



July 28, 2014

Parth Patel, Director
Bensalem Adult Day Care Center
311 Veterans Highway, Suite 100-C
Levittown, PA 19056

RE: Bensalem Adult Day Care Center
License # 295041 - Provisional

Dear Mr. Patel:

As a result of the Department of Aging's licensing inspection of the above named facility on 05/14/2014, we have found that your facility is in substantial, but not complete compliance with applicable statutes, ordinances and regulations. Therefore, a Provisional license was issued.

The Department of Aging will inspect the facility prior to the expiration of the Provisional license. If your facility is found to be in compliance with applicable statutes, ordinances and regulations, a Regular license will be issued.

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 BENSALEM ADULT DAY CARE, LLC
LEGAL ENTITY

To operate BENSALEM ADULT DAY CARE CENTER
(NAME OF CENTER)

Located at 311 VETERANS HIGHWAY, SUITE 100-C LEVITTOWN, PA 19056
(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 128
(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 January 31, 2015

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

No: 295041 - Provisional I



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 28, 2014

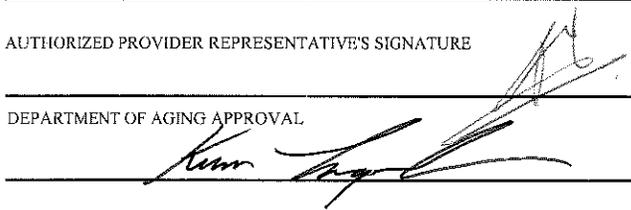
AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 295040	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2014
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NAME OF PROVIDER OR SUPPLIER Bensalem Adult Day Care Center	STREET ADDRESS, CITY, STATE, ZIP CODE 311 VETERANS HIGHWAY, SUITE 100-C LEVITTOWN, PA 19056
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1 000	Initial Comments A State licensure visit was completed on 5/14/14 and it was determined that Bensalem Adult Day Care Center was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 280	11.13(b) Administration and organization A center shall utilize written administrative policies and procedures, which, at a minimum, include: (1) Accounting policies and procedures. (2) Personnel policies and practices. (3) Client policies on admissions, discharges, transfers, and the like. (4) Record policies, including client records, as set forth in §§11.191-11.198 (relating to client records); incidents occurring at the center, as set forth in §11.16 (relating to reporting of unusual incidents; and discharges, as set forth in §11.113 (relating to record of discharge). (5) Safety policies including fire safety, emergency and infection control measures to guard against the spread of communicable	1 280	1280 11. 13(b) We have updated the hiring procedure where we include the fingerprinting to be done through the PA Cogent System only. This will be the responsibility of the Center Director. To ensure this, the file will be reviewed with any member of the advisory committee atleast 1 day prior to the date of hire.	6/27/14

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE



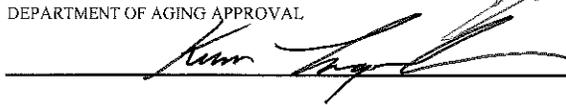
TITLE

CENTER DIRECTOR

(X6) DATE

6/27/14

DEPARTMENT OF AGING APPROVAL



DATE

Chief, Division of Licensing 7/23/14

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1 280	Continued From page 1 disease. This STANDARD is not met as evidenced by: Findings: Based on a review of the center's administrative policies and procedures and interview with the director, it was determined that the center did not have updated policies for obtaining Federal criminal history records through the Cogent system.	1 280	<div style="border: 1px solid black; padding: 5px;"> <p>1450 11.18 (d)</p> <p>The Center Director organized an advisory committee meeting with the owners to acknowledge them about the new hiring procedure. It will be under the Center Director and again the file will be reviewed with the committee member at least 1 day prior to the date of hire to ensure the compliance.. I will attach the checklist which will be filled and completed before the date of hire for any employee. Quality assurance for employees would be done every quarter. Employee evaluation form which would be documented in their respective files. This would be responsibility of the Center director.</p> </div>	
1 450	11.18(d) Criminal History record check For persons hired on or after October 12, 1993, an operator shall apply for the information in subsection (a) for prospective employees within 5 working days after the employee's date of hire. This STANDARD is not met as evidenced by: REPEAT CITATION Findings: Based on a review of staff records and interview with center director, it was discovered that the center did not require applicants to submit a criminal history record check with their applications as required by Section 502 of the Older Adult Protective Services Act. Requests were not submitted prior to hire for staff persons #1, #5 and #6.	1 450		6/27/14

