

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHRIST'S HOME LEGAL ENTITY

To operate CHRIST'S HOME RETIREMENT COMMUNITY NAME OF FACILITY OR AGENCY

Located at 1 SHEPHERD'S WAY, SUITE 100, WARMINSTER, PA 18974 (COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 50 (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 14

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 January 17, 2014 until January 17, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 139960

Robert E. Robinson
ISSUING OFFICER


ACTING 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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JAN 16 2014

Mr. John T. Bryant, Jr., CEO
Christ's Home
800 North York Road
Warminster, Pennsylvania 18974

RE: Christ's Home Retirement Community
1 Shepherd's Way, Suite 100
Warminster, Pennsylvania 19874
License #: 133960

Dear Mr. Bryant:

As a result of the Department of Public Welfare's licensing inspection on November 14, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosures
License
License Inspection Summary

Violation Report: 13996 - 11/14/2013 - Kazimer, Lauren
PCH Name: CHRIST S HOME RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Guafenesin 100mg/5ml prescribed for resident #1 was discontinued on 10/08/13. The medication was located in the SDCU medication cart on 11/14/13.

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.

Charge Nurse removed and discarded Resident 1's Guafenesin at time of inspection.

Following inspection all medication carts were audited for discontinued medications and for medications of discharged residents.

Effective immediately, discontinued resident medications will be removed from the medication carts when physicians' orders are received. Medications of residents no longer being served in the community will be removed from the medication carts at time of discharge.

Effective immediately, Nurse Supervisor or designee will audit the residents' physician orders and medications carts' inventory for compliance on a monthly basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Brenda Mast

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

Brenda Mast, Personal Care Administrator

Date

12/11/13

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

The above plan of correction is approved as of

12/13/13
(Date)

Plan of correction implementation status as of

12/13/13
(Date)

The above plan of correction was approved by

DM
(Initials)

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