



April 30, 2015

Teresa Shomberg, Director  
Abington Health Adult Day Services - Lansdale  
51 Medical Campus Drive  
Lansdale, PA 19446

RE: Abington Health Adult Day Services - Lansdale  
License # 285130 - Regular

Dear Ms. Shomberg:

As a result of the Department of Aging's licensing inspection of the above named facility on 02/11/2015, two 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 LANSDALE HOSPITAL CORPORATION  
LEGAL ENTITY

To operate ABINGTON HEALTH ADULT DAY SERVICES - LANSDALE  
(NAME OF CENTER)

Located at 51 MEDICAL CAMPUS DRIVE LANSDALE, PA 19446  
(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 38  
(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 May 01, 2015 until April 30, 2016

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

No: 285130 - 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: April 30, 2015

AGL01

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  285130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/11/2015
NAME OF PROVIDER OR SUPPLIER <b>Abington Health Adult Day Services - Lansdale</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>51 MEDICAL CAMPUS DRIVE LANSDALE, PA 19446</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 02/11/15 and it was determined that Abington Health Adult Day Services - Lansdale 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>  1. Fire Inspections will be scheduled by the Nurse Coordinator three months in advance. 2. The Fire Inspection will be completed one month prior to due date to allow ample time to reschedule if necessary 3. Fire inspection appointments will be maintained on center calendar 4. If the Fire Inspection cannot be completed within 12 months from the date of the last inspection, an alternate fire safety authority will be used to perform the inspection.	
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:  Findings: 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 last inspection. The most recent on-site fire safety inspection was conducted on 9/24/14. The previous fire safety inspection was conducted on 9/11/13.	11290		9/11/15

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE: *Heidi Shomberg* TITLE: Program Director DATE: 3/31/15

DEPARTMENT OF AGING APPROVAL: *[Signature]* DATE: 4/20/15

ATG6899 MM7Q11

If continuation sheet 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER LICENSE NUMBER:  <b>285130</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/11/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>Abington Health Adult Day Services - Lansdale</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>51 MEDICAL CAMPUS DRIVE LANSDALE, PA 19446</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
11920	<p><b>11.132(c) Staff physical examination</b></p> <p>The medical report shall include:                      (1) The record of a physical examination.                      (2) Indication that a tuberculin skin test has been administered to the individual with negative results within 2 years; or if tuberculin skin test is positive, the results of a chest X-ray.                      (3) To the extent that confidentiality laws permit, written authorization in the form of a signed statement that the individual is free of communicable diseases or that the individual has a communicable disease but is able to work in the center if specific precautions are taken that will prevent the spread of the disease to clients.                      (4) Information on a medical problem, which might interfere with the health of the clients.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Findings: Based on a review of staff medical records, it was discovered that the physical examination forms for staff person #4, dated 2/18/14 and 10/8/14, did not include answers to subsections (3) and (4).</p>	11920	<ol style="list-style-type: none"> <li>All staff will receive their physicals from employee health.</li> <li>Due dates of staff physicals will be maintained by Nurse Coordinators</li> <li>Each staff will be accountable and responsible to call to schedule their physical at least 6 weeks prior to due date.</li> <li>Physical exams must be completed at least 2 weeks prior to due date.</li> <li>Current physical exam report containing the statement "individual is free of communicable diseases or that the individual has a communicable disease but is able to work in the center if specific precautions are taken that will prevent the spread of the disease to clients." Will be used by employee health.</li> <li>Current physical exam report containing information on a medical problem which might interfere with the health of the clients will be used by employee health.</li> <li>Staff will obtain a copy of their physical exam and report will be verified for completeness by the Nurse Coordinator.</li> </ol>	3/31/15