

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHRISTIAN LIFE SERVICES, INC.

LEGAL ENTITY

To operate CHRISTIAN LIFE SERVICES

NAME OF FACILITY OR AGENCY

Located at 3408 -10 NORTH 19TH STREET, PHILADELPHIA, PA 19140

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 44  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 5, 2012 until May 5, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132790

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

**MAR 22 2012**

Ms. Shirell Taylor, Administrator  
Christian Life Services, Inc.  
2400 West Lehigh Avenue  
Philadelphia, Pennsylvania 19132

RE: Christian Life Services  
3408-10 North 19<sup>th</sup> Street  
Philadelphia, Pennsylvania 19140

Dear Ms. Taylor:

As a result of the Department of Public Welfare's licensing inspection on February 3, 2012 and February 7, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

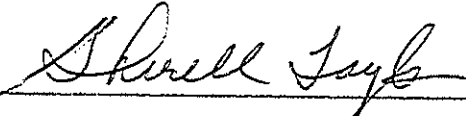

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky'.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CHRISTIAN LIFE SERVICES, 3408 10 NORTH 19TH STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 132790	
INSPECTION DATES (Include all dates of the inspection) 02/03/2012 and 2/27/12		REGIONAL REPRESENTATIVE Christine McHale, Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 2/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-7-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's	On 2/3/12, at 9:30 am, a sheet of paper stating that resident #1 had an appointment at a OB/GYN was posted on a bulletin board in the resident dining room and was accessible to all residents.	2/3/12	The OB/GYN appointment for resident #1 posted on the bulletin board was posted in error by the administrative assistant. The appointment slip was removed at the time of inspection. The administrative assistant was counseled on procedures for resident information and the importance of confidentiality. The administrative assistant will check the bulletin board daily to ensure that no resident information is kept on the board. The administrator will ensure that all resident information is kept confidential and secure.	3-7-12 <i>JS</i>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Shirley Gayle</i>	DATE <i>2/23/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SE</i>	DATE : <i>3-7-12</i>

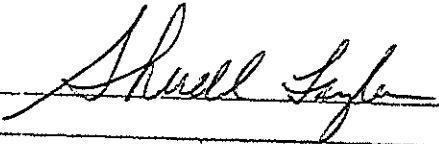
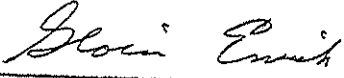
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designated person, or if a court orders disclosure.			<i>Cont'd.</i>	

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Shelli Taylor</i>	DATE 2/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>	DATE 3-7-12

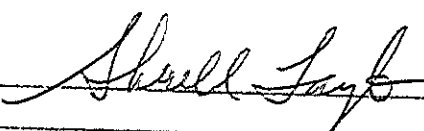
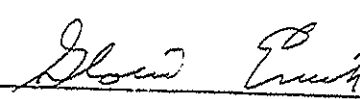
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20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	The home manages the finances for resident #2. The home's financial records indicated that the resident had a \$0 balance with the home. The resident has not paid rent in the home for January 2012 and February 2012. The resident's financial records should have indicated a negative balance.	2/3/12	The home has updated resident #2's financial statement to reflect the negative balance for January and February 2012 (see attachment). The administrative assistant will review resident's financial records monthly to ensure that they reflect the resident's financial history and transactions. The administrator will audit the resident's financial records annually to ensure that they are complete and accurate.	3-7-12- <i>ES</i>

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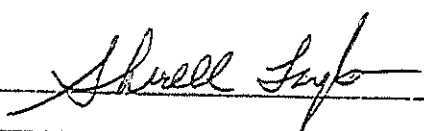

