



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 09 2015

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
License #: 132790

Dear Ms. Taylor:

As a result of the Department of Human Services' licensing inspection on March 17, 2015 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 August 18, 2015 to August 18, 2016 was issued on May 5, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 13279 - 03/17/2015 - Keppel, Autumn
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
2600.42(s) - 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.

2a. DESCRIPTION OF VIOLATION
The dresser, located next to the bedroom door in room 5a, prevents the door from closing all the way. This denies residents of the room privacy.

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 room next to room 5a is vacant.
The dresser in the room next to room 5a has been replaced with a smaller dresser to allow the door to close.
The staff has checked all of the bedrooms to ensure that all bedroom doors close.
The staff will walk through daily to ensure that all bedroom doors close without incident.
Any obstructions will be removed immediately.

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)

Shirell Taylor administrator

Date

4/28/15

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

The above plan of correction is approved as of

5/18/15
(Date)

Plan of correction implementation status as of

5/18/15
(Date)

The above plan of correction was approved by

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

Violation Report: 13279 - 03/17/2015 - Keppel, Autumn
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can located in the home's kitchen does not have a lid.

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 trash can in the kitchen was removed during inspection. The staff had put the trash out and not replaced the lid.
The staff will walk through daily to ensure that all trash cans have lids on them.
Any cans without lids will be removed until the lids are located.

Repeat Violation: No

Date(s) of Previous Violation(e):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shirell Taylor

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

Shirell Taylor administrator

Date

4/28/15

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(Date)

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- Partially implemented - Inadequate Progress
- Not implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 13279 - 03/17/2015 - Keppel, Autumn
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The home's trash cans are overflowing preventing them from fully closing. Trash bags are placed on the ground and on top of the bins. Trash, such as cups, plastic ware, and chip bags, is strewn on the ground throughout the area.

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 home has trash pick up daily. The trash was picked up during the inspection.
The home has purchased additional trash receptacles with lids to hold the trash.
The staff will check outside daily to ensure that all trash is in receptacles with lids to cover them.
Any trash found on the ground will immediately be put into a receptacle.
The home will purchase additional receptacles if necessary.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shirell Taylor

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

Shirell Taylor administrator

Date

4/28/15

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5/27/15
(Date)

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5/27/15
(Date)

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- Not Implemented

The above plan of correction was approved by

ST
(Initials)

Violation Report: 13279 - 03/17/2015 - Keppel, Autumn
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION

The hot water in the first floor common bathroom does not work.

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 home had maintenance come to fix the hot water on the first floor during the inspection .
The hot water in the first floor common bathroom is now working.
The staff will walk through daily and check the water faucets to ensure that they are all working.
Any defective faucets will be immediately reported to maintenance for repair.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shirrell Taylor

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

Shirrell Taylor administrator

Date

4/29/15

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The above plan of correction is approved as of

5/27/15
(Date)

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5/27/15
(Date)

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(Initials)

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Violation Report: 13279 - 03/17/2015 - Keppel, Autumn
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
- On 3/10/15, at 2:42PM, the water temperature in the second floor, left side, middle bathroom, measured 130.2 degrees Fahrenheit.
- On 3/10/15, at 2:45PM, the water temperature in the left side bathroom across from room 3A measured 126.8 degrees Fahrenheit.

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 home had maintenance come to adjust the water temperature during inspection.
The home checks the water temperature and uses a water temperature log daily.
The staff document temperatures that are not in compliance with regulation 86(b).
(If the temperature is not in compliance when checked the staff will call maintenance to have it adjusted immediately.)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor administrator* Date *4/28/15*

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The above plan of correction is approved as of *3/27/15*
(Date)

Plan of correction implementation status as of *5/27/15*
(Date)

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

- Fully Implemented
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Violation Report: 13279 - 03/17/2015 - Keppel, Autumn

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

The shower curtain in the back, first floor bathroom is half ripped down. This allows for the leakage of water when the shower is used which creates a slipping hazard to those who use the bathroom.

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 staff replaced the shower curtain during inspection.
The staff will walk through daily to ensure that all shower curtains are in good repair.
Any ripped shower curtains will be immediately replaced.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sherell Taylor

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

Sherell Taylor Administrator

Date

4/28/15

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(Date)

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(Initials)

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Violation Report: 13279 - 03/17/2015 - Keppel, Autumn
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION
Three boxsprings on the beds in room #5A are encased in plastic.

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.

Room 5a is was vacant at the time of inspection.
The plastic has been removed from the boxsprings of the beds in room 5a.
The staff has walk through the house to ensure that none boxsprings have the purchase plastic on them.
The staff will remove the plastic from any new boxsprings prior to putting them in the bedroom.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor administrator* Date *4/28/15*

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The above plan of correction is approved as of *5/27/15*
(Date)

Plan of correction implementation status as of *5/27/15*
(Date)

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(Initials)

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

Violation Report: 13279 - 03/17/2015 - Keppel, Autumn
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
There are two common bars of soap located in the shower of the second floor, left, middle bathroom.

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 bar soap was removed at the time of inspection. A resident had just taken a shower and left the soap.
The staff will conduct rounds daily to ensure that there is no bar soap left in the bathrooms.
Any bar soap found will be discarded.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor administrator* Date *4/28/15*

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(Date)

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(Date)

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(Initials)

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Violation Report: 13279 - 03/17/2015 - Keppel, Autumn
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 65 Pa.Code §2600
2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION

- Three unlabeled common towels are located in the first floor common bathroom.
- There is an unlabeled common wash cloth hanging on the shower curtain rod in the first floor common bathroom.

