pennsylvania
DEPARTMENT OF AGING

July 08, 2014

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 05/28/2014, 11 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,

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to 99 ADULT DAY CARE
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, 2014 until July 31, 2015

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 08, 2014

AGL01

DEPARTMENT OF AGING

PRINTED: 06/03/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1)PROVIDER LICENSE NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	315080		05/28/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
99 Adult Day Care	1019 CHERRY STREET PHILADELPHIA, PA 19107

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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**	1 000		
	A State licensure visit was completed on 5/28/2014 and it was determined that 99 Adult Day Care was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:			
1 630	**11.33(f) Program staff orientation and training**	1 630	**Plan of Correction is required**	
	The Department may require that centers make reasonable modifications, regarding curricula or the selection and use of trainers, in order to satisfy the requirements of this section.			
	This STANDARD is not met as evidenced by:			
	Findings: Based on a review of staff training records it was determined that the center did not have a back up responsible administrator/designee who took the mandatory director's training as required.		The center's RN is currently undergoing the mandatory training to be the back-up of the director. By July 14, 2014, the RN will be officially appointed as the RN/Assistant Director. At the time of completion of the training confirmation will be sent to the licensing inspector.	
1 850	**11.53(a) Poisons**	1 850		
	Poisonous materials shall be kept in a cabinet, closet, cupboard or container that is locked or placed in a location, which is inaccessible to clients.			

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE TITLE DIRECTOR (X6) DATE 7/3/2014

DEPARTMENT OF AGING APPROVAL Chief, Division of Licensing DATE 7/7/14

ATG6899 EYT311

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1 850	Continued From page 1 This STANDARD is not met as evidenced by: REPEAT CITATION Findings: Based on a direct observation, it was discovered that poisonous materials were not kept in a locked closet, cabinet or cupboard. Two ninety-six ounce containers of "Clorox" bleach were found on a covered shelf in the rear of the program. The label stated that, "If swallowed, contact a poison control center or doctor." Also found in the corner of the men's room bathroom stall was a thirty-two ounce container of "Lysol Toilet Bowl Cleaner". The label stated, "If swallowed call a poison control center or a doctor immediately."	1 850	On 5/28/2014 when poisonous materials were found, they were immediately removed and locked in the storage closet. Hereafter, a morning walk through will be conducted every day by the opening staff to ascertain all poisonous materials are locked or placed in a location inaccessible to clients. (Checklist attached)	
11410	**11.87(f) Fire extinguishers** Fire extinguishers shall be inspected and approved annually by a person qualified to maintain and inspect fire extinguishers. The date of the inspection shall be on the extinguisher. This STANDARD is not met as evidenced by: Findings: Based on a center walk through, it was observed that the center's fire extinguishers were not inspected by a person qualified to maintain and inspect fire extinguishers within an annual period. All center extinguisher tags were last inspected on November of 2011.	11410	The fire extinguishers have been serviced on 6/26/14 (Receipt attached). A checklist of annual renewals is created to ensure no oversights. The director/assistant director will be responsible for the renewals and a reminder for the following year's update has been scheduled in the calendar. (Checklist attached)	

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NAME OF PROVIDER OR SUPPLIER 99 Adult Day Care	STREET ADDRESS, CITY, STATE, ZIP CODE 1019 CHERRY STREET PHILADELPHIA, PA 19107		

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11510	**11.90(b) Fire safety training for clients** If a client is medically or functionally unable to participate completely in the fire safety training, the client shall nevertheless participate to the maximum extent possible. The center shall document the extent of the client's participation. This STANDARD is not met as evidenced by: Findings: Based on a review of six of twenty-two client records and an interview with center staff, it was determined that the extent of client participation was not documented for all center clients.	11510	On 5/29/2014 a separate column to document the extent of client participation has been adopted in the fire safety training record. (Copy attached) The director/assistant director will be responsible for monitoring compliance. Fire safety training for participants is scheduled in every quarter. By next training, scheduled on 8/6/2014, the new quarterly training record will be used.	
11550	**11.101(a) Intake screening** The center shall complete, or arrange for the completion of, an intake screening for each applicant in order to determine the appropriateness of the older adult daily living center for that individual. The screening shall be completed within 60 days prior to admission. This STANDARD is not met as evidenced by: REPEAT CITATION Findings: Based on a review of six of twenty-two client records, it was determined that several center clients did not have the intake screening completed within six months prior to admission. A review of the record of Client #2, admission date 4/21/2014,	11550		

