



August 01, 2014

Ann Provost, Executive Director
Mercy Family Center
1939 West Venango Street
Philadelphia, PA 19140

RE: Mercy Family Center
License # 314250 - Regular

Dear Sr. Provost:

As a result of the Department of Aging's licensing inspection of the above named facility on 06/16/2014, 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", written in a cursive style.

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to MERCY NEIGHBORHOOD MINISTRIES OF PHILADELPHIA, INC.
LEGAL ENTITY

To operate MERCY FAMILY CENTER
(NAME OF CENTER)

Located at 1939 WEST VENANGO STREET PHILADELPHIA, PA 19140
(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 57
(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 September 01, 2014 until August 31, 2015

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

No: 314250 - 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: August 01, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 314250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2014
NAME OF PROVIDER OR SUPPLIER Mercy Family Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1939 WEST VENANGO STREET PHILADELPHIA, PA 19140		
(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 6/16/2014 and it was determined that Mercy Family Center was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000	Plan of Correction is required	
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: Findings: Based on a review of five of nine staff training records and an interview with the center Director, it was found that the center's quarterly infection control training did not include 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.	1 620	11.33 (e) Mercy Neighborhood Ministries has put in place effective June 16, 2014, staff quarterly infection training which will be scheduled the same day as the Fire safety training that will include content, dates, length of training, copies of certificates received and signed off by a nurse or trainer, and names of staff persons attending. Nurse will do the trainings.	
11650	11.104(a) Development of individual care plan An individual care plan shall be developed for each client within 30 calendar days following admission to	11650		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

Barbara Coleman

TITLE

Program Director

(X6) DATE

7/1/2014

DEPARTMENT OF AGING APPROVAL

[Signature]

DATE

Chief, Division of Licensing

7/15/14

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11650	Continued From page 1 the center. This STANDARD is not met as evidenced by: Findings: Based on a review of six of thirty-one client records, it was found that the center did not develop an individual care plan for all center clients within 30 calendar days. Client #1 was admitted to the center on 1/08/14; the client's care plan was developed on 4/26/14. Client #2 was admitted to the center on 5/07/14; the client's care plan was not developed as of inspection date of 6/16/14. Client #3 was admitted to the center on 1/14/14; the client's care plan was developed on 5/21/14. Client #4 was admitted to the center on 2/07/14; the client's care plan was developed on 6/09/14.	11650	11.104 Development of Individual Plan; Mercy Neighborhood Ministries has put in place effective June 16 2014, the Individual Plan that will be conducted for each client within 30 calendar days following admission into Mercy Neighborhood Ministries ; Individual Care Plan will be overseen by Activities' Coordinator, Nurses and Program Director.	
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.	12380	11.191 Emergency Information Mercy Neighborhood Ministries has put in place effective June 16, 2014, the Activities' Coordinator and Program Director will review clients' emergency file periodically to assure that all emergency files are placed in the portable emergency records	

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12380	Continued From page 2 (4) The name, address and telephone number of the 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. This STANDARD is not met as evidenced by: 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 a copy of one clients' most recent annual physical examination. In the portable emergency record of Client #5, reviewed on 6/16/14, the physical exam report was dated 12/10/12.	12380	Mercy Neighborhood Ministries has put in place effective June 16, 2014, a change in the Emergency information agreement with the clients or responsible party, regarding emergency care in the enrollment agreement package. Please see copy of document; Activities' Coordinator, Outreach Coordinator, Nurse and Program director will oversee enrollment agreement.	