



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 24 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 18974  
License #: 139960

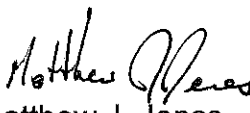
Dear Mr. Bryant:

As a result of the Department of Human Services' licensing inspection on October 29, 2014 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.

Your regular license for the period January 17, 2015 to January 17, 2016 was issued on October 2, 2014. Your regular license remains in good standing.

Sincerely,

  
Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: CHRIST S HOME RETIREMENT COMMUNITY		License Number: 13996
Address: 1 SHEPHERD S WAY SUITE 100, WARMINSTER, PA 18974		County: Bucks
Administrator: Brenda Mast		Region: SOUTHEAST
Legal Entity Name: CHRIST'S HOME		
Legal Entity Address: 800 NORTH YORK ROAD, WARMINSTER, PA 18974		
Certificate(s) of Occupancy I-1 08/07/2013 Township of Warminster		
Staffing Hours		
Resident Support:	Total Daily Staff: 49	Waking Staff: 37
Type of Inspection: Ind - 49 Indicators	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 10/29/2014: Adams, Patricia		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators: 97,98,101R2, 102h and 109a
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 50 Number of Residents Served: 38 Secured Dementia Care Unit in Home: Yes Area: lower level Secured Dementia Unit Capacity, if Applicable: 14 Number of Residents Served in Secured Dementia Care Unit, if applicable: 8 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 38 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 1

Violation Report: 13998 - 10/29/2014 - Adams, Patricia  
 PCH Name: CHRIST S HOME RETIREMENT COMMUNITY

**1. REGULATION 65 Pa.Code §2600**

2600.141(a)(1) - 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.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was admitted on 1/27/14. The resident's medical evaluation was completed on 10/9/13.

**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.*

Subsequent to the admission of Resident #1, the Resident received an annual medical evaluation by her primary care physician on 10/29/14, verifying that the Resident's needs could continue to be met in the Personal Care residence (attachment #1).

Effective immediately as part of the process of determining the community's ability to meet a prospective resident's medical needs, the Nurse Supervisor (or designee) and the Administrator (or designee) will review the Documentation of Medical Evaluation (DME) of all prospective admissions to the Personal Care residence to verify that a medical evaluation was performed by a physician, physician's assistant, or certified registered nurse practitioner within 60 days prior to admission, or is scheduled to be performed no later than 30 days following a scheduled admission.

The Administrator has scheduled nursing staff training to be completed no later than December 31, 2014, on proper completion of the DME, clarifying that the "Date Resident Evaluated" is the date that must fall within the given timeframes.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, Assistant Healthcare Administrator* Date *12/9/14*

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

The above plan of correction is approved as of *12/10/14*  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

Plan of correction implementation status as of *12/10/14*  
 (Date)

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