



October 07, 2014

Elizabeth Rapp-Steltz, Director
SarahCare of the Lehigh Valley
7010 Snowdrift Road, Suite 100
Allentown, PA 18106

RE: SarahCare of the Lehigh Valley
License # 334930 - Regular

Dear Ms. Rapp-Steltz:

As a result of the Department of Aging's licensing inspection of the above named facility on 08/06/2014, four 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".

Kevin Longenecker
Director

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING

LICENSE

This license is hereby granted to BENEFICIAL ADULT CARE, INC
LEGAL ENTITY

To operate SARAHCARE OF THE LEHIGH VALLEY
(NAME OF CENTER)

Located at 7010 SNOWDRIFT ROAD, SUITE 100 ALLENTOWN, PA 18106
(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 56
(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 November 01, 2014 until October 31, 2015

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

No: 334930 - 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: October 07, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 334930	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2014
NAME OF PROVIDER OR SUPPLIER SarahCare of the Lehigh Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 7010 SNOWDRIFT ROAD, SUITE 100 ALLENTOWN, PA 18106		
(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 8/6/14 and it was determined that Sarah Care of the Lehigh Valley was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 450	11.18(d) Criminal History record check For persons hired on or after October 12, 1993, an operator shall apply for the information in subsection (a) for prospective employees within 5 working days after the employee's date of hire. This STANDARD is not met as evidenced by: Findings: Based on a review of staff records and interview with center director, it was discovered that the center did not require applicants to submit a criminal history record check with their applications as required by Section 502 of the Older Adult Protective Services Act. The center requested a criminal history report for Staff persons #4 on the 3/27/13 date of hire. This staff person had originally been employed at the center from 1/23/12 to August 2012, with a criminal history that was obtained on 1/17/12.	1 450	Plan of Correction is required In the process of the rehiring of staff person #4 who had been an employee for seven months in 2012 and who had last worked at SarahCare (SC) six months prior to coming back (original criminal record check was conducted 1/17/12), a second criminal record check was conducted on 3/27/13 (attachment 1) before he was rehired and allowed to work again at the center. Staff person #4's first day back to work was 4/7/2013 (attachment 2). To ensure that proper procedures are followed and documentation in employee files for any future rehiring, SC management reviewed all requirements as part of a mandatory SC management operations training on all non-compliant survey areas (Attachment 3). <i>Corrective Action Responsibility:</i> <i>Director/Cont'd Compliance Responsibility:</i> <i>Director & Owner</i> <i>Completion Date: September 9, 2014</i>	

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF AGING APPROVAL

DATE

[Handwritten Signature] Director 9-12-14
[Handwritten Signature] Chief, Division of Licensing 9/29/14

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1 580	<p>11.33(a) Program staff orientation and training</p> <p>Providers shall, using center staff persons, outside resources, or both, provide program staff persons with the following:</p> <p>(1) A general orientation in the following areas, within 3 months of employment.</p> <p>(i) The purpose and goals of older adult daily living services.</p> <p>(ii) The roles and responsibilities of staff members.</p> <p>(iii) Positive approach methods to manage behavior.</p> <p>(iv) Health and safety precautions, including infection control.</p> <p>(v) Information on fire and safety measures/codes.</p> <p>(vi) The philosophy of the program and, if applicable, the parent organization.</p> <p>(vii) Confidentiality.</p> <p>(viii) Interdisciplinary team approach.</p> <p>(ix) Client rights.</p>	1 580		

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1 580	<p>Continued From page 2</p> <ul style="list-style-type: none"> (x) The population served. (xi) The center's policies and regulations. (xii) Communication skills. (xiii) The center's emergency procedures. <p>(2) Training in the following areas, within 3 months of employment and annually thereafter regarding:</p> <ul style="list-style-type: none"> (i) The needs of the clients in the center's target population. (ii) Body mechanics/transfer techniques. (iii) Voluntary reporting laws regarding abuse, neglect and exploitation. (iv) Positive approach methods to manage behavior. <p>(3) In addition to the general orientation and annual training required in subsection (a)(1) and (2), at least two training sessions, totaling at least 8 hours of training, per year to enhance quality of care and job performance.</p> <p>This STANDARD is not met as evidenced by:</p>	1 580		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION SF3011		(X1) PROVIDER LICENSE NUMBER: 334930	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2014
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1 590	<p>11.33(b) Program staff orientation and training</p> <p>Findings: Based on a review of staff training records and an interview with the staff, the center failed to provide the required orientation training to all newly hired staff within three months of employment. While there was documentation to confirm Staff #4 received training in the topics found in subsection (a)(2), there was no documentation to confirm Staff #4 received training for the topics in subsection (a)(1). Staff #4 was hired on 3/27/13 and orientation training should have been completed by 06/27/13. The staff person had previously been employed at the center from 1/23/12 - 08/2012.</p> <p>A sufficient number of staff persons shall be trained, certified and recertified in cardiopulmonary resuscitation and in first aid training so that at least one staff person so trained, certified and recertified in CPR and first aid training is present in the center at all times.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: A sufficient number of staff persons were not trained, certified and recertified in first aid training so that at least one person so trained is present in the center at all times. Staff person #4, who is the fulltime driver, had completed an online first aid</p>	1 590	<p>In the reorientation and retraining of staff person #4 (who had worked at SC for seven months (original training 1Q2012) and left for six months, before being rehired), all re-training was conducted in 2Q2013 as required, but not documented in staff person #4's employee file. The standard SC "Orientation for New Employee" form should have been completed (to supplement the 1Q 2012 form) to document orientation post rehiring of general areas in 11.33 (a) such as: "the purpose and goals of older adult daily living services, population served", etc. Documentation of training in emergency procedures, infection control, and client rights is included in Attachment 4. To ensure that proper procedures are followed and documentation of such is in employee files for any future rehiring, SC management reviewed all requirements as part of a mandatory SC management operations training on all non-compliant survey areas (Attachment 3).</p> <p><i>Corrective Action Responsibility: Director Cont'd Compliance Responsibility: Director & Owner Completion Date: September 9, 2014</i></p> <p>Staff person #4 was first aid certified (see Attachment 5) on 1/23/2014 (recommended renewal date 1/2016). Certificate was not presented to the inspector on the day of inspection.</p>	

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1 590	Continued From page 4 course. As the van is an extension of the center there must be a staff person certified in first aid on the bus while clients are being transported. First aid training must include an in-person component of the training to be acceptable.	1 590		
11900	11.132(a) Staff physical examination Staff persons who come into direct contact with clients or who prepare or serve food shall have a physical examination within 12 months prior to employment, and every 2 years from the date of the last physical examination thereafter. This STANDARD is not met as evidenced by: Findings: Based on a staff medical record review and interview with Director, the center failed to ensure that new staff obtained a physical examination within 12 months prior to employment. The date of hire for staff person #4 was 3/27/13 and the physical examination took place on 1/8/14.	11900	In the process of rehiring staff person #4 after leaving the center for six months, SC incorrectly started the physical examination "clock" for staff person #4 based on his first employment physical conducted on 1/20/2012; and his subsequent physical was conducted on 1/8/14. All SC management have been trained to treat any future rehires as "new employees" regardless of the amount of time away from the center. To ensure that proper procedures are followed and documentation of such is in employee files for any future rehiring, SC management reviewed all requirements as part of a mandatory SC management operations training on all non-compliant survey areas (Attachment 3). <i>Corrective Action Responsibility: Director</i> <i>Cont'd Compliance Responsibility: Director & Owner</i> <i>Completion Date: September 9, 2014</i>	