

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 August 17, 2010 until December 17, 2010,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132791

Robert E. Robinson

ISSUING OFFICER

Kenneth 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

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

CERTIFIED MAIL – RETURN RECEIPT

MAILING DATE:

AUG 18 2010

Mr. Erwin Warfield, Administrator
Christian Life Services, Inc.
2400 West Lehigh Avenue
Philadelphia, Pennsylvania 19131

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

Dear Mr. Warfield:

As a result of the Department of Public Welfare's (Department) licensing inspections on June 24, 2010, July 2, 2010, July 9, 2010, July 12, 2010, July 15, 2010, July 26, 2010 and July 27, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

Based on violations with 55 Pa.Code Ch. 2600, your current license #132790 dated March 11, 2010 to March 11, 2011 is REVOKED. A FIRST PROVISIONAL license, effective August 17, 2010 to December 17, 2010 is being issued based on your plan to correct the violations as specified on the Violation Report. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

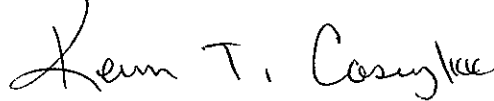
All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that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

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 West, Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

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

NAME AND ADDRESS OF PERSONAL CARE HOME Christian Life Services 3408 North Nineteenth Street, Philadelphia, PA 19140		CURRENT LICENSE NUMBER 132790
INSPECTION DATE(S) (Include all dates of the inspection) June 24, 2010, July 2, 2010, July 9, 2010, July 12, 2010, July 15, 2010, July 26, 2010, and July 27, 2010	REGIONAL REPRESENTATIVE Michelle Morton, Lori Knockstead (6/24/10; 7/9/10), Christine McHale (7/2/10; 7/15/10), James Jesse Hummel (7/12/10), and Trula Hollywood (7/15/10), Laura Helmuth (7/26/10; 7/27/10), Katherine Young (7/26/10), Ronald Melusky (7/26/10)	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) SHIRELL TAYLOR Administrator		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Shirell Taylor</i>	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ronald Melusky</i>
		DATE 8/10/10

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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.701–10225.707) and 6 Pa. Code § 15.21–15.27 (relating to reporting suspected abuse) and comply with its requirements regarding restrictions on staff persons.	-At 4:45am on 6/19/10, Resident #1 told Direct Care Staff Person A that she was sexually assaulted by Volunteer Staff Person B. The home notified the Protective Services at 6:00pm on 6/25/10, more than 48 hours later. -On an unknown date in June or July of 2010, Resident #2 and Resident #3 were in a physical altercation. On 7/9/10, Administrator C acknowledged that she was aware of the incident. The home did not notify Protective Services in accordance with the Older Adult Protective Services Act.	8/9/2010	In the Future The administrator will Report all suspected abuse in accordance with OAPSA and 6 Pa Code 15.21-15.27. Administrator will Train all Direct Care on OAPSA. In the Event of a incident administrator will be notified along with designee to Report to the Necessary Services.	

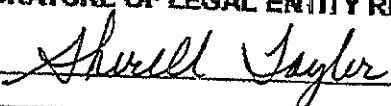
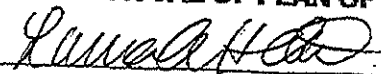
8/11/2010- Administrator will immediately Report to OAPSA altercation between residents 2 and 3

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Shirrell Taylor</i>		DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ronald Melusky</i>
			DATE 8/10/10

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16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).	<p>-The report of alleged sexual abuse that occurred on 6/19/10 described on page one of this Violation Report was reported to the Department on 6/21/10, more than 24 hours later.</p> <p>-The alleged physical abuse that occurred between Resident #2 and Resident #3 described on page one of this Violation Report were not reported to the Department.</p> <p>-On 5/31/10, Resident #2 had a serious injury (a severe head laceration) that required treatment at a hospital. This incident was not reported to the Department.</p>	<p>8/9/2010</p> <p>8/11/10</p> <p>8/11/10</p>	<p>In the Future Administrator shall Report immediately all Reportable incidents and Have a Residential Meeting with all Residents in PCB Educating on Residents Rights Staff will be Trained on all Reportable incidents They will contact administrator immediately and Report to ARL immediately Administrator will post for DCS all Reportable incidents that are Reportable.</p>	

