



November 12, 2014

Sean Daugherty, Director
Golden Opportunities
708 Whitestown Road
Butler, PA 16001

RE: Golden Opportunities
License # 501270 - Regular

Dear Mr. Daugherty:

As a result of the Department of Aging's licensing inspection of the above named facility on 09/03/2014, one area of non-compliance was 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".

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to COMMUNITY CARE CONNECTIONS, INC.
LEGAL ENTITY

To operate GOLDEN OPPORTUNITIES
(NAME OF CENTER)

Located at 708 WHITESTOWN ROAD BUTLER, PA 16001
(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 56
(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 December 01, 2014 until November 30, 2015

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

No: 501270 - 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: November 12, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER: 501270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2014
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NAME OF PROVIDER OR SUPPLIER Golden Opportunities	STREET ADDRESS, CITY, STATE, ZIP CODE 708 WHITESTOWN ROAD BUTLER, PA 16001
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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
1 000	Initial Comments A State licensure visit was completed on 09/03/14 and it was determined that Golden Opportunities was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000	Staff member #3 was due for a physical examination and a tuberculin skin test in March of 2013. She had a physical exam, however her doctor would not complete a TB test at that time due to her pregnancy. Staff member #3 miscarried in September of 2013. We failed to secure an updated TB test from her when she returned to work. Staff member #3 received a tuberculin skin test on 9/8/14 and had it read on 9/10/14.	9/10/14
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:	11920	Going forward, program staff will not be permitted to return to work until all outstanding medical requirements related to licensing are completed and documentation is received by the Director and the Human Resource Manager. The Program Coordinator and Director will be responsible for ensuring that this documentation is requested from the employee and then given to the HR Manager. An individual who is off will have their personnel file flagged. These files will be checked for regulation compliance before staff can return to work. Attached is the physical form for staff member #3 indicating applications and the reading of a negative TB test.	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Aileen P. D...

Program Director

9/17/14

DEPARTMENT OF AGING APPROVAL

DATE

[Signature]

Chief, Division of Licensing

11/6/14

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11920	Continued From page 1 Findings: Based on a review of staff records and an interview with the center director, it was determined that staff person #3 did not have a tuberculin skin test administered within 2 years from the date of the previous skin test. The most recent tuberculin skin test was read on 03/17/11.	11920		