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25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for resident #3 was not signed by the resident or the administrator.	2/3/12	The administrative assistance was new and failed to have the contract signed. The contract for resident #3 was signed by the resident and the administrator (see attachment). The administrative assistant will complete and review all resident contracts upon admission to ensure that they are signed by the administrator and the residents. The administrator will audit resident records annually to ensure that they are signed and accurate.	<div style="text-align: right;">Steps have been taken to correct violation; full compliance is not verifiable</div> <div style="text-align: right;"> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="border-bottom: 1px solid black; width: 50px;"></td> </tr> <tr> <td style="font-size: small;">Date</td> <td style="font-size: small;">Initials (DPW)</td> </tr> </table> </div>			Date	Initials (DPW)
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41c A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident #3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.	2/3/12  +  ongoing	The administrative assistant was new and failed to have the contract signed. The home has reviewed the resident rights and the complaint procedures with resident #3. The statement acknowledging receipt of a copy of the resident rights and the complaint procedures was signed by resident #3 (see attachment). The administrative assistant will complete and review the accuracy of the resident record upon admission to ensure that the resident rights and the complaint procedures have been reviewed and signed upon admission. The administrator will audit the resident records annually to ensure that the residents have signed off on the acknowledgment of the resident rights and the complaint procedures.	Steps have been taken to correct violation; full compliance is not verifiable 3-7-12 BE Date Initials (DPW)

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85b There may be no evidence of infestation of insects or rodents in the home.	<ul style="list-style-type: none"> <li>- On 2/7/12 mice feces was observed on the top of canned foods on shelves in the home's basement.</li> <li>- On 2/7/12 mice feces was observed on the top of boxes of water on shelves in the home's basement.</li> <li>- On 2/7/12 mice feces was observed in the corner of resident room 6B next to a resident's bed.</li> </ul>	2/3/12	<p>The home has a professional exterminator that services the home (see attachment). The cans and boxes of water on the shelves in the basement were cleaned off. The corner in room 6b was swept and mopped. The housekeeping staff will check the resident rooms daily and the basement weekly to ensure that the home has no evidence of rodent infestation. The administrator will walk through the home monthly to ensure that there is no evidence of infestation. If a problem arises the exterminator will be telephoned to resolve the problem.</p>	3-7-12-22

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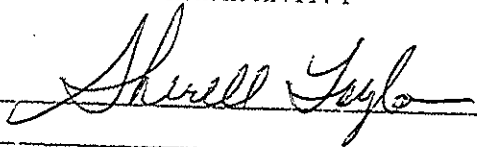
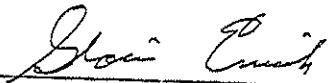
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§5d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	<ul style="list-style-type: none"> <li>- The trash can in the common bathroom next to the medication room does not have a lid.</li> <li>- The trash can in the common bathroom next to resident room 9B does not have a lid.</li> <li>- The trash can in the common bathroom next to resident room 6A does not have a lid.</li> </ul> <p>Repeated Violations: 03/10/2011</p>	2/4/12	<p><del>Residents removed the lids from the trash cans located in the bathrooms.</del> The administrator has purchased new trash cans with the lids attached to the cans (see attachment). The trash cans in the 3 common bathrooms have been replaced with the new trash cans with the attached lids. The housekeeping staff will check the home daily to ensure that all trash cans in the home have lids on them. The administrative assistant will walk through the home weekly to ensure that all trash cans have lids on them.</p>	3-7-12 SE


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		DATE <i>3-7-12</i>

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103f Outdated or spoiled food or dented cans may not be used.	On 2/7/12, 3 gallons of water with an expiration date of 4/1/11, 6 gallons of water with an expiration date of 5/18/11, 9 gallons of water with an expiration date of 5/29/11, 3 gallons of water with an expiration date of 6/2/11, 9 gallons of water with an expiration date of 6/4/11, 6 gallons of water with an expiration date of 7/28/11 were found in the home's basement.	<i>2/3/12</i>	Maintenance was supposed to dispose of the outdated water. As of the date of inspection the out dated water was disposed of. The administrator will check the emergency water supply annually to ensure that the water is up to date and the home is in compliance.	<i>3-7-12 DE</i>

