



May 22, 2014

Karen Lucas, Program Director  
Senior Transition Program  
1800 West Street  
Homestead, PA 15120

RE: Senior Transition Program  
License # 061780 - Regular

Dear Ms. Lucas:

As a result of the Department of Aging's licensing inspection of the above named facility on 03/31/2014, one area of non-compliance was 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 BLIND & VISION REHABILITATION SERVICES OF PITTSBURGH  
LEGAL ENTITY

To operate SENIOR TRANSITION PROGRAM  
(NAME OF CENTER)

Located at 1800 WEST STREET HOMESTEAD, PA 15120  
(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 25  
(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: 061780 - 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>061780</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/31/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>Senior Transition Program</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1800 WEST STREET HOMESTEAD, PA 15120</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 03/31/14 and it was determined that Senior Transition Program was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 630	<b>11.33(f) Program staff orientation and training</b>  The Department may require that centers make reasonable modifications, regarding curricula or the selection and use of trainers, in order to satisfy the requirements of this section.  This STANDARD is not met as evidenced by:  <b>Findings:</b> Based on a review of staff training records it was determined that a designee for the director had not taken the mandatory director's training. Center directors were initially informed of this new training course on 01/28/2013, and several times subsequently, that this training must be completed by June, 30, 2013. Staff # 4 completed the training on 03/26/14.	1 630	<b>Plan of Correction is required</b>  Effective 4/1/2014 the Manager of Habilitative Services will ensure that all mandatory trainings be completed during required time frames as it relates to Staff #4.	4/1/2014

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE

*Karen L Lucas*

TITLE

*Mgr. of Hab. Services*

(X6) DATE

*4-4-2014*

DEPARTMENT OF AGING APPROVAL

*[Signature]*

DATE

*Chief, Division of Licensing*

*5/19/14*