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25c10 The contract shall include a statement that the resident is entitled to at least 30 days advance notice, in writing, of the home's request to change the contract.	On 6/24/10, representatives of the Department reviewed a contract for Resident #1 dated 12/1/09. The contract listed the resident's monthly fee as \$449.34. Representatives of the Department requested a copy of the contract and handed it to Administrator C for the copy to be made. Several minutes later, when Administrator C returned with the copy, a new monthly fee had been written over the old fee. That number was crossed out, and a third number now listed \$674.00 as the resident's monthly fee. Administrator C admitted to changing the contract just before copying it. The resident was not present in the home to be	08/9/2010	In the Future Administration will create a new contract or addendum with 30 day notice in writing of the homes request to change the contract. Resident 1 no longer resides at home.	

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Shirley Taylor</i>	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
		DATE

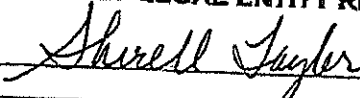
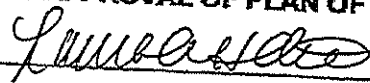
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	<p>notified of the change as the resident went to stay with family on 6/21/10 and was not expected to return to the home until 6/27/10.</p> <p>On 7/26/10, during an interview with agents of the Department, Administrator C denied changing the contract during the 6/24/10 inspection stating, "I don't recall making the change, it was already crossed out."</p>		<i>In the future administrator will</i>	

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Shawn Taylor</i>	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Shawn Taylor</i>
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42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	The home has cameras with sound monitoring capabilities in both the television room and sitting room of the home, with monitors in the home's office. On 7/9/10, a representative of the Department was in the office with Direct Care Staff Person D and another representative of the Department was in the home's television room interviewing a resident. The conversation in the television room could be heard in the office. None of the residents in the home have given written permission for auditory monitoring and the residents do not have the ability to shut off the auditory monitoring since it is located in the staff office.	8/9/10	In the future Administration has posted signs making residents aware of all camera and also put in Resident's file a consent a acknowledgment form which both adm & Resident sign off on. Audio will stay off at all times.	

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43a A resident may not be deprived of his rights.	A physician's order for Resident #2 dated 6/14/10 indicates the resident refuses to take medications. The physician advised in his order to give Resident #2 medications in or with juice or koolaid. Direct Care Staff Person D has administered liquid Haldol to Resident #2 without the resident's knowledge.	8/9/10	In the future administrator will not Deprived Residents of their Rights and will go over residents Refusal of Medication with them. administrator will notify and make resident aware that the Liquid Haldol is being administered in Koolaid. also will make Resident aware that they have a right to Refuse and wont be administered.	

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Sherrill Taylor</i>		DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura Helmuth</i>
			DATE 8/10/10

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51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in	-Resident #4 receives wound care from a home health care agency. The home does not have background checks for the agency staff. -Direct Care Staff Person I had a criminal history background check completed on 6/30/10 that indicates that the staff person has a criminal record. The home did not have any other documentation from the Pennsylvania State Police indicating that Direct Care Staff Person I was free from a criminal history that would prohibit her from employment under the Older Adult Protective Services Act. Direct Care Staff	8/9/10	In the future administrators will have all Criminal history Cks and make sure the OAPS Act is in place and all Direct Care Staff Spoke to Supervisor from Home Healthcare Agency a copy of Criminal Background was provided in the future Supervisor to assure administrators all Health Care providers coming out to Home will have the proper Criminal Background ck. prior to coming out to Home.	

