



August 01, 2014

Gina Chapman, Director  
Mercy LIFE - North Hancock Street  
3240-64 North Hancock Street  
Philadelphia, PA 19140

RE: Mercy LIFE - North Hancock Street  
License # 314320 - Regular

Dear Ms. Chapman:

As a result of the Department of Aging's licensing inspection of the above named facility on 06/10/2014, 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 horizontal line.

Kevin Longenecker  
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGING

# LICENSE

This license is hereby granted to ST. AGNES CONTINUING CARE CENTER - DBA MERCY LIFE/NORTH HANCOCK STREET  
LEGAL ENTITY

To operate MERCY LIFE - NORTH HANCOCK STREET  
(NAME OF CENTER)

Located at 3240-64 NORTH HANCOCK 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. 114  
(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 314320 - 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:  <b>314320</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>Mercy LIFE - North Hancock Street</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3240-64 NORTH HANCOCK STREET PHILADELPHIA, PA 19140</b>
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(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
11500	Continued From page 1 6/09/2014. The admission date of Client #2 is 2/01/2014 and the initial fire safety training was completed on 3/11/2014.  Findings: Based on a review of ten of two-hundred and ten client training records, it was discovered that the center failed to reinstruct each client quarterly in general fire safety. Client #3 received this training on 1/16/2014 and 5/15/2014. Client #3 also received the training on 7/18/2013 and 12/16/2013. Client #4 received this training on 1/16/2014 and 5/15/2014.	11500	<div data-bbox="917 520 1367 703" style="border: 1px solid black; padding: 5px;">Person responsible for implementation and continued compliance – Center Director, Recreation Therapist</div> <div data-bbox="917 739 1367 982" style="border: 1px solid black; padding: 5px;">On-going monitoring – Use of Continual Readiness Review Monitoring Tool by Center Director and Director of Compliance. (See attached tool.)</div>	
11873	<b>11.123(2) Core Services - Nursing Services</b>  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.	11873	<div data-bbox="917 1207 1399 1375" style="border: 1px solid black; padding: 5px;">Develop Staff Emergency Procedure and Infection Control Training P &amp; P. (See attached P &amp; P.)</div> <div data-bbox="917 1396 1399 1564" style="border: 1px solid black; padding: 5px;">Educate appropriate staff re. new P &amp; P. (See attached sign-in sheet.)</div>	<div data-bbox="1421 1207 1546 1302" style="border: 1px solid black; padding: 2px;">6/11/14</div> <div data-bbox="1421 1396 1546 1480" style="border: 1px solid black; padding: 2px;">6/16/14</div>

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11873	<p>Continued From page 2</p> <p>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 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>	11873	<div data-bbox="922 562 1377 760" style="border: 1px solid black; padding: 5px;"> <p>Person responsible for implementation and continued compliance – Center Director, Director of Education</p> </div> <div data-bbox="922 793 1377 1012" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>On-going monitoring – Use of Continual Readiness Review Monitoring Tool by Center Director and Director of Compliance. (See attached tool.)</p> </div>	
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11873	Continued From page 3 (E) Provision of maintenance of respiratory aids, colostomy and ileostomy, urinary drainage devices, dressings, skin care, foot and nail care and routine 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 eleven of thirty eight staff training records and interview with the center director, it was determined that eleven center staff did not receive a quarterly review of needs of clients in centers, including infection control. A review of the infection control training record for Staff #1 revealed that the training occurred on 11/20/2013 and 3/18/2014. A review of the infection control training records for Staff #2 through Staff # 10 revealed that their training's occurred on 11/20/2013 and 3/07/2014. A review of the infection control training record for Staff #11 revealed that the training occurred on 6/07/2013 and 11/20/2013.	11873		
12410	<b>11.193 Content of records</b>  Each client's record shall include: (1) Personal information including: (i) The name, sex, admission date, birth date and social security number of the client. (ii) The race, height, weight, color of hair, color of	12410		

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12410	<p>Continued From page 4 eyes and identifying characteristics. (iii) The language or means of communication spoken or understood by the client and the primary language used in the client's natural home, if other than English. (iv) Documentation of a person's designation or appointment as a responsible party, as described in 11.8 (relating to responsible party). (v) A photograph taken within the last 5 years. (2) Unusual incident reports related to the client. (3) Medical reports and progress notes, if any. (4) Intake screening forms. (5) Individual care plans. (6) Signed release of information form. (7) Signed enrollment agreement.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of ten out of two-hundred and ten client records, it was determined that the program did not ensure that one client record had a photograph that was taken within the last five years. A review of the record of Client #1 revealed that the client record did not contain a photograph.</p>	12410	<p>Revise Nametag/Participant Identification P &amp; P to insure pictures of all participants are in the electronic medical record and picture nametags received at the center. (See attached Nametag/Participant Identification P &amp; P.)</p>	6/12/14
			<p>Educate staff re. revised P &amp; P. (See sign-in sheets for Intake Department and other staff.)</p>	6/16/14
			<p>Person responsible for implementation and continued compliance – Intake Dept./Sales Manager, Center Director, Recreation Therapist</p> <p>On-going monitoring – Use of Continual Readiness Review Monitoring Tool by Center Director and Director of Compliance. See attached tool.)</p>	