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 towels located in the 1st floor bathroom were there for decoration. The staff has removed the towels. The staff will walk through daily to make sure that there are no towels in common bathrooms. Any towels found in the bathrooms will be removed immediately.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor administrator* Date *4/28/15*

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13279 - 03/17/2015 - Keppel, Autumn
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
2600.104(b)(3) - Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

2a. DESCRIPTION OF VIOLATION

According to Staff Member A, and Resident #1, the home uses plastic utensils regularly. The home does not have enough silverware to serve all 23 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 home has purchased silverware for the home.
The silverware is kept in the kitchen area.
The staff will check daily to make sure that there is enough silverware for all of the residents.
If additional silverware is needed the home will purchase it.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Shirrell Taylor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shirrell Taylor administrator* Date *4/29/15*

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The above plan of correction is approved as of 5/27/15
(Date) Plan of correction implementation status as of 5/27/15
(Date)

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

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

Violation Report: 13279 - 03/17/2015 - Keppel, Autumn
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 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 #2 was admitted on 1/29/15. The resident's medical evaluation is dated 1/9/14.

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 house manager will check all medical evaluations at admission to make sure they are compliant.
The home will only accept medical evaluations 60 days prior to or 30 days after admission.
Any medical evaluations out of compliance will be immediately corrected by the physician.

Resident #2's medical evaluation was completed on 4/16/15.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shirell Taylor

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

Shirell Taylor administrator

Date

4/28/15

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5/27/15
(Date)

Plan of correction implementation status as of

5/27/15
(Date)

- Fully Implemented
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- Not Implemented

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[Signature]
(Initials)

Violation Report: 13279 - 03/17/2015 - Keppel, Autumn
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation for Resident #3, dated 4/29/14, does not include:
(4) Special health or dietary needs of resident.
(6) Immunization history.
(7) Medication regimen.

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 physician had not correctly completed the medical evaluation for resident #3.
The physician complete resident #3's medical evaluation to include dietary needs, immunizations and medication, on 4/6/15.
The house manager will check all medical evaluations upon completion.
Any medical evaluations that are not complete will be sent back to the physician for correction.
Completed medical evaluations will be kept in the resident's record.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor administrator* Date *4/28/15*

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(Date)

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

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(Date)

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Violation Report: 13279 - 03/17/2015 - Keppel, Autumn
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The home allows smoking in the backyard, designated area. The homes policies on smoking are conflicting.

- The resident contract states that smoking is permitted "in designated areas (backyard)."
- The home has a non-smoking policy located in resident records that states, effective January 1, 2009, Christian Life Services is a non-smoking facility. According to this policy there is no smoking paraphernalia in the following areas: inside the home, outside of the home in the backyard, and outside of the home on the front porch. This policy has been signed by residents who were admitted within the past year.
- The home rules state "No smoking on the property. All smoking must be at least 50' from the building."
- The homes smoking policy states that Christian Life Services is a non-smoking facility and there is to be no smoking or smoking paraphernalia in the following areas: up to 20 feet around the premises, inside the home, and outside of the home on the front porch.

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 home has pulled all of the previous smoking policies.
 The home has revised the smoking policy (see attached).
 The home will keep a copy of the smoking policy on record in the home.
The administrator will renew the updated smoking policy with all staff and residents within 30 days of receipt of this plan of correction.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Shirrell Taylor*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shirrell Taylor Administrator</i>	Date <i>4/28/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u><i>ST</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13279 - 03/17/2015 - Keppel, Autumn
 PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident #2 is prescribed Senna 8.6mg two tabs at bedtime as needed for constipation. The medication was administered at 2:00 pm on 3/10/15.

- Resident #2's medication administration record states "Accu-check once daily at bedtime," designated to be done at 8PM. The resident's glucometer reflected that blood sugars were taken at the following times:

- 1/1/15- 6:27AM and 8:53 PM
- 1/2/15- 7:32 AM
- 1/3/15- 7:41 AM and 9:32 PM
- 1/5/15- 8:20 AM and 8:50 PM
- 1/6/15- 7:10 AM and 8:29 PM
- 1/7/15- 7:40 AM and 8:47 PM
- 1/9/15- 8:04 AM

- The home does not keep a log of Resident #2's blood sugars.

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.

Resident #2s Senna 8/6mg to be taken at bedtime was documented incorrectly. It was documented that it was given at 2pm on 3/10/15 and this was a documentation error. Resident #2s glucose checks were completed twice a day instead of once a day per the resident's request. The home has created a book to log blood sugars for the residents. The book with the blood sugars will be kept in the medication room. The administrator will check the book monthly to make sure that the staff are logging blood sugars.

Resident #2 has a order For PRN Blood Sugar testing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Shirrell Taylor

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

Shirrell Taylor Administrator

Date

4/28/15

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4/9/15
 (Date)

Plan of correction implementation status as of

4/9/15
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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



Violation Report: 19279 - 03/17/2015 - Keppel, Autumn
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for Resident #4, admitted 5/15/14, does not include an assessment on writing correspondences.

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 assessment for resident #4 was updated to include writing correspondences.
The house manager will complete the resident assessments making to sure to fill out all fields to represent need.
The administrator will check the assessments within two weeks of admission to make sure they are correct.
Any corrections will be documented immediately.
All assessments will be kept on record in the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Shirell Taylor

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

Shirell Taylor administrator

Date *4/28/15*

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