

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHRISTIAN RESIDENTIAL OPPORTUNITIES & SOCIAL SERVICES, INC.

To operate CHRISTIAN RESI. OPP. & SOCIAL SVCS. (C.R.O.S.S., INC.)

Located at 712 PINOLA ROAD, SHIPPENSBURG, PA 17257

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

The total number of persons which may be cared for at one time may not exceed 8
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

and shall remain in effect from June 4, 2010 until June 4, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 344260

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

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 - 4/02



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

ADULT RESIDENTIAL LICENSING

JUN 09 2010

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

Ms. Meredith Ankerbrand, Board Member
Christian Residential Opportunities & Social Services, Inc.
712 Pinola Road
Shippensburg, Pennsylvania 17257

RE: Christian Resi. Opp. & Social Svcs.
(C.R.O.S.S., Inc.)
712 Pinola Road
Shippensburg, Pennsylvania 17257

Dear Ms. Ankerbrand:

As a result of the Department of Public Welfare's licensing inspection on April 8, 2010 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 cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

APR 30 2010

Page 1 of 8
Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME Christian Residential Opportunities and Social Services 712 Pinola Rd.; Shippensburg, PA 17257		CURRENT LICENSE NUMBER 344260	
INSPECTION DATE(S) (Include all dates of the inspection) April 8, 2010		REGIONAL REPRESENTATIVE V. Beard and D. Hoover	
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 REPRESENTATIVE <i>Jemi Roberts</i>	DATE 4/29/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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 DPW
25c4 The contract shall specify the party responsible for payment.	Resident #1's contract does not indicate the party responsible for payment.	4-26-2010	<p>1. Statement has been added to contract. (See attached).</p> <p>2. Corrected contract will be used for all future admissions.</p> <p><i>An addendum to the contract is being attached to all current resident contracts, signed by all required parties and copies provided to the residents and their designated persons.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>5/28/10</i> <i>[Initials]</i></p> <p>Date Initials (DPW)</p>

An addendum to the contract is being attached to all current resident contracts, signed by all required parties and copies provided to the residents and their designated persons.
5/28/10

**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 REPRESENTATIVE <i>Jamie Robert</i>	DATE 4-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Gansley</i>	DATE 5/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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 DPW
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.	Direct Care Staff person A did not receive annual training during 2009 on fire safety.	5-12-2010	1. Fire Safety Training will be presented on 5-12-10 at staff meeting. 2. Training calendars and sign-in sheets will be checked by the end of the calendar year by Administrators to make sure we are in compliance.	5/28/10 <i>CS</i>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The home's first aid kit did not contain tweezers or scissors.	5-12-2010	<ol style="list-style-type: none"> 1. Tweezers and scissors were placed back in the kit that day. (4-8-10) 2. A list of 1st Aid kit contents has been attached to 1st Aid kit to remind staff of what contents need to be included. (see attached) 3. Staff will be educated on 5-12-10 as to the importance of returning items to kit after use. 4. House parent and med coordinator will monitor kit weekly against check sheet. 		<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>5/28/10</u> <i>DB</i></p> <p>Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Jami Roberts</i>	DATE 4-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Capt. Bomley</i>	DATE 5/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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 DPW
132a An unannounced fire drill shall be held at least once a month.	A fire drill was not held during the month of March 2010.	4-26-10	1. Both Director and Administrator will check fire drill record monthly to make sure we are in compliance.	Steps have been taken to correct violation; full compliance is not verifiable <u>5/28/10</u> <i>cb</i> Date Initials (DPW)

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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 DPW
183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	Resident #2's <i>cheratussin AC Syrup</i> expired 3/6/10 and was still on hand. Repeated Violation – 3/23/09	4-26-10	1. medication was disposed of on 4-8-2010. 2. Medical Coordinator and House parent will do weekly checks on expiration dates. A PRN/OTC med date check chart has been developed and will be implemented on 4-26-10. (see attached)	Steps have been taken to correct violation; full compliance is not verifiable <i>5/28/10 CB</i> Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Jim Robert</i>	DATE 4-29-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cy P. B...</i>	DATE 5/28/10

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (14) Name and initials of the staff person administering the medication.	Direct Care Staff person A administered medication during the month of April 2010 but did not sign his/her full name on the medication administration record (MAR).	4-26-10	1. Staff member has signed MAR. 2. Staff will continue to be reminded of the importance of signing the MAR at the beginning of each month. 3. House parent will check MAR Bi-monthly to ensure that staff signature page is correct and complete.	5/28/10 <i>OB</i>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Jenn Roberts</i>	DATE 4/29/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyber...</i>	DATE 5/28/10

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Direct Care Staff person B initialed the MAR on 4/8/10 for resident #3's <i>Phenobarbital 20mg</i> at noon however the resident was not in the building at this time. Per Direct Care Staff person C, the staff sign the MAR for this medication in the morning when the resident leaves for a day program.	5-12-10	1. The symbol (W) will be added to MAR key for when a resident takes a medication to work. 2. This change has been communicated to House parent on 4-26-10 and the rest of the staff will be educated on this change at shallo staff meeting.	Steps have been taken to correct violation; full compliance is not verifiable <i>5/28/10</i> Date Initials (DPW)

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190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	Direct Care Staff person D administered medications to Resident #3 in April and has not completed the Department-approved medications administration course as required. The last completed training was done on 12/14/08 – more than a year ago.	4-26-10	<ol style="list-style-type: none"> Documentation of the staff person's training from 2009 was found in training book and has been included. Staff person's training was updated on 4-22-10 which was before she gave meds again. A spreadsheet to keep track of training + dates has been developed. (See attached) Medication Administration 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/28/10 <i>CB</i></p> <p>Date Initials (DPW)</p>

Trainer will be responsible for keeping spreadsheet up to date + ensuring that we are in compliance with training dates.