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11550	Continued From page 3 revealed that the client's intake screening was not completed until the client's initial day of attendance on 4/21/2013. A review of the record of Client #3, admission date 1/06/2014, revealed that the client's intake screening was not completed until 1/13/2014, after the client's initial day of attendance. A review of the record of Client #4, admission date 1/06/2014, revealed that the client's intake screening was not completed until 1/14/2014, after the client's initial day of attendance. An applicant cannot become a center client unless the center determines, based on the information in subsection (b), that the applicant meets the criteria for admission.	11550	All participants invariably have been personally screened by the center Director. They were interviewed at their home prior to the official admission date to establish relationship and determine suitability. Then, each participant was invited to the center to acclimate to the daily routine. It was unfortunate that the initial screening, meeting and trial period were not documented. The dates on record in reality only reflected the completion date of the record. In consideration of the concern, as of 5/29/2014 the center has implemented the intake procedure of documenting assessment as soon as the first meeting with a potential participant is scheduled. Intake assessment must be completed prior to admission. This would be primarily the director/assistant director's responsibility. (Checklist attached)	
11590	**11.102(a) Client physical examination and med report** To be admitted, an applicant whose needs, as determined through intake screening, may appropriately be met in a center, shall also have had a physical examination within 3 months prior to admission and annually thereafter. This STANDARD is not met as evidenced by: Findings: Based on a review of six of twenty-two client records, it was determined that the center admitted one client whose physical examination was not completed within 3 months prior to admission. The admission date of client #1 is 8/05/2013 and the date of the client's physical examination is 8/20/2013,	11590	Implemented on 5/29/2014, the center will not admit any participant prior to receiving a copy of the medical report from the participant's doctor at most within 3 months prior to admission. The director/assistant director is charged with the responsibility for compliance. (Checklist for intake procedures has been attached)	

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11590	Continued From page 4 which is fifteen days following admission.	11590		
11640	**11.103(c) Enrollment agreement** The client or the responsible party, or both, shall receive a copy of the signed enrollment agreement and a copy of the center's grievance procedures as set forth in § 11.20 (relating to grievance procedures) and client bill of rights. This STANDARD is not met as evidenced by: Findings: Based on a review of six of twenty-two client records, the center did not document whether the client or responsible party received a copy of the enrollment agreement and a copy of the center's grievance procedures as set forth in § 11.20 (relating to grievance procedures) and client bill of rights for all center clients.	11640	All current participants have received a copy of the center's Consent to Service Agreement, procedure to Grievance, and Participant Bill of Rights. However, on 5/29/2014 the center has adopted a signature page indicating the participant has received a copy of the said documents. The director/assistant director is charged with the responsibility for compliance. (Checklist for intake procedures has been attached) (Also attached is a signature page documenting participant's receipt of the documents.)	
11690	**11.105(b) Review and revision of individual care plan** Each semiannual review and, if necessary, revision of the plan shall, except as set forth in subsection (c), be discussed with the client or the responsible party, or both. When parties are unable to be present at the center for a discussion of the plan, centers shall, except as set forth in subsection (c), discuss the plan with them by telephone. Documentation of these discussions shall be kept in the client's record.	11690		

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11690	Continued From page 5 This STANDARD is not met as evidenced by: Findings: Based on a review of six of twenty-two client records and interview with director, it was found that the semi annual care plan review was not discussed with one client or the responsible party. Following a review of the record of Client #6 on 5/28/2014, it could not be determined whether or not the care plan was reviewed and discussed with the client or the responsible party, or both.	11690	On 5/29/2014, the center has adopted a signature page indicating the semi-annual care plan has been reviewed with each participant. The director/assistant director is charged with the responsibility for compliance. (Signature page attached)	
11760	**11.109 Service documentation** Progress notes on each client shall be written at least monthly and shall also be written as needed to reflect a review of the care plan and goals and objectives in light of changes in the client's status. Treatment notes and notes on significant events, when appropriate, shall be recorded according to professional standards. This STANDARD is not met as evidenced by: Findings: Based on a review of six of twenty-two client records it was found that the center failed to ensure that written progress notes were completed for one client at least monthly. A review of the record for client #1 revealed that there were no progress notes for November 2013.	11760	The participant in question was out for the month. Beginning 5/29/2014 the center has adopted a procedure that progress notes shall be completed for each participant at least once a month or as often as necessary to reflect the need and/or changes of the participant's condition. The director/assistant director is charged with the responsibility for compliance.	

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11990	**11.141(b) Storage of medications** Medications shall be kept in an area or container that is locked. This STANDARD is not met as evidenced by: Findings: Based on direct observation, the center failed to store all medications in a locked container. A container of 25mg Acarbose 25 mg tablets were found in a client's unlocked storage container near the center's entrance.	11990	On 5/29/2014, all participants were notified to bring their medication to the RN or Director once they set foot in the center. As well, starting the same day, a morning sweep of the storage containers is adopted to ensure no medication is left unattended. (See checklist of opening procedure) (Also attached are medication storage policy and medication administration record.)	
12380	**11.191(b) Emergency information** Emergency information for a client shall include the following: (1) A written agreement with the client or responsible party regarding emergency care and ambulance transportation, when the agreement is not included as an element in the enrollment agreement in §11.103 (relating to enrollment agreement). (2) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency. (3) The name, address and telephone number of the client's physician or source of health care and hospital preference. (4) The name, address and telephone number of the person able to give consent for emergency medical treatment, if applicable. (5) A copy of the client's most recent annual physical examination, which shall include information on	12380		

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12380	Continued From page 7 current diagnosis, medications and allergies. This STANDARD is not met as evidenced by: REPEAT CITATION Findings: Based on a review of the center's portable emergency file and a discussion with the center Director, it was determined that the center failed to include copies of the clients' most recent annual physical examinations for all center clients.	12380	After the inspection, all participants' latest medical reports have been duplicated and included in the center's portable emergency file. As such, updates of the portable emergency file were completed on 5/28/2014. The director/assistant director is charged with the responsibility of periodic updates of information of the participants. A tri-monthly review has been created to ensure compliance. (See attached) The next review will be on 8/28/2014.	