



March 17, 2014

Jennifer Menichini, Director
Keystone Adult Day Care
100 Narrows Road, Route 11
Larksville, PA 18651

RE: Keystone Adult Day Care
License # 373130 - Regular

Dear Ms. Menichini:

As a result of the Department of Aging's licensing inspection of the above named facility on 01/15/2014, 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 gray circular stamp.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to KEYSTONE ADULT DAY CARE
LEGAL ENTITY

To operate KEYSTONE ADULT DAY CARE
(NAME OF CENTER)

Located at 100 NARROWS ROAD, ROUTE 11 LARKSVILLE, PA 18651
(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 43
(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: 373130 - 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: 373130 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/15/2014 |
|--|---|---|--|---|
| NAME OF PROVIDER OR SUPPLIER Keystone Adult Day Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 100 NARROWS ROAD, ROUTE 11 LARKSVILLE, PA 18651 | | |
| (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 1/15/14 and it was determined that Keystone Adult Day Care was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations: | 1 000 | | |
| 1 620 | 11.33(e) Program staff orientation and training A center shall keep records of training, as set forth in this section, including content, dates, length of training, copies of certificates received, if any, and names of staff persons attending. This STANDARD is not met as evidenced by: REPEAT CITATION Findings: Based on a review of the center's training records, it was discovered that the center conducted orientation training for staff persons # 1, #2 and #3 but did not include the signature for the trainers who provided the trainings on the training sheet, to verify that training was completed by a qualified trainer as required under subsection(c). This was cited on last year's inspection of 1/14/13. | 1 620 | Plan of Correction is required 11.33(e) Program staff orientation and training Staff orientation sign off sheet was modified last year to include the name of the qualified trainer verifying that the newly hired staff had completed training. See attached updated form. Administrator/LP N will ensure compliance. | 02/20/2014 |

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Admin / LPN / owner

(X6) DATE

2/20/2014

DEPARTMENT OF AGING APPROVAL

[Signature]

DATE

Chief, Division of Licensing

3/17/14

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| 1 620 | Continued From page 1 The staff orientation sign off sheet that was modified last year to include the name of the qualified trainer was not used. | 1 620 | | |
| 11550 | 11.101(a) Intake screening The center shall complete, or arrange for the completion of, an intake screening for each applicant in order to determine the appropriateness of the older adult daily living center for that individual. The screening shall be completed within 60 days prior to admission. This STANDARD is not met as evidenced by: Findings: Based on a review of client records and interview with the Director, it was determined that the center was not gathering the required information to determine an applicant's eligibility for admission. The center was allowing the family to complete areas of the intake screening forms. These were later reviewed by the Director. Regulation 11.123(3)(i)(A) requires the intake screening be completed by center program staff persons or staff persons of community service providers. In addition, regulation 11.34(b)(2) states the center director is responsible for admissions to the center. | 11550 | 11.101(a) Intake screening Program manager will complete updated intake screening with client and family. See attached updated form. Administrator/LPN will ensure compliance. | 02/20/2014 |

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| 11920 | <p>11.132(c) Staff physical examination</p> <p>The medical report shall include:</p> <p>(1) The record of a physical examination.</p> <p>(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.</p> <p>(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.</p> <p>(4) Information on a medical problem, which might interfere with the health of the clients.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of the medical record for staff person #2 it was discovered that although the skin test was administered on 8/14/13 by an RN and read by an RN on 8/16/13, no test result was recorded on the physical examination form.</p> <p>During the inspection verification was obtained, by fax, from the doctor's office, that the test was negative.</p> | 11920 | <p>11.132(c) Staff physical examination</p> <p>Employee physical form has been modified to include the date the TB was administered/read by whom and title of the person administering/reading test and results. All staff going forward will use the modified form.</p> <p>See attached updated forms.</p> <p>Administrator/ LP N will ensure compliance.</p> | 02/20/2014 |
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