

## **OLDER ADULT DAILY LIVING CENTER** REQUEST FOR WAIVER OF REGULATION 6 PA. CODE § 11.5

NAME OF LEGAL ENTITY:	NAME OF DIRECTOR/ADMINISTRATOR:	
ADDRESS OF LEGAL ENTITY:	<u> </u>	COUNTY:
NAME OF CENTER (IF DIFFERENT FROM LEGAL ENTITY):		LICENSE #:
ADDRESS OF CENTER (IF DIFFERENT FROM LEGAL ENTITY):		LICENSED CAPACITY:
DATE OF WAIVER REQUEST:	NAME OF PERSON COMPLETING	G FORM:
6 PA. CODE CH. 11 SECTION TITLE (REGULATION HEADING):	GULATION HEADING): Annual Inspection and Announced Inspection	
6 PA. CODE CH. 11 SECTION/SUBSECTION NUMBER (COMPLETE A SEPARATE FORM FOR EACH SECTION/SUBSECTION/PARAGRAPH): §§ 11.241 & §§ 11.242		
WHAT IS THE REASON FOR THIS REQUEST?*:		
(Name of ATF) is licensed by the Department of Human Services (DHS) Office of Developmental Programs under 55 Pa. Code Chapter 2380 as an Adult Training Facility. We are requesting a waiver of 6 Pa. Code §§ 11.241 and 11.242 per Aging Program Directive #13-20-01.  EXPLAIN WHY THERE IS NO JEOPARDY TO THE CLIENT(S) IF THIS WAIVER IS GRANTED*:  (Name of ATF) is licensed as an ATF by the DHS Office of Developmental Programs and is subject to annual inspection and licensure by Commonwealth staff. Client health & safety is monitored by authorized agents of DPW.		
EXPLAIN HOW ONE OR MORE CLIENTS WILL BENEFIT FROM THE WAIVER OF THIS REGULATION*:		
The center will no longer have to allocate time and resources for duplicative inspection-related requirements that are in some cases not applicable or in direct conflict with 55 Pa. Code Chapter 2380 regulations.		
HAVE ANY OTHER WAIVERS BEEN GRANTED TO YOUR CENTER UNDER CHAPTER 11 REGULATIONS?	SECTION(S) OR SUBSECTION(S	S) PREVIOUSLY WAIVED:
☐ YES ☐ NO	IS (ARE) WAIVER(S) STILL VAI	LID?  YES  NO
*ATTACH ADDITIONAL PAGES IF NECESSARY		