



September 23, 2014

Darlene Smith, Director
D/S Adult Day Services, LLC
565 West Penn Pike
Tamaqua, PA 18252

RE: D/S Adult Day Services, LLC
License # 405404- Interim

Dear Ms. Smith:

As a result of the Department of Aging's Licensing Inspection on 08/27/2014, an Interim license was issued. An Interim license is issued if the applicant is suitable, the premises are safe and the applicant is likely to comply substantially with applicable statutes, ordinances and regulations prior to expiration of the Interim license.

An Interim license is not renewable. At the expiration of an Interim license, the Department may issue a Regular license or a maximum of one Provisional license.

Thank you for your continued effort to provide 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 DARLENE SMITH
LEGAL ENTITY

To operate D/S ADULT DAY SERVICES, LLC
(NAME OF CENTER)

Located at 565 WEST PENN PIKE TAMAQUA, PA 18252
(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 20
(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 September 22, 2014 until February 28, 2015

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

No: 405404 - Interim



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: September 23, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2014
NAME OF PROVIDER OR SUPPLIER D/S Adult Day Services, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 565 WEST PENN PIKE TAMAQUA, PA 18252		
(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 8/27/14 and it was determined that D/S Adult Day Services, LLC 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	Plan of Correction is required Plan to correct 11.110 (c) 1 The center director has devised a discharge policy for clients, which will be provided to clients upon enrollment. A copy of policy is attached. The center director will monitor compliance upon initial/all enrollments.	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

Darlene Smith

TITLE

Director

DATE

9-6-2014

DEPARTMENT OF AGING APPROVAL

[Signature]

Chief, Division of Licensing

DATE

9/22/14

ATC6889

R7K711

If continuation sheet 1 of 8

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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 policy and procedure book it was discovered that a client policy was not included for discharges. The policy book did include a discharge summary form as required by regulation 11.110 (c)(1).	1 280		
1 540	11.31(a) Minimum staff requirements Center staff persons promoted or hired on or after October 1, 1993, shall: (1) Meet the specific educational or experience and skill requirements in §§ 11.34-11.37. (2) Meet training requirements in § 11.33 (relating to program staff orientation and training). (3) Meet requirements for a physical examination in § 11.132 (relating to staff physical examination). (4) Never have been found guilty by a court of law of a felony or a crime involving assaultive behavior or moral turpitude as documented through procedures in § 11.18	1 540		

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1 540	<p>Continued From page 2 relating to criminal history record check).</p> <p>(5) Never have been found to be a substantiated perpetrator of abuse, neglect, exploitation or abandonment under the Older Adults Protective Services Act (35 P.S. §§ 10211- 10224).</p> <p>(6) Never have had a finding entered into the State Nurse Aide Registry concerning abuse, neglect or mistreatment of individuals or misappropriation of their property.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of staff records, and an interview with the site director, it was determined that the center did not meet subsection (1) for the LPN the director intends to hire. The job application was not available during the inspection to verify that the LPN meets subsection 11.35(b), which states the nurse shall have experience working with aging adults and adults with functional impairment.</p>	1 540	<p>Plan to correct 11.35 (b)</p> <p>The center director has had the nurse fill-out a new job application which does show extensive experience working with aging adults.</p> <p>The director also conducted an interview with applicant about job responsibilities here at the center.</p> <p>The center director will monitor compliance monthly.</p> <p>See attached application.</p>	
1 600	<p>11.33(c) Program staff orientation and training</p> <p>A center shall have a training curriculum describing the general orientation and annual training required in subsections (a)(1) and (2) and the qualifications of the</p>	1 600		

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I 600	Continued From page 3 trainer or of the organizations which provide training. A center shall have the curriculum and trainer or organization qualifications available to the Department for review at the time of initial licensure and annual relicensure inspection. This STANDARD is not met as evidenced by: Findings: The training curriculum available to the Department for review at the time of licensure did not include mandatory reporting laws regarding abuse, as required by the Older Protective Services Act (OAPSA).	I 600	Plan to correct 11.33 (c) The center director has revised annual staff training curriculum to include mandatory reporting laws of abuse. See Attachment. Director will monitor compliance monthly.	
I 970	11.58(b) Surfaces Floors, walls, ceilings and other surfaces shall be free of hazards, such as loose or broken window glass, pointed projections, loose or cracked floor coverings. This STANDARD is not met as evidenced by: Findings: Based on a physical site inspection, it was observed that there are a significant number of electrical plug outlets in the walls in the center program areas, many of which would not be used for lights and other electrical devices. Many of the outlets	I 970		