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1 450	Continued From page 2 The center requested criminal history reports for staff persons #1, #5 and #6 on 5/13/14 , 5/13/14 and 3/13/14, respectively. Their dates of hire were 1/13/14, 1/30/14, and 2/25/14 respectively. In addition, during the provisional hire period, the center failed to meet Older Adult Protective Services regulation 15.146(a)(5), which requires the following: "The facility shall regularly supervise the applicant carrying out assigned duties. The results of the observations shall be documented in the employee personnel file." A citation was issued for this regulation for the inspection of 4/30/13.	1 450	1590 11.33(b) Again, with the change in hiring policy and the addition of the checklist to ensure proper documentation for the staff as shown in 1450 and 1280, the changes would help to ensure the compliance. Staff # 2 and Staff # 9 have been notified to be enrolled in the First Aid Program and until then they are suspended from work, alternatively we hired new driver 6/16/2014 whose history and physical and PATCH report and CPR & First Aid Card is attached to assure compliance with citations 1590, 1450 and 1280.	6/27/14
1 590	11.33(b) Program staff orientation and training A sufficient number of staff persons shall be trained, certified and recertified in cardiopulmonary resuscitation and in first aid training so that at least one staff person so trained, certified and recertified in CPR and first aid training is present in the center at all times. This STANDARD is not met as evidenced by: REPEAT CITATION Findings: A sufficient number of staff persons were	1 590		

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1 590	Continued From page 3 not trained, certified and recertified in first aid training so that at least one person so trained is present in the center at all times. Two staff, #2 and #9, who are both drivers, do not have first aid training. The vehicle used to transport clients is an extension of the center. This was also a citation during the 12/10/2012 inspection.	1 590		
1 850	11.53(a) Poisons 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: Findings: Based on direct observation, it was discovered that poisonous materials were not kept in a locked closet, cabinet or cupboard. An aerosol can of Lysol was on an unlocked cabinet in the ladies room. This is accessible to clients.	1 850	1850 11.53 (a) Actions were taken to remove all the poisonous materials from restrooms and they would be placed in locked cabinet whose pictures are enclosed. We have installed new soap dispensers whose pictures are enclosed. This would be monitored daily by the Nursing Staff and reported daily to the Director Of Nurse and documented.	5/15/14
11200	11.70(d) First aid The first aid kits shall contain antiseptic, an assortment of adhesive bandages, sterile gauze pads,	11200		

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11200	Continued From page 4 tweezers, tape and scissors. This STANDARD is not met as evidenced by: Findings: Based on observation it was discovered that the first aid kit did not include either tweezers or scissors. One of the owners left the premises during the inspection and purchased these items. They were placed in the first aid kit.	11200	11200 11.70(d) This was corrected at the time of inspection. Any new First Aid kit will now be inspected by the Director of Nurse before being placed in the facility.	5/14/14
11350	11.86(d) Fire alarm There shall be a written procedure for fire safety monitoring in the event the fire alarm is inoperative. This STANDARD is not met as evidenced by: Findings: Based on a review of center policy and procedure, it was determined that the center did not include all necessary language in the written procedure. It did not include that in the event the fire alarm is inoperative repairs shall be made within two working days of the time the fire alarm was found to be inoperative, as referenced in subsection 11.86(c).	11350	11350 11.86(d) The Fire procedures have been enhanced and the following piece of information was added to the existing Procedure as attached. This will be executed by the Director and in absence of It, the assigned personnel.	6/10/14