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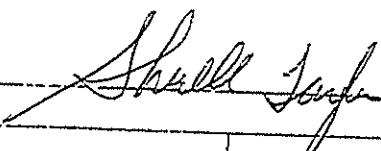
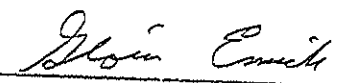
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123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	<ul style="list-style-type: none"> <li>- The emergency evacuation diagram next to room 6B does not include the lines of travel to the exits and was mislabeled as to where you are on the diagram.</li> <li>- The emergency evacuation diagram next to room 1A does not include the lines of travel to the exits.</li> </ul>	2/3/12	<p>The emergency evacuation diagrams for rooms 6b and 2a have been updated to reflect where the person is and the routes of travel to exits in an emergency situation. The administrative assistant will walk through the house monthly to ensure that all emergency evacuation diagrams are accurate and posted in the home. The administrator will review the emergency evacuation diagrams annually to ensure accuracy.</p>	3-7-12 

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SIGNATURE OF LEGAL ENTITY <i>Shuell Taylor</i>	DATE <i>2/23/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE <i>3-7-12</i>

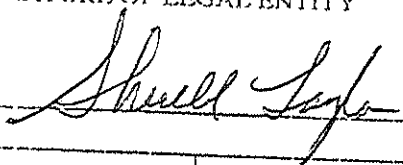

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127a Portable space heaters are prohibited.	On 2/3/12, a medium sized portable space heater was located in the medication room.	<i>2/3/12</i>	The space heater was stored in the medication room. The space heater was removed from the home the day of inspection. The home will not have any portable space heaters in the home at any time.	<i>3-7-12-2e</i>

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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill record for the drill conducted on 1/6/12 does not include the number of residents evacuated and the exit routes used.	2/3/12	The direct care staff that completed the fire drill on 1/6/12 did not complete the form. The fire drill record for 1/6/12 was updated to include the number of residents evacuated and the evacuation routes (see attachment). The staff conducting the fire drills will complete them accurately. The administrative assistant will review the fire drill logs monthly to ensure that they are complete and accurate including the number of residents evacuated and the routes of evacuation.	Steps have been taken to correct violation; full compliance is not verifiable <u>3-7-12</u> <u>AE</u> Date Initials (DPW)

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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CHRISTIAN LIFE SERVICES, 3408 10 NORTH 19TH STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 132790
INSPECTION DATES (Include all dates of the inspection) 02/03/2012	REGIONAL REPRESENTATIVE Christine McHale, Kimberli Foukes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY <i>Shirrell Taylor</i>	DATE 2/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Enick</i>
		DATE 3-7-12

