



March 28, 2016

Paul Woelkers, Vice-President
Archangel Adult Day Care Services
1214 Quincy Avenue
Dunmore, PA 18510

RE: Archangel Adult Day Care Services
License # 384920 - Regular

Dear Mr. Woelkers:

As a result of the Department of Aging's licensing inspection of the above named facility on 12/30/2015, 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", 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 ARCHANGEL ADULT DAY CARE SERVICES, LLC
LEGAL ENTITY

To operate ARCHANGEL ADULT DAY CARE SERVICES
(NAME OF CENTER)

Located at 1214 QUINCY AVENUE DUNMORE, PA 18510
(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 22
(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 April 01, 2016 until March 31, 2017

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

No 384920 - 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: March 14, 2016

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER: 384920	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/30/2015
NAME OF PROVIDER OR SUPPLIER Archangel Adult Day Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 1214 QUINCY AVENUE DUNMORE, PA 18510		
(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 12/30/2015 and it was determined that Archangel Adult Day Care Services was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:	1 000		
1 580	11.33(a) Program staff orientation and training Providers shall, using center staff persons, outside resources, or both, provide program staff persons with the following: (1) A general orientation in the following areas, within 3 months of employment. (i) The purpose and goals of older adult daily living services. (ii) The roles and responsibilities of staff members. (iii) Positive approach methods to manage behavior. (iv) Health and safety precautions, including infection control. (v) Information on fire and safety measures/codes.	1 580	11.33(a) - The director is responsible for orientation and training of new staff members. The director will ensure that each new staff member is properly trained in all areas of general orientation within 3 months of employment and will keep a log of the training in the employee file and training binder. A new training and orientation log was developed by the director on 3-1-2016. This will be included in the application process to guarantee that this citation will not be repeated. The revised training log now includes the staff name, date, and check line to show that the training was completed on that day. In addition, a section was added to list the required training sessions to follow (8 hour per year training). A copy of the training and orientation log, along with the employee application, is included as attachment #1.	03-07-2016

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE
Frede Waebers

TITLE
Administrator/Program Director (X6) DATE
03-07-2016

DEPARTMENT OF AGING APPROVAL
[Signature]

DATE
3/21/16

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1 580	Continued From page 1 (vi) The philosophy of the program and, if applicable, the parent organization. (vii) Confidentiality. (viii) Interdisciplinary team approach. (ix) Client rights. (x) The population served. (xi) The center's policies and regulations. (xii) Communication skills. (xiii) The center's emergency procedures. (2) Training in the following areas, within 3 months of employment and annually thereafter regarding: (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.	1 580		

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1 580	Continued From page 2 (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. This STANDARD is not met as evidenced by: Findings: Based on a review of center policies and procedures, staff records, and interview with director, it was discovered that three new staff persons did not receive training in all areas of general orientation within 3 months of employment. The center covered The Needs of the Clients in the center's target population, Body Mechanics / Transfer Techniques, Positive Approach Methods to Manage Behavior and Voluntary reporting laws regarding abuse, neglect, and exploitation for new staff as indicated in subsections (1)(iii) and (2)(i-iv). However, the orientation did not include the other areas of required orientation training.	1 580		
11550	11.101(a) Intake screening The center shall complete, or arrange for the completion of, an intake screening for each applicant in order to determine the appropriateness of the older adult daily living center for that individual. The screening shall be completed within 60 days prior to admission.	11550	11.101(a) - The Center Nurse is responsible for each Intake screening prepared with a client. The Intake screening will be dated within 60 days prior to admission on the date of the Intake process. The director assists with the Intake screening and will check that the document is properly dated so this will not occur again. The director went over a review	03-07-2016

