



May 22, 2014

Beverly Disabato, Director  
SARAH Adult Day Services  
2 Parkway Center East  
2030 Ardmore Boulevard  
Forest Hills, PA 15221

RE: SARAH Adult Day Services  
License # 063700 - Regular

Dear Ms. Disabato:

As a result of the Department of Aging's licensing inspection of the above named facility on 03/13/2014, 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 blue horizontal line.

Kevin Longenecker  
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGING

# LICENSE

This license is hereby granted to ELDEROPTIONS, INC.  
LEGAL ENTITY

To operate SARAH ADULT DAY SERVICES  
(NAME OF CENTER)

Located at 2 PARKWAY CENTER EAST, 2030 ARDMORE BOULEVARD, FOREST HILLS, PA 15221  
(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 34  
(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 June 01, 2014 until May 31, 2015

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

No 063700 - 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: May 22, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>063700</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/13/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>SARAH Adult Day Services</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 PARKWAY CENTER EAST FOREST HILLS, PA 15221</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 03/13-14/14 and it was determined that SARAH Adult Day Services was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000	<b>Plan of Correction is required</b>	
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 02/07/14. The previous fire safety inspection was conducted on 02/05/13.	11290	<b>11.83 Fire safety inspection</b> Fire Safety Inspection was completed 2 days past previous annual date with no safety violations noted. Multiple attempts to reach Fire Department were made by the Nurse in order to schedule review, beginning December, 2013. Nurse subsequently learned that Fire Department was in-between Fire Safety Inspection reviewers and had appointed a new inspector. The 02-07-14 date was the soonest that could be scheduled. From this point forward, Nurse will make initial attempts to schedule review 5-6 months prior to due date. Thus, calls will be made to new inspector beginning in August, 2014. Date is flagged in Nurse's calendar. In addition, Nurse will document any conversation or message for Fire safety Inspector and maintain in the Fire Safety Binder. Director will monitor.	3-19-14

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

*Bruce D. Schubert*

TITLE

*Executive Director*

(X6) DATE

*4-01-14*

DEPARTMENT OF AGING APPROVAL

*[Signature]*

DATE

*Chief, Division of Licensing*

*5/15/14*

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11690	<p><b>11.105(b) Review and revision of individual care plan</b></p> <p>Each semiannual review and, if necessary, revision of the plan shall, except as set forth in subsection (c), be discussed with the client or the responsible party, or both. When parties are unable to be present at the center for a discussion of the plan, centers shall, except as set forth in subsection (c), discuss the plan with them by telephone. Documentation of these discussions shall be kept in the client's record.</p> <p>This STANDARD is not met as evidenced by:</p> <p><b>Findings:</b> Based on a review of client records it was determined that the center failed to include the client, responsible party, or both, in the revision and review of three care plans. The care plan for Client #2 dated 09/17/12, and two care plans for Client #3 dated on 09/13/12 and 03/13/13 respectively, were not signed by the client or responsible party, nor did the clients' records indicate the plans were discussed by telephone.</p>	11690	<p><b>11.105(b) Review and revision of individual care plan</b> Nurse completed care plans but did not indicate that a phone review was completed. The form designates space for this indication. The Director's expectation is that the Nurse completes all forms in a timely and thorough manner. Nurse was in-serviced on this expectation. Beginning 2014, Director will do unannounced spot checks on POC documentation, including indications of POC review by family. Findings, if any, will be discussed with the nurse.</p> <p><b>11.192(b) Individual record</b> Nurse completed quarterly nurses' notes on all clients. She neglected to sign her name on the form for a client. The Director's expectation is that the Nurse completes all forms in a timely and thorough manner. Nurse was in-serviced on this expectation. Director will do spot checks throughout the year on quarterly notes to assure signatures are included.</p>	3-19-14  3/19/14
12400	<p><b>11.192(b) Individual record</b></p> <p>Entries in a client's record shall be legible, dated and signed by the person making the entry.</p> <p>This STANDARD is not met as evidenced by:</p>	12400		

11.105(b) Review and revision of individual care plan

DEPARTMENT OF AGING

PRINTED: 03/24/2014

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	<p><b>Findings:</b> Based on review of client records, not all entries in the client records were signed by the person who made the entry. For example, the quarterly nursing reviews for client #2 dated 04/12/13 and 07/13/13 did not indicate the name of the staff persons who made the entries. The center's nurse corrected the problem by signing documents during inspection.</p>			