



March 17, 2014

Lori Shmukler, Director
Homelink, Inc.
5 West Mt. Airy Avenue
Philadelphia, PA 19119

RE: Homelink, Inc.
License # 311170 - Regular

Dear Ms. Shmukler:

As a result of the Department of Aging's licensing inspection of the above named facility on 01/16/2014, eight 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 HOMELINK, INC.
LEGAL ENTITY

To operate HOMELINK, INC.
(NAME OF CENTER)

Located at 5 WEST MT. AIRY AVENUE PHILADELPHIA, PA 19119
(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 74
(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 April 01, 2014 until March 31, 2015

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

No. 311170 - 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: March 17, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 311170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/17/2014
NAME OF PROVIDER OR SUPPLIER Homelink, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 5 WEST MT. AIRY AVENUE PHILADELPHIA, PA 19119		
(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 1/16/2014 and it was determined that Homelink was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 440	11.18(c) Criminal history record check For centers beginning operation on or after October 12, 1993, an operator shall apply for the information in subsection (a) for the operator no later than 2 working days after the date the operator applies to the Department to begin operating a center. This STANDARD is not met as evidenced by: Findings: Based on a review of six of seventy-seven client records and a discussion with the center Director, it was determined that the center did not require all applicants to submit a criminal history record check with their applications as required by Section 502 of the Older Adult Protective Services Act. The date of hire of Staff #1 is 7/22/2013 and the criminal history background check in the staff's record is dated 1/16/2014.	1 440	Plan to Correct 11.18 (c) Using a pre-employment tracking tool as a guide the Clients Services Manager in cooperation with the President is responsible for insuring that a criminal history report has been obtained on each applicant prior to employment.	1/18/14

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

President

(X6) DATE

2/28/14

DEPARTMENT OF AGING APPROVAL

[Signature]

Chief Division of Licensing

DATE

3/6/14

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1 630	<p>11.33(f) Program staff orientation and training</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 five of fourteen staff training records it was determined that 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.</p>	1 630	<p>Plan of Correction 11.33 (f)</p> <p>The RN Supervisor successfully completed the Director's training on or before 2/23/14. (See attached certificate).</p>	2/23/14
11500	<p>11.90(a) Fire safety training for clients</p> <p>A client shall be instructed upon initial admission and reinstructed quarterly in general fire safety, evacuation procedures, responsibilities during fire drills and the designated meeting place outside the building or within the fire safe area in the event of an actual fire. A client shall also be instructed in smoking safety procedures if clients or staff persons smoke at the center.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of six of seventy-seven client training records, it was discovered that the</p>	11500		

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11500	Continued From page 2 center failed to reinstruct each client quarterly in general fire safety training. Training documentation showed that Client #1 received their quarterly training on 3/19/2013 and the following training on 9/30/2013. Training documentation showed that Client #2 was admitted on 8/14/2013 and has not had a general fire safety training.	11500	Plan to Correct 11.90(a) Following each fire drill the President will identify which clients were not present. Fire safety training will be reviewed with those clients within the next 30 days prior to the next monthly fire drill (See Attached).	1/28/14
11590	11.102(a) Client physical examination and med report To be admitted, an applicant whose needs, as determined through intake screening, may appropriately be met in a center, shall also have had a physical examination within 3 months prior to admission and annually thereafter. This STANDARD is not met as evidenced by: Findings: Based on a review of six of seventy-seven client records, it was determined that the center allowed a client to attend the center who had not submitted an initial physical examination within three months prior to admission. A review of medical record belonging to Client #3, admitted on 11/25/2013 revealed that the client did not have a record of a physical examination.	11590	Plan to Correct 102 (a) The RN Supervisor in cooperation with the part-time RN is responsible for the monthly review of medical forms to insure that all records have been received and filed. No applicant may enroll in the Center without a completed physical exam. The exam for client # 3 was replaced on 1/31/14 (See Attached).	1/31/14

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11610	<p>11.102(c) Client physical examination and med report</p> <p>The medical report shall include:</p> <ol style="list-style-type: none"> (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-administration 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 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. <p>This STANDARD is not met as evidenced by:</p> <p>REPEAT</p> <p>Findings: Based on a review of six of seventy-seven client medical records, it was determined that the center failed to obtain a written authorization in the form of a signed statement that clients are free of</p>	11610		

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11610	Continued From page 4 communicable disease. A review of the medical record for client #3 revealed that the medical record was missing a communicable disease statement. A review of the medical record of Client #4 revealed that the physical exam dated 12/12/2013 did not have the statement completed as required by this regulation. The same citation was noted during the 01/29/2013 inspection.	11610	Plan to Correct 102 (c) The communicable disease statement for Client #3 was replaced in the file on 1/31/14. The communicable disease statement for client #4 was placed in the file on 2/6/14. (See Attached.) The RN Supervisor is responsible for reviewing initial and annual physical forms. If the physical form is completed and the free from communicable disease statement has not been checked by the medical professional the RN Supervisor will request that the medical professional sign and return a free from communicable disease statement (See attached). The form will be completed/submitted to Homelink within the time frame required by the Department and placed in the consumer's file.	2/26/14
11873	11.123(2) Core Services - Nursing Services The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows: (2) Nursing services. The center shall provide, contract for or otherwise arrange for nursing services. The number of services provided by the nurse, the manner in which a center obtains nursing services (which may range from formal to informal), and the	11873	Plan to Correct 11.123 (2) The RN Supervisor in collaboration with the Client Services Manager has developed the 2014 training schedule. Monthly the Client Services Manager is responsible for reviewing the training requirements with the RN Supervisor to insure compliance with core services and other training requirements. Staff #3 and #4 received infection control training on 1/23/14.	1/31/14

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11873	<p>Continued From page 5</p> <p>amount of time spent by the nurse in a center (which may, for example, range from the daily services of a registered nurse staff person to a monthly or quarterly visit by a practical nurse) depend upon the needs of the center's clients. Nursing service includes the following:</p> <p>(i) Centers shall carry out the following standard nursing functions at least quarterly:</p> <p>(A) A review of the client's health status, including dietary needs.</p> <p>(B) Review of medication procedures, if necessary.</p> <p>(C) Review of policies and procedures for personal care.</p> <p>(D) Training and education of staff persons regarding the needs of clients in centers, including infection control.</p> <p>(ii) The following nursing functions may be added to subparagraph (i) if they are consistent with the goals of the center and the characteristics of persons admitted to the center, as determined through intake screening and client physical examination and medical reports:</p> <p>(A) Provision or supervision of modified and therapeutic diets and supplemental feedings.</p> <p>(B) Provision or supervision of observation, monitoring and intervention for unstable medical episodes.</p> <p>(C) Preparation of the client for self-administration of medications.</p> <p>(D) Provision of restorative or rehabilitative nursing.</p> <p>(E) Provision of maintenance of respiratory aids, colostomy and ileostomy, urinary drainage devices, dressings, skin care, foot and nail care and routine</p>	11873		

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11873	Continued From page 6 care of incontinent clients. (F) Response to emergencies. (G) Administration of parenteral treatments. (H) Provision of other skilled nursing care, which can be safely done in the older adult daily living center. This STANDARD is not met as evidenced by: Findings: Based on a review of five of fourteen staff records and interview with the center Director, it was determined that the center's nurse did not provide the quarterly infection control training and education required by subsection (2)(i)(D) to all center staff. Staff #3 hired on 9/05/2013, last received the quarterly infection control training on 9/05/2013 and Staff #4, hired on 2/01/2013, last received the quarterly training on 5/08/2013.	11873		
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	Plan to Correct 11.132 (c) Current and new employees will be required to use Homelink's physical form. The company's form includes a free from communicable disease statement. The President is responsible for compliance. Current staff who are not in compliance will not be permitted in the Center until a free from communicable disease statement has been obtained. A free from communicable disease statement was obtained for staff #1 on 2/11/14. (See Attached).	2/11/14

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11920	Continued From page 7 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 five of fourteen staff medical records, it was determined that the center failed to obtain a written authorization in the form of a signed statement that the staff is free of communicable disease. A review of medical records for staff #1, hired on 7/22/2013 revealed that the communicable disease statement, on the physical examination form dated 2/25/2013, did not have the statement completed as required by this regulation.	11920		
12380	11.191(b) Emergency information Emergency information for a client shall include the following: (1) A written agreement with the client or responsible party regarding emergency care and ambulance transportation, when the agreement is not included as an element in the enrollment agreement in §11.103 (relating to enrollment agreement). (2) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency. (3) The name, address and telephone number of the client's physician or source of health care and hospital preference. (4) The name, address and telephone number of the	12380	Plan to Correct 11.191 (b) The physical exam report for client #5 was current. The physician wrote the correct date of the exam but signed it using the wrong year. The communicable disease statement shows that the doctor used the correct year. (See Attached). The President is responsible for reviewing the annual physical exam before having a copy placed in the Emergency Binder. The Binder was reviewed and updated on 1/24/14 to include current physical exams, medications and allergies for all clients including client # 6, client #7 and client # 8.	1/24/14

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12380	<p>Continued From page 8 person able to give consent for emergency medical treatment, if applicable. (5) A copy of the client's most recent annual physical examination, which shall include information on current diagnosis, medications and allergies.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of the center's portable emergency file and a discussion with the center Director, it was determined that the center failed to include copies of the clients' most recent annual physical examinations, or that the physical exam report did not contain all of the required information. The physical exam report for Client #5 was dated 3/20/2012 and the physical exam report for Client #7, a MA-51 was dated 3/20/2012.</p> <p>The physical exam report for Client #6 was a MA-51 form dated 12/18/2013, which is missing list of medications. The physical exam report for Client #8 was a MA-51 dated 10/22/13, which is missing list of medications.</p>	12380		