

Commonwealth of Pennsylvania

Department of Aging

Initial Application Checklist for Older Adult Daily Living Center Licensure

This checklist will help you complete the initial Older Adult Daily Living Center (OADLC) Application Packet. Once an applicant submits an application and all required information identified by this checklist, the Department will complete a comprehensive review of the application and supporting documentation. The Department will provide constructive feedback on the application, as necessary. An initial on-site inspection of a proposed center will not occur until the Department has approved the application as complete.

Applications are only accepted by email.

Please email all documentation to RA-AIADULTLICENSING@pa.gov.

For each item required by regulation, use a separate attachment.

Electronic signatures and scanned documents are acceptable.

- Application for License (AGL-02) ***
The application shall be signed by the legal entity representative.
- Provider Self Certification and Civil Rights Compliance Form (AGL-07) ***
- Center Operations and Demographics Form (AGL-08) ***
- Articles of Incorporation****
If the center or agency is operated by a corporation, a copy of the Department of State's **approved** corporation papers shall be included.
- Partnership Agreement****
If the legal entity is a partnership, a copy of the agreement setting forth this arrangement shall be included.
- Proof of Non-Profit Status****
If the legal entity is non-profit, a copy of the Department of Treasury's approval letter of non-profit, § 501(c)(3) status shall be included.
- Fictitious Name Approval****
If the legal entity is for profit and wishes to name the center something other than the owner's or corporation's name, a copy of the Department of State's **approved** fictitious name document shall be included.
- Foreign Business****
If the legal entity is a corporation formed in a state other than Pennsylvania, a copy of the Department of State's **approved** authorization to do business in Pennsylvania shall be included.
- Occupancy Permit**
The **final** Certificate of Occupancy, issued by the Department of Labor and Industry or local municipality, shall reflect a use group code of I-4.
- Fire Safety Inspection**
The building shall be inspected by a fire safety expert. (§ 11.83) A copy of the fire safety inspection shall be included.

- Insurance Coverage**
The center shall obtain insurance coverage, which includes personal and professional liability coverage. (§ 11.22) A copy of the center's insurance coverage shall be included.
- Qualifications of the Director/Administrator**
Include copies of the director's resume, degree(s) and certificate(s). (§ 11.34)
- Registration Form for Online Training Course for OADLC Directors**
Include the completed Registration Form naming the Director and the Director's designee for when the Director is not in the facility. Fax or mail a copy of the certificate after the Director and the designee have successfully completed the online training course for OADLC Directors to the Division of Licensing. A link to this training course can be found on the Department of Aging website, www.aging.pa.gov. Fax number is (717) 783-0894.
- Qualifications of Nurse(s)**
Include copy of resume and current nursing license. If center's nurse is an LPN, include name of the RN or physician who will provide direction to the LPN and an explanation of their relationship to the center. (§ 11.35). If the center uses a contracted nurse, please provide proof of the contracted nurse's professional liability insurance.
- Qualifications of Activities Coordinator and Program Assistants/Aides**
Examples include copy of diplomas, degrees, transcripts, licenses, certifications and resumes. (§ 11.36 and § 11.37)
- Criminal History Reports**
The Older Adult Protective Services Act (OAPSA) requires centers to submit State and Federal (if necessary) reports for the owner/operator and for each person who meets the definition of an employee per the Chapter 15, Protective Services for Older Adults regulations. For owners/operators who are not residents of Pennsylvania and who plan to visit the center, a Federal criminal history report shall be provided. Verification of completion of the on-line OAPSA training by the director/administrator and all management staff persons must also be submitted. (OAPSA and §§ 15.141 – 15.147)
- List of Current Staff Hired**
Include a list of current staff, including name, position and date of hire.
- Job Descriptions**
Job descriptions must include job duties and qualifications. (§§ 11.34 – 11.37)
- Training Curriculum**
Curriculum shall include the required general orientation and annual training and the qualifications of the proposed trainer(s) or of the organizations which provide training. (§ 11.33) Include a training schedule for the annual training.
- Floor Plan**
Indicate the following information on the floor plan: 1) internal and external exit paths, 2) intended use of each area (offices, program areas, kitchen, dining areas, hallways, storage, etc), 3) the dimensions of each program room and 4) the location of each bathroom including the number of sinks, toilets, showers and bathtubs. (§11.52 and § 11.69)
- Service Description**
Service description shall describe, in detail, the goals of the center (§ 11.6), all services provided by the center (§ 11.123), and any specialized (§ 11.402) or supplemental services (§ 11.403) provided through contractual or other arrangements.



