the spread of the disease. The free of disease statement was also incorrectly marked for client #5 stating that the client was free of disease; Client #5 has the diagnosis of Hepatitis B as listed on the physical examination form dated 8/06/2015. Client #5 was also missing a physician's statement specifying if client was able to be in the center and what precautions are to be taken to prevent the spread of the disease.</p> <p>Based on a review of eight of sixty-seven client medical records, it was determined that three center clients did not have a list of their current medication regimen in the record. The physical examination report for client #6, dated 5/23/2016 stated "see the</p>	11610	<p>11.102 (c) A letter was given to concerned clients #4 and #5 requesting their family doctors elucidate the apparent controversial statement of free of disease vis-à-vis a Hepatitis B diagnosis. On June 13, client #4 provided a doctor's clarification that the free of disease statement was correct (see attached). Client #5 was asked to temporarily stop coming to the center until the necessary document is obtained. When the proper documentation is available, it will be submitted to the Department as proof of compliance. Moving forward, the Director/Assistant Director/RN is charged with the responsibility of overseeing its compliance.</p> <p>See attachment #7 – Client #4 Universal Precautions (The plan was implemented with immediate effect.)</p> <p>11.102 (c)</p> <p>The citation addressed the missing current medication regimen of the participant in the record. Since then, all participant records were checked and the missing medication list of the concerned participants has been added in their records. The plan was implemented with immediate effect. Moving forward, the RN/CNA will be responsible for its compliance.</p> <p>See attachments #8, 9 & 10 Medication List</p>	

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11610	Continued From page 4 attached medication list", however the medication list was missing from the record. The physical examination report for client #3, dated 2/05/2016 stated "see the attached medication list", however the medication list was missing from the record. The physical examination report for client #7, dated 3/18/2016 stated "see the attached medication list", however the medication list was missing from the record.	11610		
11670	11.104(c) Development of individual care plan The individual care plan shall contain at least the following elements: (1) An identification of needs, which can be addressed at the center, and the order in which they will be addressed. (2) The goals to be achieved. (3) The methods and activities for reaching these goals within a specified time frame. (4) Documentation of the client's progress toward meeting each goal and of goal attainment when, as required in §11.105 (relating to review and revision of individual care plan), the plan is reviewed and, as necessary, revised. (5) Predetermined date for the next review. (6) An identification of staff persons responsible for the implementation of the plan. This STANDARD is not met as evidenced by: Findings: Based on a review of eight of sixty-seven	11670		

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11670	Continued From page 5 client records, and a discussion with the center director it was determined that all center clients were missing a predetermined date for their next care plan review.	11670	11.104(c) Since inspection, the care plan review form has been revamped to incorporate a date for the next review at the bottom. The RN will be responsible to schedule the next review date with the participant.	
11873	11.123(2) Core Services - Nursing Services 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 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	11873	See attachment #11 – Revised Care Plan Form (The plan was implemented with immediate effect.)	

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11873	Continued From page 6 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 episodes. (C) Preparation of the client for self-administration of medications. (D) Provision of restorative or rehabilitative nursing. (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. (F) Response to emergencies. (G) Administration of parenteral treatments. (H) Provision of other skilled nursing care, which can be safely done in the older adult daily living center.	11873		

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11873	Continued From page 7 This STANDARD is not met as evidenced by: Findings: Based on a review of four of seven staff training records and an interview with the center director, it was determined that all center staff persons did not receive training and education of staff persons regarding the needs of clients in centers, including infection control. Center staffs received this training on 12/11/2015 and not again as of the date of inspection 6/01/2016, which is two months and twenty days past the quarterly date 3/11/2016.	11873	11.123(2) The citation addressed the oversight of quarterly training and education for the staff. Subsequently, on June 10 th and 13 th the center provided training sessions for the staff on the needs of clients, infection control, etc. Future training dates are logged in the Outlook calendar as recurrent event every 3-month. See attachments #1 and #12 – Training Form & Outlook Schedule (The plan was implemented with immediate effect.)	
11920	11.132(e) Staff physical examination The medical report shall include: (1) The record of a physical examination. (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. (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. (4) Information on a medical problem, which might interfere with the health of the clients. This STANDARD is not met as evidenced by:	11920		

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	Findings: Based on a review of four of seven staff medical records, it was determined that one center staff had positive tuberculin test results, and did not have the chest x-ray report in their medical records. Due to a positive tuberculin test result, staff #1 had a chest x-ray with a negative result dated 12/03/2015; however the record did not contain the supporting chest x-ray report.		11.132(c) The citation addressed the missing of supporting chest x-ray report of a center staff. On 6/22/2016 the concerned staff obtained a clarification from her doctor indicating "The heart is top normal in size. The cardio-mediastinal silhouette is unremarkable. There are prominent pulmonary markings at the lung bases. There is no acute infiltrate. The visualized soft tissue and osseous structures are unremarkable." Also, "CXR dated 12/3/15 showed no active disease. Pt is medically stable for employment." See attachments #13a & 13b X-ray Study & Disease Statement Further, the center's hiring checklist has been updated to ensure a complete medical report must be obtained prior to official employment. The plan was immediately implemented. If a positive tuberculin test result is found, a negative chest x-ray accompanied by its supporting chest x-ray report must be obtained before hiring. The Director is charged with the responsibility of overseeing its compliance. See attachment #14 – Hiring Checklist (implemented with immediate effect.)	