



July 08, 2014

Paula Fischer, Director
New Horizon Senior Center
10147 Frankstown Road
Pittsburgh, PA 15235

RE: New Horizon Senior Center
License # 061540 - Regular

Dear Ms. Fischer:

As a result of the Department of Aging's Licensing Inspection on 05/30/2014, we have found the above named facility to be in compliance with applicable statutes, ordinances and regulations. Therefore, a Regular License is enclosed.

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".

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to MILESTONE CENTERS, INC.
LEGAL ENTITY

To operate NEW HORIZON SENIOR CENTER
(NAME OF CENTER)

Located at 10147 FRANKSTOWN ROAD PITTSBURGH, PA 15235
(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 47
(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 August 01, 2014 until July 31, 2015

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

No: 061540 - 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: July 08, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 061540	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2014
NAME OF PROVIDER OR SUPPLIER New Horizon Senior Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10147 FRANKSTOWN ROAD PITTSBURGH, PA 15235		
(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 COMPLIANCE A State licensure inspection was completed on 05/30/14. It was determined that New Horizon Senior Center was in compliance with the requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers Regulations.	1 000		

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE