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DEPARTMENT OF AGING

PRINTED: 02/24/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1)PROVIDER LICENSE NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	313280	A. BUILDING _____ B. WING _____	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Hope Adult Day Care	10750 BUSTLETON AVENUE PHILADELPHIA, PA 19116

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 2/19/2026 and it was determined that New Hope 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	**Plan of Correction is required** Program Director and RN reviewed the comments of the inspection and determined that a concise plan is needed to correct non-compliance to ensure it doesn't happen again. Plan will ensure the compliance of GPA code, Chapter 11 older adults daily living.	
12020	**11.141(e) Storage of medications** Medications which are permanently discontinued, outdated or no longer needed shall be disposed of in a safe manner. This STANDARD is not met as evidenced by: Findings: Based on direct observation of stored medications, it was discovered that the center was storing and administering medications that had an expired pharmacy label. The following medications were found to be expired for Client #1. Vitamin D3 expired 9/26/25, Diltiazem 240mg expired 10/17/25, Labetalol Tab 200mg expired 1/27/26, Hydrochlorothiazide 25mg expired 10/20/25, Losartan Pot Tab 100mg expired 5/16/25.	12020	All expired medication replaced with current ones immediately on 2/19/2026. RN staff received training on 2/19/2026. All prescribed medicines retained and stored by center staff for clients must be stored in packages/containers as dispersed by the pharmacist. The name of the person, The name of the medication, The prescribed dosage, The frequency of administration, The quantity, and the date of medicines dispensation. Medicines which are taken internally and those for external use stored separately. Medicines which require refrigeration placed in plastic container and labeled. The temp. checked daily. Refrigeration is not easily accessible to clients. Plan is implemented and completed. (Attach #1) Documentation of first audits attached.	02/19/26 Responsible person RN Program Director

AUTHORIZED PROVIDER REPRESENTATIVE'S SIGNATURE: Lyudmila Gliot — TITLE: Program Director — (X6) DATE: 03/09/2026

DEPARTMENT OF AGING APPROVAL: John A. Mikatavage — Division Chief — March 18,2026

ATG6899 GFS011

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12050	**11.142(a) Labeling of medications** The original or refill container for medications shall be labeled. Centers cannot administer medications from a container whose label does not include the following information, in accordance with regulations of the State Board of Pharmacy at 49 Pa. Code § 27.18 (relating to standards of practice): (1) The name, address, telephone number of the pharmacy and the BNDD (The Federal Bureau of Narcotics and Dangerous Drugs) number assigned to it by that Bureau. (2) The name of the patient. (3) Full directions for the use of its contents. (4) The name of the prescriber and a registration number of the prescriber required to be obtained under applicable Federal statute. (5) The serial number of the prescription and the date originally filled. (6) The trade or brand name of the drug and proportion or amount of drug dispensed, unless omission is specifically requested by the prescribing doctor in writing. If the name is generic, the manufacturer's name shall also be shown. (7) On controlled substances, the statement: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed." This STANDARD is not met as evidenced by: Based on a review of the center's medications	12050	The center conducted a full review of all of the client's medical information to determine that medications removed and replaced with valid labels. Immediately after inspection 2/19/2026. The center RN has been trained, and monthly training will continue. (Attach #1).	02/19/26 Responsible person RN Supervisor.

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12050	Continued From page 2 and interview with the center nurse, it was determined that the center was storing client medications from containers with labels that were damaged and did not include the following information: (1) The name, address, telephone number of the pharmacy and the BNDD (The Federal Bureau of Narcotics and Dangerous Drugs) number assigned to it by that Bureau. (2) The name of the patient. (3) Full directions for the use of its contents.	12050		
12060	**11.142(b) Labeling of medications** Medications, which the center administers to a client, whether brought to the facility by the client, staff person, volunteer or other person, shall be labeled as set forth in subsection (a). This STANDARD is not met as evidenced by: Findings: Based on a review of the stored medications, the center failed to have the medications labeled as set forth in subsection (a) for a medication that the center nurse was administering. A review of medications for Client #1 revealed that the Novolog insulin pen was removed from the original packaging and did not include the pharmacy label.	12060	Novolog pen was replaced with a valid label 2/19/2026. (Attach #2)	Complete 2/19/26 Responsible Program Director

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12070	**11.143(a) Medication records** A medication log listing medications, dosage, time, date and the name of the person who administered the medication shall be kept for the clients who do not self-administer medication and who needs require the administration of medication by qualified professionals at the center. This STANDARD is not met as evidenced by: Findings: The center failed to document the full directions for the use of medications on the Medication Administration Record (MAR) form for two center clients. The MAR for Client #1 only indicated the name of the medication and did not include the dosage and full instructions for the following medications: Vitamin D3, Diltiazem, Labetalol Tab, Hydrochlorothiazide, and Losartan Pot Tab. The MAR for Client #2 did not include the full instructions for Entacapone as it was missing instructions to be administered with Carbidopa-Levodopa as directed on the pharmacy label.	12070	Program Director (PD) must ensure that a written record is kept of all medication entering the center that is being administered to service consumers or sent for disposal. PD has a written protocol in place which staff follows. The medication profile should show for each consumer: Persons full name and DOB, Details of any known drug sensitivity, The name of the medication, The form of medicine e.g tablets or liquid, the amount in bottle/container, The strength of the preparation, The dose, The route of the administration (By mouth), Any special instructions, e.g whether it should be given before or after food. The center will conduct a full review of all client's medical information to determine the full directions for the use of medications on the NAR form of all clients. (Attach #3)	Complete 02/19/26 Responsible person Program Director
12080	**11.143(b) Medication records** The information in subsection (a) shall be logged immediately after each client's dose of medication.	12080	Upon admission of clients to the center, RN will ensure to immediately log client's dosage of medication. The center will conduct a full review of all of the client's medical information. (Cont'd)	

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12080	Continued From page 4 This STANDARD is not met as evidenced by: Findings: Based on a medication record review and interview with the center nurse, it was found that the center failed to immediately log the client's dose of medication. A interview with the center RN revealed that on 2/19/2026, Client #1 received the following medications Plavix, Jardiance, Losartan, HCTZ, Vit D3, Diltiazem, Gabapentin, and Labetalol at 10am. A review of medication records around 10:30am revealed that the medications given had not been logged into the medication record.	12080	The system was created to eliminate future mistakes to ensure the staff are familiar with and understand the code of practice. The staff who assist, prompt or handle medication will receive monthly training which include: - Introduction to medicines and prescription. - Medicine supply, storage, and disposal. - Safe administration of medication. - Quality control and record keeping. - Accountability, responsibility and confidentiality. All Staff training will be documented. (Attach #4) #5	Complete 02/19/26 Responsible person RN Program Director