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1 970	Continued From page 4 had any type of safety device to prevent a client from receiving an electrical shock if the opening was touched.	1 970	Plan to correct 11.58 (b) The center director has provided child protective safety covers for all unused receptacles.	
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 the interim inspection conducted on 08/27/14, it was discovered that there were no inspection tags on the three fire extinguishers in the center.	11410	The center director will monitor compliance monthly. See attached photograph.	
11860	11.122 Assurance of service quality A center shall take necessary and appropriate measures to assure the quality of the services, which it provides or makes available, as described in §§ 11.123 and 11.124 (relating to core services; and specialized services and additional services). These measures include: (1) Obtaining from service providers proof of licensure, certification or other approval required by the Commonwealth or the relevant specialty, or both.	11860	Plan to correct 11.87 (f) The director has contracted Cintas Fire Protective Services to conduct inspection of EXIT signs and Fire Extinguishers. See attach photograph and Service report. The director will monitor compliance annually.	

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11860	<p>Continued From page 5</p> <p>(2) Assuring that service providers carry professional liability insurance.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of the center's records, the center failed to assure the quality of the services which it provides or makes available. The center director stated that the insurance which covers the center will also cover the hairdresser. There were no records to verify this.</p>	11860	<p>Plan to correct 11.123 & 11.124 (1)-(2)</p> <p>The director has decided that all service providers will need to provide proof of licensure, certification or other approval required by the Commonwealth. At this time proof of coverage for hairdresser under the centers policy is being looked into. services at this time will be suspended until proof can be provided.</p>	
12230	<p>11.152 Food provided or arranged for by center</p> <p>If the center provides or arranges for meals for clients, the following requirements apply:</p> <p>(1) Cold food shall be kept at or below 45°F. Hot food shall be kept at or above 140°F. Frozen food shall be kept at or below 0°F.</p> <p>(2) Written daily menus shall be prepared and posted in a location visible to the clients. Menus shall be posted at least 1 program day prior to the menu date. Written menus shall be followed. Written menus shall be retained for at least 2 months.</p> <p>(3) At least one complete meal shall be provided if the client is at the center for 4 or more hours. If a client is at the center for more than 6 hours, a nutritional snack shall be provided.</p> <p>(4) Each meal served shall contain at least one item from the dairy, protein, fruits and vegetables and grain</p>	12230	<p>Once proof is provided copies will be sent To Department of Aging and on file.</p>	

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12230	<p>Continued From page 6 food groups, unless medically contraindicated for individual clients.</p> <p>(5) Quantity of foods served at each meal shall contain at least 1/3 of the daily-recommended dietary allowances as established by the Food and Nutrition Board of the National Research Council.</p> <p>(6) Prescribed diets for clients with medically restricted diets shall be followed. A written record of prescribed diets shall be kept in the client's file.</p> <p>(7) The ethnic and religious preferences of clients shall be considered when planning menus.</p> <p>(8) Food shall be protected from contamination while being stored, prepared, served and transported. Food shall be stored in sealed containers.</p> <p>(9) Utensils used for eating, drinking, preparation and serving of food or drink shall be washed after each use by a mechanical dishwasher or by a method approved by the Department of Environmental Resources.</p> <p>(10) Mechanical dishwashers shall use hot water temperatures exceeding 140°F in the wash cycle and 180°F in the final rinse cycle or shall be a chemical sanitizing type approved by the National Sanitation Foundation.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on direct observation and an interview with the center director, it could not be determined if the center met subsection (4, 5 and 6). The center director stated she will cook food for the clients, rather than contract with a food service.</p>	12230	<p>Plan to correct 11.152 subsections (4,5,8,6)</p> <p>The director has provide a signed and altered menu to meet dietary needs of all clients and including those with special dietary needs.</p> <p>See attached menu and sample meal plans</p>	

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12230	<p>Continued From page 7</p> <p>The requirements of Title 7 Chapter 46, Food Code, which sets the standards for the Department of Agriculture, and Aging Program Directive 06-03-01 apply to food served at the center. A menu reviewed by a dietician must be submitted to show that it meets compliance.</p>	12230	<p>The center director has contracted</p> <p>A licensed dietician to oversee and sign</p> <p>Monthly menus.</p> <p>The center director will monitor monthly compliance.</p>	