



February 20, 2015

Natalie Lekishvili, Director  
2nd Home Adult Day Care Services  
1614 Old York Road, 1st Floor  
Abington, PA 19001

RE: 2nd Home Adult Day Care Services  
License # 284900 - Regular

Dear Ms. Lekishvili:

As a result of the Department of Aging's licensing inspection of the above named facility on 11/19/2014, 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 BLN, LLC

LEGAL ENTITY

To operate 2ND HOME ADULT DAY CARE SERVICES

(NAME OF CENTER)

Located at 1614 OLD YORK ROAD, 1ST FLOOR ABINGTON, PA 19001

(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 40

(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 March 01, 2015 until February 29, 2016

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

No: 284900 - 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: February 20, 2015

AGL01

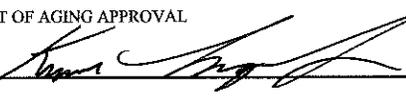
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|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER LICENSE NUMBER:<br><br><b>284900</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/19/2014</b> |
|--|--|--|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>2nd Home Adult Day Care Services</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1614 OLD YORK ROAD, 1ST FLOOR<br/>ABINGTON, PA 19001</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 |
|--------------------|--|---------------|---|--------------------|
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|       |   |       |  |          |
|-------|---|-------|--|----------|
| 1 000 | <b>Initial Comments</b><br><br>A State licensure visit was completed on 11/19/14 and it was determined that 2nd Home Adult Day Care was not in compliance with the following requirements of 6 PA Code, Chapter 11, Older Adult Daily Living Centers regulations:   | 1 000 |  |          |
| 1 280 | <b>11.13(b) Administration and organization</b><br><br>A center shall utilize written administrative policies and procedures, which, at a minimum, include:<br><br>(1) Accounting policies and procedures.<br><br>(2) Personnel policies and practices.<br><br>(3) Client policies on admissions, discharges, transfers, and the like.<br><br>(4) Record policies, including client records, as set forth in §§11.191-11.198 (relating to client records); incidents occurring at the center, as set forth in §11.16 (relating to reporting of unusual incidents; and discharges, as set forth in §11.113 (relating to record of discharge).<br><br>(5) Safety policies including fire safety, emergency and infection control measures to guard against the spread of communicable | 1 280 | <b>11.13(b)–The director will ensure a job description is signed prior to the start of work. The job description will be included with the offer letter for all new hires to ensure it is not missed in the future. The director is responsible for maintaining job descriptions on file at all times for all staff members upon hiring and prior to start of work. Furthermore, the director will ensure that when staff transition or take on additional responsibilities, the appropriate job description is on file. The additional job description for staff #1 and 2 are attached. Also, the job description for staff #3 is attached.</b> | 12/26/14 |

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE  TITLE **Program Director** (X6) DATE **12/26/14**

DEPARTMENT OF AGING APPROVAL  DATE **11/30/15**  
Chief, Division of Licensing

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| 1 280   | Continued From page 1 disease.<br><br>This STANDARD is not met as evidenced by:<br><br>Findings: Based on a review of staff records, staff organization chart, and a discussion with the director it was unclear what staff # 1 and #2 job duties included. Staff #1 is listed as Vice President and Activity Program Aide but there was no job description in the staff file. Staff #2's file has a job description for driver but this staff person is listed on the organization chart as both Driver and Program / Activity Aide. The file for staff #6 does not include a job description for driver. | 1 280  |   |   |
| 1 590   | <b>11.33(b) Program staff orientation and training</b><br><br>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.<br><br>This STANDARD is not met as evidenced by:<br><br>Findings: A sufficient number of staff persons were   | 1 590  | <b>11.33(b)—The director will ensure all drivers are CPR and First Aide certified prior to the first day of work. The director is responsible for maintaining CPR and First Aide certificates on file. Furthermore, the director has added to the driver job description, the requirement to be CPR and First Aide certified as a qualifying factor prior to starting employment. A copy of the signed job description and CPR and First Aide certification for driver #3 is attached. Also, a copy of the revised job description to include the CPR and First Aide certification requirement is attached for reference.</b> | 12/26/14  |

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| 1 590   | Continued From page 2<br>not trained, certified and recertified in cardio-pulmonary resuscitation and in first aid so that at least one person so trained is in the center vehicle at all times. The driver did not have this training.<br><br>On 12/2/14 an email was received from the center with a copy of the driver's CPR, AED and Basic First Aid 12/02/2014 Certification Card.   | 1 590  |   |   |
| 11610   | <b>11.102(c) Client physical examination and med report</b><br><br>The medical report shall include:<br>(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.<br>(2) The record of a general physical examination.<br>(3) General sensory functioning; sensory aids.<br>(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.<br>(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.<br>(6) Medical information pertinent to diagnosis and | 11610  | <b>11.102(c)—The director is responsible for obtaining proper documentation from the client or primary care physician prior to enrollment for those clients who have an x-ray instead of a TB test. Proper documentation should state that client has a history of false positives and therefore an x-ray was done in place of. The director has added this on the medical form as well as the TB test as a reminder to ensure compliance with this regulation. The director has inspected all files where an x-ray was done in place of a TB test and requested appropriate documentation to remain compliant with this regulation. The documentation from the clients' PCP for client #1 is attached. The revised medical and TB form is attached for reference .</b> | 12/26/14  |

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| 11610   | Continued From page 3<br>treatment in case of an emergency.<br><br>This STANDARD is not met as evidenced by:<br><br>Findings: Based on a review of client records it was revealed that the center accepted a 10/17/13 chest x-ray in place of a tuberculin skin test for client #1. The client's 10/6/14 medical report did not indicate the client had a prior positive reaction to the tuberculin skin test.<br><br>In addition, the client file did not include the initial examination form. The client was enrolled 10/23/13. | 11610  |   |   |