



November 21, 2014

Wendy Shaulis, Director  
Senior Daily Living Center at Somerset  
231 Tabernacle Drive  
Somerset, PA 15501

RE: Senior Daily Living Center at Somerset  
License # 091080 - Regular

Dear Ms. Shaulis:

As a result of the Department of Aging's licensing inspection of the above named facility on 09/26/2014, 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 ALLEGHENY LUTHERAN SOCIAL MINISTRIES, INC.

LEGAL ENTITY

To operate SENIOR DAILY LIVING CENTER AT SOMERSET

(NAME OF CENTER)

Located at 231 TABERNACLE DRIVE SOMERSET, PA 15501

(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 23

(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 December 01, 2014 until November 30, 2015

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

No: 091080 - Regular



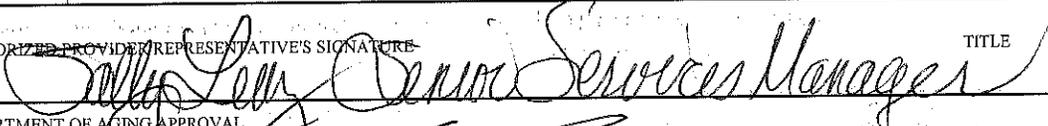
ISSUING OFFICER

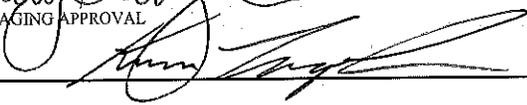
**NOTE:** This license is issued for the above address only and is not transferable. This license should be posted in a conspicuous place in the center.

Issued On: November 21, 2014

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER LICENSE NUMBER:  <b>091080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2014</b>	
NAME OF PROVIDER OR SUPPLIER  <b>Senior Daily Living Center at Somerset</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 TABERNACLE DRIVE SOMERSET, PA 15501</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 September 26, 2014 and it was determined that Senior Daily Living Center at Somerset was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
11040	<b>11.62 Emergency and advocacy agency phone numbers</b>  A center shall post on or by each telephone in the center with an outside line: (1) The telephone numbers of the nearest hospital, police department, fire department, ambulance, crisis intervention unit and poison control center. (2) The telephone number of the Governor's Action Center Toll Free Line, 1-800-932-0784, and of the local long term care ombudsman.  This STANDARD is not met as evidenced by:  <b>Findings:</b> Based on a physical site inspection, a phone in the back program room did not have the required phone numbers posted on or near the phone. The phone numbers were posted next to the phone upon discovery.	11040	<b>Plan of Correction is required</b>  11.62 upon discovery that the phone was a working phone line, the emergency numbers were posted near the phone. All staff are to be educated on the phone line and the importance of posting emergency numbers near all working phones.	9/26/14

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE:  TITLE: **Senior Services Manager**

DEPARTMENT OF AGING APPROVAL:  DATE: **11/19/14**

(X6) DATE: **10-30-14**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>091080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>Senior Daily Living Center at Somerset</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 TABERNACLE DRIVE SOMERSET, PA 15501</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
11610	<p><b>11.102(c) Client physical examination and med report</b></p> <p>The medical report shall include:</p> <ol style="list-style-type: none"> <li>(1) A review of previous health history, current medication regimen, use of medical treatments and therapies; current health problems and conditions; and a schedule for client self-administration of medications.</li> <li>(2) The record of a general physical examination.</li> <li>(3) General sensory functioning; sensory aids.</li> <li>(4) An indication that a tuberculin skin test has been administered with negative results within 2 years; or, if tuberculin skin test is positive, the results of a chest X-ray.</li> <li>(5) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the client is free of communicable disease, or that the client has a communicable disease but is able to be in the center if specific precautions are taken which will prevent the spread of the disease to other individuals.</li> <li>(6) Medical information pertinent to diagnosis and treatment in case of an emergency.</li> </ol> <p>This STANDARD is not met as evidenced by:</p> <p><b>Findings:</b> Based on a review of client medical records, it was determined that the results of the tuberculin skin test were not indicated for client #4. The physical examination form indicated the test was</p>	11610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>091080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>Senior Daily Living Center at Somerset</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 TABERNACLE DRIVE SOMERSET, PA 15501</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
11610	Continued From page 2 placed on 4/14/14 and read on 4/19/14, however the results of the test were not indicated. Additionally, the time frame that the test was completed exceeds the Centers for Disease Control and Prevention (CDC) recommendation. The CDC recommends that tuberculin skin tests be read within 48 - 72 hours after the test is placed.	11610	<b>11.102c</b> The Tb test for client #4 has been corrected by the physician office. The nurse will be educated on the need to review all physicals and testing for completion. The Center Manager and Nurse will be responsible for compliance with the regulations=. (Copy enclosed)	9/30/14
12380	<b>11.191(b) Emergency information</b>  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. (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:	12380		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>091080</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/26/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>Senior Daily Living Center at Somerset</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 TABERNACLE DRIVE SOMERSET, PA 15501</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
	<p><b>Findings:</b> Based on a review of the portable emergency binder it was determined that the most recent physical examination forms for client #1, #2, and #3 were not in the binder. The forms for the previous year were in the binder.</p> <p>The updated physical examination forms were placed in the portable emergency binder upon discovery.</p>		<p>11.191 The current physical form contains an end note that specifies "Copy: Portable emergency file." Staff education regarding the need for updated physicals have occurred. The center manager and nurse are responsible for further compliance with the regulation.</p>	10/29/14