



February 19, 2015

Fran Kilgore, Sr., Director
Indiana County Community Outreach Center
1455 Church Street
Indiana, PA 15701

RE: Indiana County Community Outreach Center
License # 055464- Interim

Dear Mr. Kilgore, Sr.:

As a result of the Department of Aging's Licensing Inspection on 01/30/2015, 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 LIFESTEPS, INC.
LEGAL ENTITY

To operate INDIANA COUNTY COMMUNITY OUTREACH CENTER
(NAME OF CENTER)

Located at 1455 CHURCH STREET INDIANA, PA 15701
(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. 26
(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 February 01, 2015 until July 31, 2015

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

No: 055464 - 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: February 19, 2015

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2015
NAME OF PROVIDER OR SUPPLIER Indiana County Community Outreach Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1155 CHURCH STREET INDIANA, PA 15701		
(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 (FACIL CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	Initial Comments COMPLIANCE A State licensure inspection was completed on 01/30/2015. It was determined that Indiana County Community Outreach Center was in compliance with the requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers Regulations.	1 000		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE