



September 17, 2014

Patty Schultz, Director  
Eldercare East  
15 Metro Drive  
Lebanon, PA 17042

RE: Eldercare East  
License # 241350 - Regular

Dear Ms. Schultz:

As a result of the Department of Aging's licensing inspection of the above named facility on 08/07/2014, 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 AVENUES  
LEGAL ENTITY

To operate ELDERCARE EAST  
(NAME OF CENTER)

Located at 15 METRO DRIVE LEBANON, PA 17042  
(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 21  
(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 October 01, 2014 until September 30, 2015

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

No: 241350 - 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: September 17, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>241350</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/07/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>Eldercare East</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>15 METRO DRIVE LEBANON, PA 17042</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 August 7, 2014 and it was determined that Eldercare East was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
11760	<b>11.109 Service documentation</b>  Progress notes on each client shall be written at least monthly and shall also be written as needed to reflect a review of the care plan and goals and objectives in light of changes in the client's status. Treatment notes and notes on significant events, when appropriate, shall be recorded according to professional standards.  This STANDARD is not met as evidenced by:  <b>Findings:</b> Based on a review of client records, it was determined that progress notes for client #3 did not include specific information about a hospitalization and recovery that occurred from 3/5/14 - 4/30/14. The progress notes indicated, " 3/5/14 Absent - in hospital " . Periodic notes were written that stated " absent " and " in rehab " . On 4/30/14, the note stated " (Client) participated in program activities. "	11760	<b>Plan of Correction is required</b>  <div style="border: 1px solid black; padding: 5px;"><b>11.109 Service documentation</b> A training was completed with direct care staff on information that must be documented in a client's progress notes. Site supervisor is responsible for ensuring that this regulation is met. Please see attachment (A) for verification.</div>	8-29-14

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

*Patricia Schultz*

TITLE

*Program manager*

(X6) DATE

*8-29-14*

DEPARTMENT OF AGING APPROVAL

*Kim Hoge*

DATE

*Chief, Division of Licensing*

*9/15/14*

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If continuation sheet 1 of 4

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11760	Continued From page 1 Nursing note from 4/3/14, mistakenly dated 4/3/13, stated " Consumer was admitted to the hospital last month and is now currently in Spang Crest for rehab. " The nursing note from 5/1/14 stated, " (Client) returned to program April 30, 2014. "	11760		
11791	<b>11.110(d) Written Policy</b>  The center shall record in the client's record the date and the reason for a client's discharge or transfer and the client's destination if known.  This STANDARD is not met as evidenced by:  <b>Findings:</b> Based on a review of client records, it was determined that the center did not document the reason client #6 was discharged from the center on 4/4/14.	11791	<b>11.110(d) Written Policy</b> Program Manager PS and Site Supervisor AB reviewed regulation 11.110. Program Manager PS developed a form to document a consumer's discharge from program. Site supervisor is responsible for ensuring that discharge information is documented. Please see attachment (B) for verification.	8-8-14
12230	<b>11.152 Food provided or arranged for by center</b>  If the center provides or arranges for meals for clients, the following requirements apply: (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. (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.	12230		

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12230	<p>Continued From page 2</p> <p>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 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>	12230		
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	<b>Findings:</b> Based on a direct observation, a number of expired food items were stored in the cupboards. Expired items included stewed tomatoes with best by (bb) date of 3/31/09, tomato paste with bb date of 3/1/09, pasta sauce with bb date of 9/27/13, whole tomatoes with bb date of 12/31/06, and chickpeas with bb date of 11/30/09.		<b>11.152 Food provided or arranged for by center</b>  Site Supervisor AB checked all pantry storage areas on 8-8-14 and removed any remaining expired food items. A training was conducted with Site Supervisor AB and direct care staff on proper food storage. Program Manager is responsible for ensuring that all outdated food is disposed of. Please see attachment (A) for verification.	8-29-14