



March 17, 2014

Marla Frailey, Director  
LIFE Butler County Adult Day Health Center  
231 West Diamond Street  
Butler, PA 16001

RE: LIFE Butler County Adult Day Health Center  
License # 504160 - Regular

Dear Ms. Frailey:

As a result of the Department of Aging's licensing inspection of the above named facility on 01/21/2014, 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", written in a cursive style.

Kevin Longenecker  
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGING

# LICENSE

This license is hereby granted to VIE CARE BUTLER, LLC  
LEGAL ENTITY

To operate LIFE BUTLER COUNTY ADULT DAY HEALTH CENTER  
(NAME OF CENTER)

Located at 231 WEST DIAMOND STREET 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 50  
(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: 504160 - 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:  <b>504160</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/22/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>LIFE Butler County Adult Day Health Center</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 WEST DIAMOND STREET BUTLER, PA 16001</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 01/21-22/2014 and it was determined that LIFE Butler County was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
11290	<b>11.83 Fire safety inspection</b>  The center shall have an annual on-site fire safety inspection by the local fire department or other fire safety authority. Documentation of the date, source and results of the fire safety inspection shall be kept with its records.  This STANDARD is not met as evidenced by:  <b>Findings:</b> Based on a review of center records, it was found that the center did not have an annual on-site fire safety inspection within 12 months from the date of the previous inspection. The most recent on-site fire safety inspection was conducted on 07/30/13. The previous fire safety inspection was conducted on 07/25/12.	11290	<b>Plan of Correction is required</b>  <b>11.83 Fire safety inspection</b> The annual fire safety inspection will be scheduled before 365 days have passed. The Preventative Maintenance Coordinator has added to our preventative maintenance software calendar a reminder 30 days prior to the due date of the annual fire inspection. The calendar reminder will automatically be forwarded to the Adult Day Health Center Director or designee, who will schedule the Annual Fire Safety Inspection with the local fire safety authority or with an approved fire safety authority.	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE

*[Signature]* ADHC Director 1/29/14  
*[Signature]* Chief, Division of Licensing 3/6/14