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11550	<p>11.101(a) Intake screening</p> <p>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.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of client records, it was determined that a center client did not have the intake screening completed within sixty days prior to admission. A review of the record of Client #6 revealed that the client's intake screening was completed on the initial day of attendance of 04/28/14.</p>	11550	<p>11550 11.101(a)</p> <p>There has been addition made to the admission criteria and the following document has been added to the policy manual. This would be maintained by the Center Director in co-ordination with the Director of Nurse.</p>	6/10/14
11590	<p>11.102(a) Client physical examination and med report</p> <p>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.</p> <p>This STANDARD is not met as evidenced by:</p>	11590	<p>11590 11.102 (a)</p> <p>Actions have been taken to remind the nurses to get the history and physical in time. Each month beginning an updated form with dates of history and physical, including ppd, care plan updates will be printed out and clients will reminded a month prior to get the forms done. The director and the director of nursing will overlook to see this is done in a timely manner. For the client #7 who was sent to the doctor the next day to get the physical done. His physical is attached.</p>	6/27/14

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11610	<p>11.102(c) Client physical examination and med report</p> <p>Findings: Based on a review of client records, it was determined that the center continued to allow a client to attend the center who had not submitted an annual physical examination. A review of medical records belonging to Client #7 revealed a physical examination in the file had been conducted on 3/5/13. An examination was due 3/5/14.</p> <p>The medical report shall include: (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. (2) The record of a general physical examination. (3) General sensory functioning; sensory aids. (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. (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. (6) Medical information pertinent to diagnosis and</p>	11610	<p>11610 11.102(c)</p> <p>The nurse would thoroughly check the history and physical prior to admission and make sure it is done within 3 months prior to admission as in admission criteria. The director of nursing will overlook and see it will be done by reviewing the chart before admission.</p>	5/15/14

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11610	Continued From page 7 treatment in case of an emergency. This STANDARD is not met as evidenced by: Findings: Based on a review of the medical report for client #3, the center failed to ensure that a tuberculin skin test had been administered within 2 years. The client's tuberculin skin test was administered on 2/19/14 and it was read on 2/21/24, the day of admission to the program. Subsection 11.102 (a) and (c) indicate that an applicant shall have had a physical examination, which includes the tuberculin skin test, within three months prior to admission.	11610		
11870	11.123 Core services The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core	11870		

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11870	Continued From page 8 services are as follows: This STANDARD is not met as evidenced by: REPEAT CITATION Findings: Based on a review of individual care plans, the center did not address each essential core service during the care planning process. A review of six of 27 client files revealed that needs identified on initial nursing assessments and on medical forms were not addressed on care plans. Examples include the diagnosis of dementia, an elopement risk, personal care needs. The care plans primarily addressed nursing areas, as well as some recreational and social needs. The center received a citation for this regulation for the inspection of 12/10/12.	11870	11870 11.123 The needs identified on nursing assessment and on medical forms will be addressed on care plans. Sample of care plan with in-service given to nurses by the director of nursing to meet this issue. Director of nursing will review chart on a monthly basis to make sure this issue is fixed.	6/10/14
11873	11.123(2) Core Services - Nursing Services The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each	11873		

