



June 19, 2014

Anna Malocu, Director
Golden Years Adult Center
601 West Washington Street
Shenandoah, PA 17976

RE: Golden Years Adult Center
License # 404110 - Regular

Dear Ms. Malocu:

As a result of the Department of Aging's licensing inspection of the above named facility on 04/09/2014, four 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", written in a cursive style.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to FRANK S. MALOCU
LEGAL ENTITY

To operate GOLDEN YEARS ADULT CENTER
(NAME OF CENTER)

Located at 601 WEST WASHINGTON STREET SHENANDOAH, PA 17976
(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 28
(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: 404110 - 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: June 19, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 404110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2014
NAME OF PROVIDER OR SUPPLIER Golden Years Adult Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 WEST WASHINGTON STREET SHENANDOAH, PA 17976		
(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 4/9/14 and it was determined that Golden Years Adult Center was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 630	11.33(f) Program staff orientation and training 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. This STANDARD is not met as evidenced by: Findings: Based on a review of staff training records it was determined that the director designee, staff #2, had not taken the mandatory director's training. 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.	1 630	11.33(f) Moving Forward The Director Designee, staff #2 failed to complete the mandatory new training course by June 30, 2013. The new training course was completed by director designee staff # 2 on April 29, 2014. The Director will ensure director designee will complete future mandatory trainings recommended by the state requirements. (See attached 11.33(f)). Completed by Anna Malocu	04/29/2014

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

Anna Malocu

TITLE

5-13-14

(X6) DATE

DEPARTMENT OF AGING APPROVAL

Anna Malocu

Chief, Division of Licensing

DATE

6/5/14

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11450	11.88(d) Fire drills Fire drills shall be held on different days of the week and at different times of the day. This STANDARD is not met as evidenced by: Findings: Based on a review of fire safety records, the center held fire drills on 4/4/13, 10/3/13 and 4/3/14. All the drills were conducted on a Thursday. In addiiton, the drills were held at 9:30, 10:15 and 10:32, respectively.	11450	11.88(d) Moving forward As of 04/05/14 all fire drills will be pre scheduled so different days and times for 1 year will be used to conduct our drills. Anna Malocu will be responsible to make up the schedule and ensure it is followed. (See attached 11.88(d)) Completed by Anna Malocu	4/25/2014
11610	11.102(c) Client physical examination and med report 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-administrations' 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	11610	11.102(c) Client #1 physical examination and medical report failed to indicate the results of TB reading while attending the Shenandoah Manor. Client #1 medical report was sent back to the Shenandoah Manor to get proper documentation completed required by the state. On 04/15/2014 Client #1 medical report was faxed to the center with result of negative for the Tubereulin skin test . Anna Malocu will be responsible to review all client and staff medical reports are completed with all documentation and outcomes of tests. (See attached 11.102(c)) Completed by Anna Malocu	04/15/2014

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11610	Continued From page 2 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 treatment in case of an emergency. This STANDARD is not met as evidenced by: Findings: Based on a review of the medical records for client #1 the center's 9/13/13 examination form indicated a negative 4/7/13 TB reading, at Shenandoah Manor. An attached form indicates that a PPD was administered 7/29/13. No result is indicated.	11610		
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	11920		

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11920	Continued From page 3 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 the medical record for staff person #3 it was discovered that although the skin test was administered on 10/8/13 and read 10/10/13 by a PAC no test result was recorded in the record.	11920	11.132(c) Staff #3 Physical examination and medical report failed to indicate the results of Tuberculin skin test administered on 10/08/2013. Staff #3 medical report was sent back to the Primary Care Physician to complete proper documentation of findings. On 04/16/2014 staff #3 medical report was faxed to the center with negative result for the Tuberculin skin test . Anna Malocu will be responsible to review all staff medical reports are completed with all documentation and outcomes of tests. (See attached 11.132(c)) Completed by Anna Malocu	04/16/2014