Policies and Procedures

Policies and procedures shall be personalized to the center and written specifically to help employees understand their roles and responsibilities within the center.

- Criminal History Reports (OAPSA and §§15.141 – 15.147) and Conditions for Employment
- Client Admissions (§ 11.4, and § 11.101-11.103) – describing type of persons who may be served; eligibility criteria; requirements for intake screening, physical examination, TB test, and enrollment agreement; and other internal procedures for admitting clients.
- Client Rights (§ 11.9)
- Abuse, Neglect and Exploitation (§ 11.15) and Mandatory Reporting Requirements (in accordance with OAPSA, Act 13 and Title 6 Aging Chapter 15 Protective Services for Older Adults)
- Reporting and Investigating Unusual Incidents (§ 11.16 and § 11.17)
- Complaints and Grievances (§ 11.20)
- Emergency Procedures and Preparedness Plan (§ 11.21)
 - Client portable emergency information (§ 11.191) and location (§ 11.21)
 - Procedures for medical emergencies (§ 11.21) and the emergency medical plan (§ 11.134)
 - Procedures for non-medical emergencies (loss of power, snowstorms, natural disasters, bomb threats, weapons, etc.) (§ 11.21)
 - Evacuation procedures (§ 11.82), including procedures for evacuation of clients with deafness or hearing impairment (§ 11.86)
 - Evacuation diagram specifying directions for egress (§ 11.82)
 - Means of transportation (§ 11.82 and § 11.134)
 - Emergency shelter location (§ 11.82)
 - Procedures for inoperative fire alarm (§ 11.86)
 - Fire safety and fire drills (§ 11.81 - § 11.90)
 - Emergency staffing plan (§ 11.134)
 - Staff training on emergency procedures and client fire safety training (§ 11.21 & § 11.90)
- Smoking Safety (§ 11.91)
- Development, Implementation and Review of Individual Care Plans (§ 11.104 - § 11.109)
- Client Discharge/Transfer (§§ 11.110 – 11.113)
- Personal Care (§ 11.123(2)(i)(C) (ambulating, toileting, bowel and bladder management, personal hygiene, eating, drinking, transferring, positioning, etc.)
- Infection Control (§ 11.13(5) & § 11.123(2)(i)(D))
- Medications (§§ 11.141 – 11.146),
- Client Records (§ 11.191 – 11.195)
- Confidentiality of/Access to Client Records (§ 11.196 - § 11.198)



Source of Client Meals (§ 11.152 and § 11.2f)

Provide a written statement that describes the source of client meals. For example, if using a caterer, state you are having meals delivered and identify the catering company. If preparing meals in your kitchen, state that. In addition, the applicant is to consult with their local food safety authority and provide verification of the following:

- Copy of the County Department of Health or other locally issued certificate/license for the center kitchen, if applicable in your municipality; and
- Verification or completion of ServSafe training, or other training required, if applicable in your municipality; and
- Verification that your municipality has no additional kitchen inspection or staff certification requirements. This can be in the form of an email or letter from the local authority.



Sample Forms

- Client Rights (§11.9)
- Fire Drills (§ 11.88)
- Intake Screening (§ 11.101)
- Client Physical Examination (§ 11.102)
- Client Enrollment Agreement (§ 11.103),
- Care Plan (§ 11.104)

- Staff Physical Examination (§ 11.132)
- Medication Administration Record (§ 11.143)



Water Source

Centers connected to a public water system shall submit a current water bill or other proof of being connected to a public water system. Centers that are not connected to a public water system shall submit a written certification of water tests from the Department of Environmental Protection. (§ 11.59)



Sewer Source

Centers connected to a public sewer system shall submit a current sewage bill or other proof of being connected to a public sewer system. Centers that are not connected to a public sewer system shall submit written sanitation approval for their sewage system by the local sewage enforcement official of the municipality in which the center is located. (§ 11.55)