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11873	Continued From page 9 essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows: (2) Nursing services. The center shall provide, contract for or otherwise arrange for nursing services. The number of services provided by the nurse, the manner in which a center obtains nursing services (which may range from formal to informal), and the amount of time spent by the nurse in a center (which may, for example, range from the daily services of a registered nurse staff person to a monthly or quarterly visit by a practical nurse) depend upon the needs of the center's clients. Nursing service includes the following: (i) Centers shall carry out the following standard nursing functions at least quarterly: (A) A review of the client's health status, including dietary needs. (B) Review of medication procedures, if necessary. (C) Review of policies and procedures for personal care. (D) Training and education of staff persons regarding the needs of clients in centers, including infection control. (ii) The following nursing functions may be added to subparagraph (i) if they are consistent with the goals of the center and the characteristics of persons admitted to the center, as determined through intake screening and client physical examination and medical	11873	11873 11.123(2) The needs identified on nursing assessment and on medical forms will be addressed on care plans. Sample of care plan with in-service is given to nurses by the director of nursing to meet this issue The quarterly training and education of the staff will covers infection control and dietary needs including the review of the needs of the clients. Director of nursing will review chart on a quarterly basis and give training and education to staff to make sure this issue is fixed. The staff quarterly training is attached.	6/27/14

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11873	<p>Continued From page 10 reports:</p> <p>(A) Provision or supervision of modified and therapeutic diets and supplemental feedings.</p> <p>(B) Provision or supervision of observation, monitoring and intervention for unstable medical episodes.</p> <p>(C) Preparation of the client for self-administration of medications.</p> <p>(D) Provision of restorative or rehabilitative nursing.</p> <p>(E) Provision of maintenance of respiratory aids, colostomy and ileostomy, urinary drainage devices, dressings, skin care, foot and nail care and routine care of incontinent clients.</p> <p>(F) Response to emergencies.</p> <p>(G) Administration of parenteral treatments.</p> <p>(H) Provision of other skilled nursing care, which can be safely done in the older adult daily living center.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of 6 of 27 client records and an interview with the center director, it was determined that the center's nurse had not completed quarterly reviews for clients. Initial nursing assessments were completed for the clients, client vital statistics are recorded, and monthly notes are written. Dietary needs, as related to client health status, is not included.</p> <p>In addition, the quarterly training and education of the staff covers infection control but does not include a</p>	11873		

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11873	Continued From page 11 review of the needs of the clients.	11873		
11920	11.132(c) Staff physical examination The medical report shall include: (1) The record of a physical examination. (2) Indication that a tuberculin skin test has been administered to the individual with negative results within 2 years; or if tuberculin skin test is positive, the results of a chest X-ray. (3) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the individual is free of communicable diseases or that the individual has a communicable disease but is able to work in the center if specific precautions are taken that will prevent the spread of the disease to clients. (4) Information on a medical problem, which might interfere with the health of the clients. This STANDARD is not met as evidenced by: Findings: Based on a review of staff medical records, it was discovered that a physical examination form for staff person #9 did not meet subsection (3). The communicable disease question was not answered on the form.	11920	11920 11.132(c) The Staff # 9 Rajesh Kumar has already been notified for a new physical and as of yet is suspended until he gets his new physical and also CPR and First Aid. This will be examined by the Director of Nurse and also checked by the administrator before he can resume working.	5/15/14

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NAME OF PROVIDER OR SUPPLIER Bensalem Adult Day Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 311 VETERANS HIGHWAY, SUITE 100-C LEVITTOWN, PA 19056		
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12380	<p>11.191(b) Emergency information</p> <p>Emergency information for a client shall include the following:</p> <p>(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).</p> <p>(2) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.</p> <p>(3) The name, address and telephone number of the client's physician or source of health care and hospital preference.</p> <p>(4) The name, address and telephone number of the person able to give consent for emergency medical treatment, if applicable.</p> <p>(5) A copy of the client's most recent annual physical examination, which shall include information on current diagnosis, medications and allergies.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of the center's portable emergency file and a discussion with the center's Director and Nurse, it was determined that the center failed to include copies of the clients' most recent annual physical examinations. The physical exam for client #7 was dated 3/5/13.</p>	12380	<p>12380 11.191(b)</p> <p>As created the chart for 11590, the updated History and physical forms will be received on timely basis and a copy will be updated in the emergency information binder along with the chart. This would be the responsibility of the Director of Nurse and will be signed by the Center Director.</p>	5/15/14