



July 01, 2014

Roxanne Downs, Director  
Blue Mountain Health System ADS  
525 Iron Street  
Lehighton, PA 18235

RE: Blue Mountain Health System Adult Day Services  
License # 392700 - Regular

Dear Ms. Downs:

As a result of the Department of Aging's licensing inspection of the above named facility on 05/07/2014, three 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", 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 PALMERTON HOSPITAL  
LEGAL ENTITY

To operate BLUE MOUNTAIN HEALTH SYSTEM ADULT DAY SERVICES  
(NAME OF CENTER)

Located at 525 IRON STREET LEHIGHTON, PA 18235  
(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 34  
(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 July 01, 2014 until June 30, 2015

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

No: 392700 - 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 01, 2014

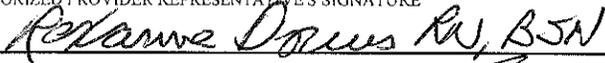
AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER:  <b>392700</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/07/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>Blue Mountain Health System Adult Day Services</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>525 IRON STREET LEHIGHTON, PA 18235</b>
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(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
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1 000	<b>Initial Comments</b>  A State licensure visit was completed on 5/7/14 and it was determined that Blue Mountain Health System Adult Day Services was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">POC 6/16//2014</p> <p>Starting now, there will always be staff with the mandatory director training course in order to fill in for the Director when she is not at the ADSC. The program assistant has completed the online course as of 6/2/2014. Enclosed please find the certificate of completion. We presently have 2 staff members who have completed the director training course in addition to the Director. Moving forward the Director or her designee will make sure that there are always 2 active staff that have completed and received a certificate for the Director training.</p> </div>	06/02/2014
1 630	<p><b>11.33(f) Program staff orientation and training</b></p> <p>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.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of staff training records it was determined that a designee for the director had not taken the mandatory director's training. The designee who had taken the course is currently on medical leave. 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.</p>	1 630		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE 	TITLE Director	(X6) DATE 6/20/14
DEPARTMENT OF AGING APPROVAL 	Chief, Division of Licensing	DATE 6/30/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  392700	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/07/2014
NAME OF PROVIDER OR SUPPLIER  Blue Mountain Health System Adult Day Services		STREET ADDRESS, CITY, STATE, ZIP CODE 525 IRON STREET LEHIGHTON, PA 18235		
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11440	<p><b>11.88(c) Fire drills</b></p> <p>Alternate exit routes shall be used during fire drills.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a fire drill record review, it was determined that the center failed to use an alternate exit during the year. The center relocated to this site on 11/4/13. On 11/1/13 the director was advised, by telephone, that within 6 months a fire drill should be held using the alternate exit which has stairs. As of the date of the inspection this had not been completed.</p>	11440	<p>POC</p> <p>We had a Fire Drill on 6/20/14. All clients were evacuated through our back door exit without incident. Engineering staff, and volunteers were here to assist us. It took 9 minutes to evacuate all clients. Moving forward Engineering will keep track of the exit used for the drill, in order for alternate exits to be used every 6 months. Enclosed please find the updated Fire Drill Form that will be used for all fire drills.</p>	6/20/14
11900	<p><b>11.132(a) Staff physical examination</b></p> <p>Staff persons who come into direct contact with clients or who prepare or serve food shall have a physical examination within 12 months prior to employment, and every 2 years from the date of the last physical examination thereafter.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of staff medical records and an interview with the center director, it was determined that one staff person did not have a physical examination within two years from the date</p>	11900		

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NAME OF PROVIDER OR SUPPLIER  <b>Blue Mountain Health System Adult Day Services</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>525 IRON STREET LEHIGHTON, PA 18235</b>		
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11900	Continued From page 2 of the last physical examination. The physical examination forms for staff person #2 were dated 07/12/11 and 08/09/13.	11900	<div style="border: 1px solid black; padding: 5px;"> <p>POC 5/28/2014</p> <p>All staff physical exams will be done within the two year period as stated in 11.132.a.</p> <p>Attached please find a list of present staff H&amp;Ps with their next due date. The Director or her designee is responsible for notifying staff 2 months in advance of when their H&amp;P is due.</p> <p>This form will be posted on bulletin board outside of the Nursing Office.</p> </div>	Ongoing