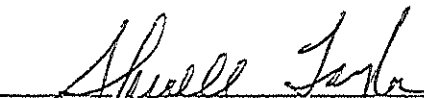

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY																																																																			
132f Alternate exit routes shall be used during fire drills.	<p>The front and back exits were used during the fire drills on 12/26/11, 12/17/11, 11/30/11, 11/16/11, 10/12/11, 9/12/11, 8/31/11, 8/12/11, 8/10/11, 7/14/11, 6/20/11, 5/17/11, 4/7/11, and 3/30/11.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr> <td>Jan</td> <td>01/06/2012</td> <td>01:00 PM</td> <td>2 minutes 30 s</td> <td>No</td> </tr> <tr> <td>Feb</td> <td></td> <td></td> <td></td> <td>No</td> </tr> <tr> <td>Mar</td> <td>03/30/2011</td> <td>01:42 PM</td> <td>1 minute 43 s</td> <td>No</td> </tr> <tr> <td>Apr</td> <td>04/01/2011</td> <td>12:03 AM</td> <td>1 minute 53 s</td> <td>No</td> </tr> <tr> <td>May</td> <td>05/17/2011</td> <td>07:33 PM</td> <td>1 minute 56 s</td> <td>No</td> </tr> <tr> <td>Jun</td> <td>06/20/2011</td> <td>08:24 AM</td> <td>1 minute 54 s</td> <td>No</td> </tr> <tr> <td>Jul</td> <td>07/14/2011</td> <td>06:47 PM</td> <td>1 minute 58 s</td> <td>No</td> </tr> <tr> <td>Aug</td> <td>08/31/2011</td> <td>01:00 AM</td> <td>1 minute 59 s</td> <td>No</td> </tr> <tr> <td>Sep</td> <td>09/12/2011</td> <td>01:11 PM</td> <td>1 minute 52 s</td> <td>No</td> </tr> <tr> <td>Oci</td> <td>10/12/2011</td> <td>11:00 AM</td> <td>1 minute 59 s</td> <td>No</td> </tr> <tr> <td>Nov</td> <td>11/30/2011</td> <td>10:17 PM</td> <td>2 minutes 37 s</td> <td>No</td> </tr> <tr> <td>Dec</td> <td>12/26/2011</td> <td>01:30 PM</td> <td>1 minute 30 s</td> <td>No</td> </tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/06/2012	01:00 PM	2 minutes 30 s	No	Feb				No	Mar	03/30/2011	01:42 PM	1 minute 43 s	No	Apr	04/01/2011	12:03 AM	1 minute 53 s	No	May	05/17/2011	07:33 PM	1 minute 56 s	No	Jun	06/20/2011	08:24 AM	1 minute 54 s	No	Jul	07/14/2011	06:47 PM	1 minute 58 s	No	Aug	08/31/2011	01:00 AM	1 minute 59 s	No	Sep	09/12/2011	01:11 PM	1 minute 52 s	No	Oci	10/12/2011	11:00 AM	1 minute 59 s	No	Nov	11/30/2011	10:17 PM	2 minutes 37 s	No	Dec	12/26/2011	01:30 PM	1 minute 30 s	No	2/3/12	<p>The home used alternate exit routes during the February fire drill (see attachment). The home will change the exit routes for fire drills every month per regulation 132f. The administrative assistant will check the fire drill logs monthly to ensure that they are accurate and that the staff has used alternate routes of evacuation. The administrator will audit the fire drill logs annually to ensure that the staff are conducting fire drills accurately and that they are documenting those drills correctly.</p> <p style="text-align: right; margin-top: 20px;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right; margin-top: 5px;"><del>3-7-12/82</del></p> <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">Date</td> <td style="width: 50%;">Initials (DPW)</td> </tr> </table>	Date	Initials (DPW)	
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CHRISTIAN LIFE SERVICES, 3408 10 NORTH 19TH STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 132790	
INSPECTION DATES (Include all dates of the inspection) 02/03/2012		REGIONAL REPRESENTATIVE Christine McHale, Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Shall Sayo</i>		DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Smith</i>
			DATE 3-7-12


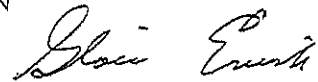
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #2 was admitted on 11/8/11. The resident's medical evaluation was completed on 1/25/12.  <i>Violation withdrawn - R.E.</i>		The medical evaluation for resident #2 was completed in within the required timeframe (see attachment). The home will have all resident medical evaluations completed 60 days prior to or 30 days after admission. The administrative assistant will check all medical evaluations upon admission to ensure that they are accurate and completed within the required timeframe.	

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CHRISTIAN LIFE SERVICES, 3408 10 NORTH 19TH STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 132750	
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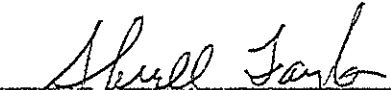

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144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtray direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguisher	The home's designated smoking area in the rear of the home has an upholstered couch that is not fire resistant and two chairs with upholstery that is not fire resistant.	2/3/12	The administrator has had the non fire resistant furniture removed from the smoking area. The direct care staff will check the smoking area daily to ensure that there are no items in the area that could catch fire.	3-7-12 SE

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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183b Prescription medications, OTC medications, SAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 2/3/12 at approximately 9:00 am, the home's medication room was unlocked and accessible to residents. The medication room contains all of the residents' medications in a file cabinet. The file cabinet was also unlocked.	2/3/12	The medication room was equipped with a self-locking door knob at the time of inspection. All staff will check the medication room daily to ensure that the room is locked and not accessible to residents. The administrative assistant will check the medication room lock monthly to ensure that the self-locking door knob is operable and that no residents have access to the room.	3-7-12 <i>se</i>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CHRISTIAN LIFE SERVICES, 3408 10 NORTH 19TH STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 132790	
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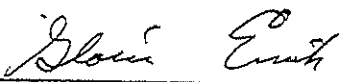
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183c Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	There was no thermometer in the refrigerator in the home's medication room. The medications stored in this refrigerator must be kept at certain temperatures per manufacturer's recommendations in order for them to maintain their viability.	2/3/12	The thermostat was frozen in the freezer of the refrigerator in the medication room. The freezer was thawed and the thermometer removed. The administrator has purchased a new thermometer for the refrigerator in the medication room. The direct care staff will check the refrigerator daily to ensure that the thermometer is there and operating.	3-7-12 RE

