



February 19, 2015

Ines Shaka, Director
A Place Like Home II
2276 Georges Lane
Philadelphia, PA 19131

RE: A Place Like Home II
License # 314980 - Regular

Dear Ms. Shaka:

As a result of the Department of Aging's licensing inspection of the above named facility on 12/11/2014, 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 A PLACE LIKE HOME II
LEGAL ENTITY

To operate A PLACE LIKE HOME II
(NAME OF CENTER)

Located at 2276 GEORGES LANE PHILADELPHIA, PA 19131
(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 56
(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 March 01, 2015 until February 29, 2016

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

No: 314980 - 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: February 19, 2015

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 314980	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2014
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NAME OF PROVIDER OR SUPPLIER A Place Like Home II	STREET ADDRESS, CITY, STATE, ZIP CODE 2276 GEORGES LANE PHILADELPHIA, PA 19131
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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 A State licensure visit was completed on 12/11/2014 and it was determined that A Place Like Home II 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	
11630	11.103(b) Enrollment agreement The center is responsible for completing the enrollment agreement with the client or responsible party, or both, and shall review and explain its contents to the client or responsible party, or both, prior to signature. Upon acceptance of the terms and conditions in the enrollment agreement, the enrollment agreement shall be signed by the program director/administrator, the client or the responsible party, or both. This STANDARD is not met as evidenced by: Findings: Based on a review of five of twenty-three client records and a discussion with the center director, it was determined that upon acceptance of the terms and conditions in the enrollment agreement, the enrollment agreement of one center client was not signed by the program director or administrator. The enrollment agreement of Client #1 was signed by social service staff and not by the director or director designee with the administrator training.	11630	11.103(b) This deficiency will be corrected 12/22/14 by the director and other administrative staff during the monthly meeting. We will conduct a monthly physical review of all enrollment agreements and other documents requiring signatures to be observed by the director and owner who has been a director for eight years. The director or the director designee who has completed the director training will be the only staff permitted to sign off on the enrollment agreements as of December 12 th , 2014. In addition, the current enrollment agreement was resigned on December 12 th , 2014 by the director and client.	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Acting Director (X6) DATE: 12/12/14

DEPARTMENT OF AGING APPROVAL: *[Signature]* DATE: 2/5/15

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