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11550	Continued From page 3 This STANDARD is not met as evidenced by: Findings: Based on a review of the record for client # 1, it was determined that the center failed to date the Intake Screening form. The form was signed, but not dated, therefore it could not be determined if the intake screening was completed prior to admission.	11550	Continued from page 3 of properly dating and documenting the Intake screening with the Center Nurse. A new Intake screening sample was located on the Dept. of Aging website and will be used by Archangel from 03-07-2016 forward. A copy of the Intake form is enclosed as attachment #2 and a copy of the signed and dated letter from 03-04-2016, the day the director and Center Nurse review was performed is enclosed as attachment #3.	
11873	11.123(2) Core Services - Nursing Services The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services. Each essential core service shall be addressed during the care planning process. The center shall provide and maintain the essential space, materials and equipment necessary to provide these services and to protect the privacy of the clients receiving the services. Core services are as follows: (2) Nursing services. The center shall provide, contract for or otherwise arrange for nursing services. The number of services provided by the nurse, the manner in which a center obtains nursing services	11873		

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11873	Continued From page 4 (which may range from formal to informal), and the amount of time spent by the nurse in a center (which may, for example, range from the daily services of a registered nurse staff person to a monthly or quarterly visit by a practical nurse) depend upon the needs of the center's clients. Nursing service includes the following: (i) Centers shall carry out the following standard nursing functions at least quarterly: (A) A review of the client's health status, including dietary needs. (B) Review of medication procedures, if necessary. (C) Review of policies and procedures for personal care. (D) Training and education of staff persons regarding the needs of clients in centers, including infection control. (ii) The following nursing functions may be added to subparagraph (i) if they are consistent with the goals of the center and the characteristics of persons admitted to the center, as determined through intake screening and client physical examination and medical reports: (A) Provision or supervision of modified and therapeutic diets and supplemental feedings. (B) Provision or supervision of observation, monitoring and intervention for unstable medical episodes. (C) Preparation of the client for self-administration of medications. (D) Provision of restorative or rehabilitative nursing. (E) Provision of maintenance of respiratory aids, colostomy and ileostomy, urinary drainage devices,	11873	11.123(2) - The Center Nurse's responsibility is to review with staff members the Needs of Center Clients, including infection control each quarter. The reviews will be conducted in a timely manner from now on. The director developed an efficient review log On 03-02-2016 for the Center Nurse to use to track these dates to maintain the date requirement with this regulation in order not to repeat the citation again in the future. The revised form now includes a line to be checked and dated when the training is completed, in addition to a signature and date line for the nurse and staff member to sign and date. A copy of the newly revised Core Nursing Service Review for staff is enclosed as attachment #4.	03-07-2016

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11873	Continued From page 5 dressings, skin care, foot and nail care and routine care of incontinent clients. (F) Response to emergencies. (G) Administration of parenteral treatments. (H) Provision of other skilled nursing care, which can be safely done in the older adult daily living center. This STANDARD is not met as evidenced by: Findings: Based on a review of staff training records and interview with the center director, it was determined that center staff did not receive a quarterly review of needs of center clients, including infection control every quarter. A review of the infection control training records for staff revealed that staff received the training on 1/13/2015, 4/2015 and not again until 8/10/2015. The quarterly training following the one in April 2015 should have been completed no later than July of 2015.	11873		
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:	11900	11.132(a) - The director is responsible for obtaining proper Physical examination documentation from each staff member .The director will maintain a copy of the properly signed and dated documentation in the staff file. The physical exam form was revised on 03-01-2016 to include a Physician signature and date line, as well as the Tuberculin test required signature, title of the person performing and reading the Tuberculin	03-07-2016

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	Findings: Based on a review of staff medical records and an interview with Director, the center failed to ensure that a new staff obtained a physical examination with a tuberculin skin test within 12 months prior to employment. The date of hire for staff #3 was 8/13/15. A form indicated a tuberculin skin test was placed on 8/10/15 and read on 8/12/15. However, there was no indication that a physical examination had occurred.		Continued from page 5 test, and date, clarifying that both the examination and Tuberculin test were administered. Staff member #3 has made an appointment with her physician on 3-08-2016 to have a physical exam performed and documented on the newly revised staff physical form. This will be placed in her file upon receipt. A copy of the revised Physical form is included as attachment #5.		