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME	CHRISTIA LIFE SERVICES, 3408 10 NORTH 19TH STREET PHILADELPHIA, PA 19140	CURRENT LICENSE NUMBER 132790
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<i>Sherrill Taylor</i>	2/23/12	<i>Moni Enoch</i>
		DATE 3-7-12



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101 The home shall educate the resident of his/her right to question or refuse medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #2 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.	2/3/12  * ongoing	Resident #2 was educated on the right to refuse their medication if they believe that it is in error. The administrative assistant was new and failed to have the resident sign off on their right to refuse. Resident #2 has signed off on their right to refuse medication (see attachment) and it has been included in the resident's record. The administrative assistant will have the resident's right to refuse medications signed at the time of admission. She will audit the record within the first month of admission to ensure that all documentation is present and signed. The administrator will audit the resident records annually to ensure that they are accurate and complete.	3-7-12&E

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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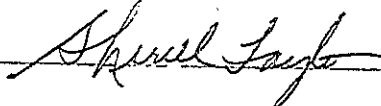
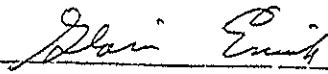
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223a The home shall have a current written description of services and activities that the home provides including the following: (1) The scope and general description of the services and activities that the home provides. (2) The criteria for admission and discharge. (3) Specific services that the home does not provide, if it will arrange or coordinate.	The home's current written description of services and activities at the home does not include specific services that the home does not provide but will arrange and coordinate.	2/3/12	The written description of services that included specific services and activities that the home does not provide was updated and in the computer at the time of inspection (see attachment). The administrator has reviewed the policy and procedures manual for the home to include the updated version of the description of services. The administrator will audit the home's policies and procedures annually to ensure that they are accurate and in compliance.	3-7-12 SE

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CHRISTIAN LIFE SERVICES, 3408 10 NORTH 19TH STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 132790	
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<p>235c</p> <p>The resident shall have additional assessments as follows:</p> <p>(1) Annually.</p> <p>(2) If the condition of the resident significantly changes prior to the annual assessment.</p> <p>(3) At the request of the Department upon cause to believe that an update is required.</p>	<p>- Resident #5's assessment dated 10/9/11 does not include the resident's diagnoses of Diabetes Mellitus, HTN, and Hyperlipidemia. The resident receives medications for these diagnoses.</p> <p>- Resident #6's assessment dated 4/27/11 does not list that the resident uses prosthetic legs and has anemia for which they are prescribed medication.</p>	<p>2-23/12</p> <p>&amp;</p> <p>Ongoing</p>	<p>The assessments for residents # 5 and 6 were updated to include all diagnoses from their medical evaluations. The administrative assistant will complete all the resident assessments upon admission and annually utilizing the medical evaluations to ensure that all resident diagnoses are documented on the assessments. The administrator will audit the resident records annually to ensure that all resident assessments reflect the medical evaluations and that they are accurate and complete.</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">3-7-12 AE</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Date</td> <td style="border: none;">Initials (DPW)</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	Date	Initials (DPW)		
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**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Christian Life Services 2408-10 North 49 <sup>th</sup> Street, Philadelphia, PA 19140		<b>CURRENT LICENSE NUMBER</b> 132790
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 2/3/12 and 2/7/12		<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Kimberli Foulkes
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 2/25/12	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
		<b>DATE</b> 3-7-12

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY OPW
254b Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.	The home's policies and procedures for managing records do not include who is authorized to use the records and who is responsible for records.	2/3/12	The home's policies and procedures for record management and retention was in the office computer at the time of inspections. The administrator has updated the home's policy and procedure manual to include the policy on who is authorized to use the resident records and who is responsible for the resident records. The administrator will audit the policy and procedure manual annually to ensure that all policies and procedures are present and accurate in the manual.	3-7-12 EE