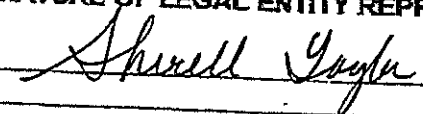

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			DATE 8/10/10

1 REGULATION 55 Pa.Code § 2660.	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
accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101–10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	Person I provided unsupervised care to residents in March of 2010. On 7/26/10, during an interview with agents of the Department, Administrator C stated that Direct Care Staff Person I is a volunteer and does not provide direct care to the residents.	8/9/2010 8/10/2010	In The Future Administrator will see to it that all Direct Care will have all Trainings with OAPS Staff Person will be administrator suspended until I can get a copy stating that she can be employed at PCH	

Records for all current DCs and volunteers were checked by administrator

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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older (exception – 54b). (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction that would limit the staff person from providing necessary personal care	-On 6/24/10, Direct Care Staff Person D provided representatives of the Department with personnel records for Staff Persons E, F, and G. The records for each of these staff persons contained a diploma from the Pennsylvania Department of Education. The diplomas were sent to the Department of Education for verification and were found to be forgeries. - On 7/12/10, during an interview with agents of the Department, Staff Person E stated that she did not earn a diploma and that she had never seen the diploma that was in her file.	8/9/2010	In The Future Administrator will Request Original Documents to Reassure the authenticity of all Direct Care Staff Qualifications E and G No longer work at Home and F Doesn't Do any Direct Care.	

Original Documents will be obtained prior to any Direct Care Services.

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Shuell Taylor</i>	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Samuel [Signature]</i>
		DATE 8/10/10

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services with reasonable skill and safety.	<p>-On 7/26/10 during an interview with agents of the Department Administrator C reported that she let go Staff Person E because she was stealing food and provided her a falsified diploma. She stated that Staff Person E brought her a copy of the diploma and since it looked similar to other diplomas she did not question it. She also stated that she requires all staff and volunteers to bring in a diploma.</p> <p>-Direct Care Staff Person I is not qualified to work as a direct care staff person. The staff communication book indicates that on 3/23/10, "Direct Care Staff Person II gave</p>	8/9/10	<p>Administrator in the future will get all original documents from all new Direct Care Staff with raised seal.</p> <p>Staff Person I will longer provide any DC.</p>	

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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>Sherrill Taylor</i>	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura Helmuth</i>	DATE 8/10/10

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
	showers to [Resident #5] and [Resident #6], ^a on 3/26/10, "[Direct Care Staff Person I] assisted [Resident #6] with shower," and on 3/31/10, Direct Care Staff person I gave medications.	8/9/2010	On In the Future Only Direct Care staff will provide Direct care to Residents administrative will monitor Hourly	

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

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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
56 The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.	On 7/27/10, the Administrator C stated that the hours that she works each week completing administrative duties are Monday through Thursday 6:00pm-8:00pm and Friday 8:00pm-11:00pm, totaling 11 hours. Administrator C stated she is the only person acting as an administrator of the home.	8/9/10 8/11/10-	In the future Administrator has now change hours and will be doing 20 ⁴⁰ hrs a week in administrative work. Hrs of administrative work will be Documented on work Schedule.	

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Shirell Taylor</i>		DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Leann Holt</i>
			DATE 8/10/10

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
85a Sanitary conditions shall be maintained.	On 7/9/10, Direct Care Staff Person D reported using the same glucometer for himself and a resident.	8/9/10	Administrator has provided all residents with their own glucometers and lancet sticks and will monitor each week to reassess all are working. Direct care D has been made aware and trained on not sharing glucometers.	

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Sherrill Taylor</i>		DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Luella</i>
			DATE 8/10/10

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
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	<p>-The home's evacuation map showed an emergency egress out the medication room to the side yard of the home. On 6/24/10, the route from the side yard was blocked by assorted junk. The items in the area included an abandoned car, a stove, a metal desk, 3 metal bed frames, a toilet, a bathroom sink, a bench, and a shopping cart filled with trash.</p> <p>-On 6/24/10, 7/2/10, and 7/12/10, the door into the medication room was marked as an exit. The home's evacuation plan showed that the emergency egress route is through the medication room and then out a door</p>	8/9/10	Administrator has changed map and will monitor in the future all maps to make sure all exits are available for egress routes from rooms all debris has been removed and exit exit sign has been removed	

There a 3 other exit on 1st Floor of Building all Exits Have a map and Directions leading out of Building.

