



April 29, 2015

Igor Giterman, Director
A to Z Care Adult Day Services
5050 Parkside Avenue, #101
Philadelphia, PA 19131

RE: A to Z Care Adult Day Services
License # 315494- Interim

Dear Mr. Giterman:

As a result of the Department of Aging's Licensing Inspection on 04/21/2015, an Interim license was issued. An Interim license is issued if the applicant is suitable, the premises are safe and the applicant is likely to comply substantially with applicable statutes, ordinances and regulations prior to expiration of the Interim license.

An Interim license is not renewable. At the expiration of an Interim license, the Department may issue a Regular license or a maximum of one Provisional license.

Thank you for your continued effort to provide 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 TO Z CARE, LLC
LEGAL ENTITY

To operate A TO Z CARE ADULT DAY SERVICES
(NAME OF CENTER)

Located at 5050 PARKSIDE AVENUE, #101 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 202
(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 21, 2015 until September 30, 2015

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

No: 315494 - Interim



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: April 29, 2015

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2015
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NAME OF PROVIDER OR SUPPLIER A to Z Care Adult Day Services	STREET ADDRESS, CITY, STATE, ZIP CODE 5050 PARKSIDE AVENUE, #101 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	<p>Initial Comments</p> <p>COMPLIANCE</p> <p>A State licensure inspection was completed on 4/21/2015. It was determined that A to Z Care Adult Day Services was in compliance with the requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers Regulations.</p>	1 000		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE