



April 22, 2014

Erin Pettit, Director
Ageless Harmony, Inc.
3024 Penn Avenue
West Lawn, PA 19609

RE: Ageless Harmony, Inc.
License # 323120 - Regular

Dear Ms. Pettit:

As a result of the Department of Aging's licensing inspection of the above named facility on 02/10/2014, two 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,

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 AGELESS HARMONY, INC.
LEGAL ENTITY

To operate AGELESS HARMONY, INC.
(NAME OF CENTER)

Located at 3024 PENN AVENUE WEST LAWN, PA 19609
(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 41
(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 May 01, 2014 until April 30, 2015

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

No: 323120 - 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: 323120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2014
NAME OF PROVIDER OR SUPPLIER Ageless Harmony, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 3024 PENN AVENUE WEST LAWN, PA 19609		
(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 2/10/2014 and it was determined that Ageless Harmony, In. (West Lawn) was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 630	11.33(f) Program staff orientation and training 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 staff #1 had not taken the mandatory director's training. Center directors were initially informed of this new training course on 01/28/2013, and several times subsequently, that this training must be completed by June, 30, 2013.	1 630	1630 Staff #1 RP has completed all of the Modules but there is a software issue with the program in OLTL (documentation attached) . The exam has been completed and passed. The software will not print out the Certificate. The Director had already completed the course, the manager has one module left to complete but she is having similar issues with the program. program. Completion date will be 2/26/2014	2/26/2014
11610	11.102(c) Client physical examination and med report The medical report shall include:	11610		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

E. Peter Crumpton

TITLE Director

(X6) DATE

2/26/2014

DEPARTMENT OF AGING APPROVAL

Karen [Signature]

Chief Division of Licensing

DATE

4/17/2014

ATG6899

X3NB11

If continuation sheet 1 of 2

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11610	<p>Continued From page 1</p> <p>(1) A review of previous health history, current medication regimen, use of medical treatments and therapies; current health problems and conditions; and a schedule for client self-administration of medications.</p> <p>(2) The record of a general physical examination.</p> <p>(3) General sensory functioning; sensory aids.</p> <p>(4) An indication that a tuberculin skin test has been administered with negative results within 2 years; or, if tuberculin skin test is positive, the results of a chest X-ray.</p> <p>(5) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the client is free of communicable disease, or that the client has a communicable disease but is able to be in the center if specific precautions are taken which will prevent the spread of the disease to other individuals.</p> <p>(6) Medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of five of twenty-three client medical records it was determined that the tuberculin skin test of client #1 demonstrated that the PPD was read after seventy-two hours of the PPD being administered. The PPD was placed on 2/28/2013 and read on 3/04/2013.</p>	11610	<div style="border: 1px solid black; padding: 5px;"> <p>11610</p> <p>Client #1 PPD test read date was overlooked as being read after 96 hours instead of the required 72 hour read. The issue was missed and will be checked by the Director and the staff Nurse more thoroughly in the future. Ongoing, clients missing valid negative PPD result will be prevented from attending program. Completion date 2/26/2014</p> </div>	2/26/2014