



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 23 2015

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

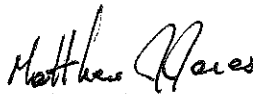
RE: Christ's Home Retirement Community
1 Shepherd's Way, Suite 100
Warminster, Pennsylvania 18974
License #: 139960

Dear Mr. Bryant:

As a result of the Department of Human Services' annual licensing inspection on October 15, 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.

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: Butler 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 Other 08/07/2013 Warminster Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 44 Waking Staff: 33		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/15/2015: Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60 Number of Residents Served: 35 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: 7 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 9 Have a Physical Disability: 1

Violation Report: 13996 - 10/15/2015 - Kazimer, Lauren
 PCH Name: CHRIST S HOME RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600.
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #1's PRN Guafenesin 100mg/5ml syrup was not available in the home on 10/15/2015.

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.

Violation was corrected at time of inspection. Resident's primary care physician ordered the medication discontinued.

On October 16, 2015 LPNs performed an informal audit of physicians' orders and medications to verify that all residents' medications were stored and accessible in the community.

Effective November 2, 2015, Personal Care Nurse Manager or designee will perform weekly audits of medications and medical equipment through December 11, 2015, followed by routine monthly audits to verify compliance with regulation.

Personal Care Nurse Manager will conduct in-service training for LPNs and Med Techs regarding the community's policies and procedures related to medications and medical equipment safe storage, access, security, distribution and use.

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 Assistant Healthcare Administrator Date 11/4/15

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

The above plan of correction is approved as of 11/5/15 (Date)

Plan of correction implementation status as of 11/5/15 (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: 13998 - 10/15/2015 - Kazimer, Lauren
 PCH Name: CHRIST S HOME RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 10/14/2015, at 8pm, resident # 2's Mirtazapine 15mg was administered but not initial by staff on the medication administration record.

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.

Violation was corrected at time of inspection. Med Tech who administered the medication confirmed that it was administered as prescribed, and initialed the medication administration record.

On October 16, 2015 LPNs and Med Techs conducted an Informal audit of all medications administration records to verify compliance with the regulation, and continue to perform daily review of records prior to the end of their shift.

By November 30, 2015 Personal Care Nurse Manager will conduct in-service training for LPNs and Med Techs regarding the community's policies and procedures for medications administration.

Personal Care Nurse Manager or Designee will perform weekly audits through December 11, 2015 of all medication administration records to identify and correct noncompliance with the regulation, and will follow up with bimonthly records audits for ongoing compliance.

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, Assistant Healthcare Administrator* Date *11/4/15*

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The above plan of correction is approved as of *11/5/15*
 (Date)

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

Plan of correction implementation status as of *11/5/15*
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13998 - 10/15/2015 - Kazimer, Lauren
 PCH Name: CHRIST S HOME RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 Resident #1's medical evaluation dated 6/23/2015 contained white out in the "Date Resident Evaluated" box.

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's record contains a medication evaluation which was completed on October 14, 2015 by the resident's primary care physician, and which is properly completed and documented (Attachment #1).
 Nurse Manager or designee will conduct in-service training for LPNs on the requirements for permanent, legible, dated and signed documents in the residents' records by November 30, 2015.
 Residents' records will be audited monthly by Personal Care Administrator or designee.

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, Assistant Healthcare Administrator* Date *11/4/15*

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *JB*
 (Initials)