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			DATE <i>8/10/10</i>

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
	from the medication room to the yard. The home locks the medication room when staff persons are not present in the room and there is a television sitting on the floor in front of the door to the yard, blocking egress from the room to the exterior of the home.	<i>8/9/10</i>	<i>See above page 14 Door that leads to outside of home cannot be seen when door to medication room is closed. Residents can get out of yard without going through the blocked yard</i>	

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		DATE 8/10/10

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131a There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.	On 6/24/10, the Department identified multiple fire extinguishers that had not been inspected and approved since May of 2009 (see Chapter 2600.131f on page 18 of this Violation Report). The Department advised the home to have the fire extinguishers inspected. In response, all fire extinguishers in the home were removed from the home on 6/30/10 to be serviced off-site. On 7/2/10, there were no fire extinguishers in the home.	8/9/10	In the future administrator will have 5 operable fire extinguishers available with a minimum of 2-A Rating for each floor including Basement. And monitor every month for administrator will get	

The extinguishing company to come out yearly to inspect all fire extinguisher.

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Shirley Taylor</i>	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura Helmuth</i>	DATE 8/10/10

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
131f Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.	<p>-On 6/24/10, the fire extinguisher hanging on the wall to of the entrance nearest to the office had not been inspected since May of 2009. The indicator arrow on the fire extinguisher was pointing to the red "overcharge" zone. The handle of the extinguisher was broken so that the extinguisher was inoperable.</p> <p>-On 6/24/10, the fire extinguisher hanging on the wall next to the home's "computer room" had not been inspected since May of 2009. The indicator was pointing to the red "undercharge" zone.</p>	8/9/10	<p>Administrator in the future shall make sure each fire extinguisher are inspected and approved annually by a fire safety expert. and all are dated will monitor monthly. Upon Monthly Fire Drills Monthly Administrator will check all fire extinguisher to assure they ^{will not be} out dated.</p>	

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		DATE 8/10/10

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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a	-The home has a communication book located in the staff room behind the television room. The notes in the book state that on 3/31/10 Direct care Staff Persons H and I administered medications to residents. Neither of these staff persons is qualified to administer medications. -On 6/24/10, Direct Care Staff Person D provided the Department with Direct Care Staff Person E's personnel record. The record included documentation that Direct Care Staff Person E was trained to administer medications on 3/4/10. The home's medication administration records	8/9/10	In the future administrators will make sure all DCS have the approved training to administer Meds. Since then all the DCS in Certified. Hand I will not administer Meds unless they have the proper	

Training Staff Person E No longer works at Home

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			DATE 8/10/10

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professional nurse who is present in the home. (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine	indicate that Direct Care Staff Person E administered medications in April, May, and June 2010. Direct Care Staff Person E has not worked in the home since 2009 and did not receive training to administer medications on 3/4/10. The certified medication administration trainer, whose name and signature appear on the 3/4/10 training document, did not train Direct Care Staff Person E in 2010. -On 6/24/10, Direct Care Staff Person D provided the Department with Direct Care Staff Person D's personnel record. The record included documentation that Direct	8/9/10	Administrator will monitor Hourly & Post Duties of volunteers and DCS. PCH uses a Master Key sheet that is signed by staff to administer medications also monitored daily	

by administrator to make sure staff that are administering meds are trained.

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injections for insect bites or other allergies.	Care Staff Person D was originally trained to administer medications on 4/21/09 and received annual training to administer medications on 3/4/10. On 7/15/10, the home provided the Department documentation that Direct Care Staff Person D was received another annual training to administer medications on 7/7/10. The home's medication administration records indicate that Direct Care Staff Person D administered medications May and June of 2010. The certified medication administration trainer, whose name and signature appears on the 3/4/10 training document, did not train Direct Care Staff	8/9/10	In the future administrators will give originals document and training to assure authenticity. Administrator will monitor monthly and also make sure DC is trained yearly.	

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			DATE

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	<p>Person D in March of 2010.</p> <p>-On 6/24/10, Administrator C provided the Department with Administrator C's personnel record. The record included documentation that Administrator C was originally trained to administer medications on 4/21/09. On 7/15/10, the home provided the Department documentation that Administrator C received annual training to administer medications on 7/7/10. The home's medication administration records indicate that Administrator C administered medications in May of 2010, without the required training.</p>	8/9/10	In the Picture See page 20	

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		DATE 8/10/10

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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	-On 7/9/10, the home's refrigerator in the medication room contained a bottle of Haldol 100mg for Resident #7 who is no longer a resident at the home. -On 7/9/10, there was a box of Atrovent HFA for Resident #8 on the cabinet in the medication room. Resident #8 no longer lives in the home.	8/9/10 8/13/10	In the Future Administrator will monitor Daily to make sure all med. are up to date and the proper disposal is taken. and labeled. And will send all medications to pharmacy administrator will train staff on this Requirement	

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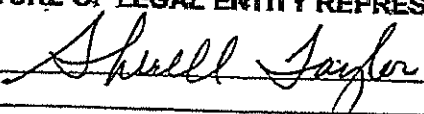
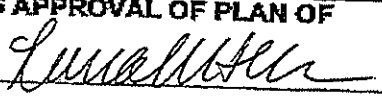
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taking responsibility for the new placement on the day of departure from the home.		8/9/2010	See attached page 22	

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			DATE 8/10/10

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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	-On 7/9/10, the home's refrigerator in the medication room contained 2 unlabeled bottles of Levemir insulin. Both Direct Care Staff Person D and Resident #9 are prescribed this medication. -On 7/9/10, the home's refrigerator in the medication room contained 5 unlabeled bottles of Humalog.	8/9/10 8/10/10	In the future Administrator will monitor all medication and Refrigerated Meds to make sure DCS is separate from Residents will monitor (weekly) All insulin will remain in the original packages will monitor weekly to make sure they remain labeled	

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

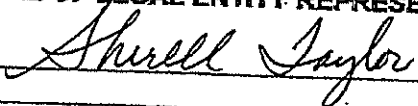
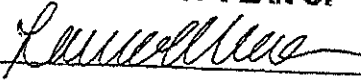
NAME AND ADDRESS OF PERSONAL CARE HOME Christian Life Services 3498 North Nineteenth Street, Philadelphia, PA 19140		CURRENT LICENSE NUMBER 132790
INSPECTION DATE(S) (include all dates of the inspection) June 24, 2010, July 2, 2010, July 9, 2010, July 12, 2010, July 15, 2010, July 26, 2010, and July 27, 2010	REGIONAL REPRESENTATIVE Michelle Morton, Lori Knockstaad (6/24/10; 7/9/10), Christine McHale (7/2/10; 7/15/10), James Jesse Hummel (7/12/10), and Trula Hollywood (7/15/10), Laura Helmuth (7/26/10; 7/27/10), Katherine Young (7/26/10), Ronald Melusky (7/26/10)	
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 	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 8/10/10

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration.	On 7/9/10, Administrator C and Direct Care Staff Person D stated that Resident #2 does not take any medication. On 7/15/10, Direct Care Staff Person D stated that he administers liquid Haldol to Resident #2. There is no medication administration record for Resident #2.	8/9/10	In the future administrator will make a medication record and will go over weekly to keep all records in order. 1 through 14 Resident #2 now has a Mar administrator will notify Pharmacy to obtain New Mar upon admission to Home immediately.	

8/13/10

All Staff that administers Medications will be trained to Notify administrator Rightaway if There's No Mar For Residents.

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

NAME AND ADDRESS OF PERSONAL CARE HOME Christian Life Services 3408 North Nineteenth Street, Philadelphia, PA 19148		CURRENT LICENSE NUMBER 132790
INSPECTION DATE(S) (Include all dates of the inspection) June 24, 2010, July 2, 2010, July 9, 2010, July 12, 2010, July 15, 2010, July 26, 2010, and July 27, 2010	REGIONAL REPRESENTATIVE Michelle Morton, Lori Knockstead (6/24/10; 7/9/10), Christine McHale (7/2/10; 7/15/10), James Jesse Hummel (7/12/10), and Trula Hollywood (7/15/10), Laura Helmuth (7/26/10; 7/27/10), Katherine Young (7/26/10), Ronald Melusky (7/26/10)	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
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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
(9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.		8/9/10 8/13/10	See page 25 All staff will be trained to document the administration of medications at time of Administering Medications.	