



MAR 04 2013

Ms. Shirell Taylor, Administrator
Christian Life Services
2400 West Lehigh Avenue
Philadelphia, Pennsylvania 19131

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

Dear Ms. Taylor:

This is to acknowledge receipt of your request to appeal the Department of Public Welfare's (Department) decision to REVOKE the license to Christian Life Services. Your request has been forwarded to the Department's Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", written over a long, sweeping horizontal line.

Ronald Melusky
Director

cc: Pat Marano, Office of General Counsel

Christian Life Services

3408 N. 19th Street
Philadelphia, PA 19140
215 229-6158 F 267 519-8805

February 28, 2013

**Delivered: Certified Mail, US
Postal Services and Facsimile**

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

RE: Christian Life Services, 3408 N. 19th Street Philadelphia, PA 19140

Dear Mr. Herzing:

I am in receipt of correspondence dated February 22, 2013 from Ronald Melusky. The correspondence states that Pennsylvania Department of Public Welfare is revoking the operator license for the above referenced matter due to volitions, regulations and gross incompetence, negligence or misconduct.

Please accept this correspondence as **FORMAL NOTICE** that I am appealing the above mentioned infractions in accordance with 1PA. Code Part II, Chs. 31-35. I am requesting that you forward all documentation, reports and information that you acquired or reviewed to arrive at this unfortunate decision. In addition, I am also requesting that the Department of Public Welfare reframes from reporting, posting and defaming Christian Life Services reputation until this matter is resolved.

I will contact you on March 5, 2013 to confirm receipt of my appeal and the documentation that I requested.

If you have any questions or concerns, please do not hesitate to contact me. Thanking you in advance for your prompt attention in this matter.

Kindest Regards,

Shirell Taylor
Christian Life Services
3408 N. 19th Street
Philadelphia, PA 19140

Cc: Ronald Melusky
Attorney
File

RECEIVED

FEB 28 2013

Human Services Licensing



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

MAILING DATE: FEB 22 2013

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

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

Dear Ms. Taylor:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 24, 2013, January 25, 2013, and January 28, 2013 of the above personal care home, the violations specified on the enclosed Violation Report were found.

On January 24, 2013, the Philadelphia Fire Department (PFD) responded to and extinguished a fire at the above personal care home (home). The fire originated in the home's electrical meter, igniting a mattress leaning against the meter and requiring evacuation of 28 residents residing at the home. Documentation received from the PFD states the electrical meter servicing your home was connected illegally and directly caused the fire. Additionally, the PFD identified several illegally connected electrical panels located in the basement of your home. As a result, the Department is **REVOKING** your license to operate the above personal care home due to **VIOLATIONS OF REGULATIONS** and **GROSS INCOMPETENCE, NEGLIGENCE or MISCONDUCT** pursuant to 62 P.S. § 1026(b)(1) and (4) and 55 Pa.Code § 20.71(a)(2) and (6) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa.Code § 2600.269 (a) (3) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Ms. Shirell Taylor

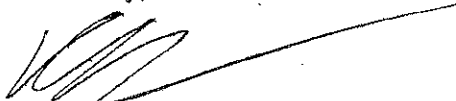
2

If you disagree with the decision to REVOKE your 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:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
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.

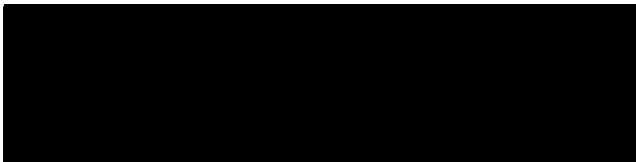
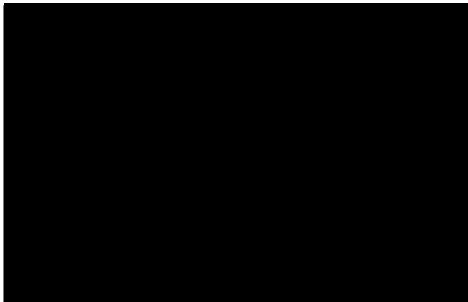
Sincerely,



Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: CHRISTIAN LIFE SERVICES		License Number: 132790						
Address: 3408 10 NORTH 19TH STREET, PHILADELPHIA, PA 19140		County: Philadelphia						
Administrator: Shirell Taylor		Region: SOUTHEAST						
Legal Entity Name: CHRISTIAN LIFE SERVICES INC								
Legal Entity Address: 2400 WEST LEHIGH AVENUE, PHILADELPHIA, PA 19132								
Certificate(s) of Occupancy <table border="0"> <tr> <td>R-2</td> <td>R-2</td> </tr> <tr> <td>09/11/2003</td> <td>02/12/2002</td> </tr> <tr> <td>PA Licensing & Inspection</td> <td>PA Licensing & Inspection</td> </tr> </table>			R-2	R-2	09/11/2003	02/12/2002	PA Licensing & Inspection	PA Licensing & Inspection
R-2	R-2							
09/11/2003	02/12/2002							
PA Licensing & Inspection	PA Licensing & Inspection							
Staffing Hours <table border="0"> <tr> <td>Resident Support:</td> <td>Total Daily Staff: 28</td> <td>Waking Staff: 21</td> </tr> </table>			Resident Support:	Total Daily Staff: 28	Waking Staff: 21			
Resident Support:	Total Daily Staff: 28	Waking Staff: 21						
<table border="0"> <tr> <td>Type of Inspection: Partial</td> <td>BHA Docket Number:</td> <td>Notice: Unannounced</td> </tr> </table>			Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced			
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced						
Reason(s) for Inspection(s) Incident								
On-Site Inspections Dates and Department Representatives On-Site 01/24/2013: Adams, Patricia; Brewer, Roslyn; Knockstead, Lori								
Off-Site Inspection Dates and Inspectors, if Applicable 01/25/2013: Adams, Patricia; Brewer, Roslyn 01/28/2013: Adams, Patricia								
Other Details <table border="0"> <tr> <td>Partial or Full Triggers:</td> <td>Random Indicators:</td> </tr> </table>			Partial or Full Triggers:	Random Indicators:				
Partial or Full Triggers:	Random Indicators:							
Resident Demographic Data as of Inspection Dates								
Licensed Capacity: 44 Number of Residents Served: 28 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 							

Violation Report: 13279 - 01/24/2013 - Adams, Patricia
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 According to a report by the assistant Fire Marshall, the home's fire alarm system was inoperable at the time of the fire on 1/24/13. The electrical service at 3410 North 19th Street was improperly and illegally connected in order to steal electricity. On 1/24/13, this illegal connection ignited a discarded mattress leaning against it, creating a fire that spread to the home, endangering the lives of all 28 residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The administrator of the home will submit documentation to the Department, by 2/28/13, that the homes fire alarm system is operational and that the system is directly connected to the local fire department or a 24-hour monitoring service approved by the local fire department.

The administrator will provide documentation to the Department, by 2/28/13, that the electrical service in the home is legally connected to Philadelphia Electric Company and that all electrical wiring of the home has been corrected and approved by the Licensing and Inspection Department of Philadelphia.

The administrator will conduct daily inspection of the fire alarm system to ensure that it is operational at all times and will have the system repaired within 24 hours should it become inoperable.

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
---	------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13279 - 01/24/2013 - Adams, Patricia

PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 1/24/13, the fenced area located on the north side of 3410 was littered with a variety of paper, debris and other trash including a discarded mattress, in which a fire originated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The administrator will ensure that the exterior property of the home is cleared of all debris and trash by 2/28/13.

The administrator or maintenance person will conduct a daily inspection of the exterior of the home to ensure that there is no trash or litter on the grounds of the home and remove any debris found during the inspection.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

Plan of correction implementation status as of _____
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13279 - 01/24/2013 - Adams, Patricia
 PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures call for staff persons to retrieve an emergency plan envelope from a metal file cabinet in the home's dining area in the event of an emergency. No metal file cabinet was present in the dining area at the time of the fire on 1/24/13 and staff were unable to locate an emergency plan envelope. Therefore, emergency contact information for residents' families was unavailable at the time of the relocation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The administrator of the home will follow the homes emergency plan by placing the emergency contact information for the residents' families as indicated in the emergency procedures by 2/28/13.

The administrator of the home will conduct training to all staff of the home, by 2/28/13, to ensure they are aware of the homes emergency procedures and where to locate the emergency information for the residents. Documentation of the training will be maintained in the employee records.

The administrator will conduct weekly rounds of the home to ensure that the emergency resident information is located in the area identified in the emergency procedures.

The administrator will train all new staff on the emergency procedures on the first day of hire and annually thereafter.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____
 (Date)

The above plan of correction was approved by _____
 (Initials)

Plan of correction implementation status as of _____
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented