



April 22, 2014

Terry Shomberg, Director  
Abington Health Adult Day Services - Lansdale  
51 Medical Campus Drive  
Lansdale, PA 19446

RE: Abington Health Adult Day Services - Lansdale  
License # 285130 - Regular

Dear Ms. Shomberg:

As a result of the Department of Aging's licensing inspection of the above named facility on 02/12/2014, 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", 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 LANSDALE HOSPITAL CORPORATION

LEGAL ENTITY

To operate ABINGTON HEALTH ADULT DAY SERVICES - LANSDALE

(NAME OF CENTER)

Located at 51 MEDICAL CAMPUS DRIVE LANSDALE, PA 19446

(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. 38

(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

(NUMBER AND TITLE OF REGULATIONS)

Dated July 03, 1993

and shall remain in effect from May 01, 2014 until April 30, 2015

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

No: 285130 - 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: April 22, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>285130</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/12/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>Abington Health Adult Day Services - Lansdale</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>51 MEDICAL CAMPUS DRIVE LANSDALE, PA 19446</b>		
(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	<b>Initial Comments</b>  A State licensure visit was completed on 2/12/14 and it was determined that Abington Health Adult Day Services - Lansdale was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 850	<b>11.53(a) Poisons</b>  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.  This STANDARD is not met as evidenced by:  REPEAT CITATION  Findings: During a walk through of the center it was observed that poisonous materials, which included shower supplies such as body wash, body powder, and lotion, were unattended in an unlocked cabinet in the shower room. This was accessible to clients when a staff person left the room unattended.  A citation of this regulation was issued for the inspections held on 2/28/12 and 2/25/13.	1 850	<p>1) On the day of inspection, Program Manager and Nurse coordinator of the center spoke with the employee regarding the requirement of locking poison cabinet and making sure it is inaccessible to clients at the center. Cabinet was closed and locked before leaving the room.</p> <p>2) Program manager and Nurse coordinator reviewed the 6PA Code, Chapter 11 Older Adult Daily Living Centers regulation at a staff meeting. Copy of the staff meeting attached.</p> <p>3) Daily reminders by nurse coordinator given in daily safety briefings within the center to all staff present.</p> <p>4) Monthly safety checks are conducted to ensure poisons are locked and inaccessible to clients, these will continue. These are conducted by Nurse coordinator and/ or Activity Coordinator of the center. Copy attached.</p>	<p>2/12/14</p> <p>2/26/14</p> <p>2/13/14 and ongoing</p> <p>3/10/14 and ongoing</p>

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

*Sharon Spaulde MSN, RN-BC, CRNO*

TITLE

*Program Manager*

(X6) DATE

*3/2/14*

DEPARTMENT OF AGING APPROVAL

*[Signature]*

*Chief Division of Licensing*

DATE

*3/28/14*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER:  <b>285130</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/12/2014</b>
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PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE