



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to CHRISTIAN LIFE SERVICES INC  
LEGAL ENTITY

To operate CHRISTIAN LIFE SERVICES  
NAME OF FACILITY OR AGENCY

Located at 3408 -10 NORTH 19TH STREET, PHILADELPHIA, PA 19140  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 44  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

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 September 30, 2016 until March 30, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132791

Robert E. Robinson  
ISSUING OFFICER

Jay Baulh  
DEPUTY SECRETARY

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 HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:**

SEP 30 2016

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

RE: Christian Life Services  
3408-10 North 19<sup>th</sup> Street  
Philadelphia, Pennsylvania 19140  
License #: 132791

Dear Ms. Taylor:

As a result of the Department of Human Services' (Department) licensing inspections on April 6, 2016, June 10, 2016 and July 21, 2016 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #132790 dated August 18, 2016 to August 18, 2017 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated August 18, 2016 to August 18, 2017 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

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

Ms. Shirell Taylor

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If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager  
Bureau of Human Services Licensing  
Department of Human Services  
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,



Jacqueline L. Rowe  
Director

Enclosures  
License  
Licensing Inspection Summary



Violation Report: 13279 - 04/06/2016 - Keppel, Autumn  
 PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

- There were five unlabeled glucometers located in the medication storage room.
- On 4/1/16, Resident #1's glucometer was used to check Resident #2's blood sugar.
- On 4/1/16, Resident #1's glucometer was used to check Resident #3's blood sugar.
- On 4/1/16, 4/3/16, and 4/4/16, Resident #1's glucometer was used to check Resident #4's blood sugar.
- On 4/1/16, and 4/5/16, Resident #1's glucometer was used to check Resident #5's blood sugar.

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.

During the inspection the administrator went to the pharmacy to purchase new glucometers for the residents  
 Each resident that has blood sugar checks done received a new glucometer  
 The staff labeled one glucometer for each resident  
 All of the staff were scheduled for diabetes training for 4/28/16  
 The nurse will check the glucometers against the documented sugar levels weekly to ensure that the staff is testing and documenting correctly  
 The staff will be trained on diabetes at least annually

The administrator will conduct random audits of all glucometers against the recorded readings on the MAR.  
 The administrator or designee will conduct training for all staff on how sharing glucometers can lead to transmission of communicable diseases.  
 The administrator will contact the physician for all residents who were exposed during the sharing of glucometers to ensure that the residents were not exposed to any communicable diseases during the sharing of glucometers.  
 The administrator will develop a policy on the type of discipline that staff will receive should they share glucometers between residents in the future.  
 All plans of correction will be completed within 30 days of receipt of this plan of correction. *EW*

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

Date

4/28/16

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

The above plan of correction is approved as of

7/12/16  
 (Date)

Plan of correction implementation status as of

9/15/16  
7/12/16  
 (Date)

The above plan of correction was approved by

*EW*  
 (Initials)

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

Violation Report: 13279 - 04/06/2016 - Keppel, Autumn  
 PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 65 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  
 Trash, including empty cigarette packs, cigarette butts, and foam cups, was scattered throughout the backyard including the area around the ramp, and the stairwell leading to the basement.

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 backyard was cleaned during the inspection  
 The home conducted an in-service with the staff around sanitary conditions  
 The staff will check the backyard area daily to ensure that there is no debris  
 Any trash/debris will immediately be removed from the backyard area  
 The administrator/designee will check the backyard weekly to make sure that it is clean

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/17/2015
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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* Date *4/28/16*

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

The above plan of correction is approved as of <i>5/12/16</i> (Date)	Plan of correction implementation status as of <i>5/21/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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 - 04/08/2016 - Keppel, Autumn  
 PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 65 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 water temperature at the sink in the third floor, a side bathroom, only reached 71 degrees Fahrenheit.
- The water temperature at the sink in the second floor, back bathroom, only reached 72 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 water temperature was raised during the inspection  
 The home checked the water temperature later in the afternoon and it read 80 degrees  
 The home will check the water temperature weekly to ensure that it is in compliance  
 The administrator/designee will check the water temperature monthly to ensure compliance

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/17/2015	
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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* Date *4/28/16*

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

The above plan of correction is approved as of *7/12/16*  
 (Date)

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

Plan of correction implementation status as of *7/20/16*  
 (Date)

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

Violation Report: 13279 - 04/06/2016 - 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 chair in room 3A is soiled with an unknown substance.

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 chair in 3A was removed and discarded during the inspection  
 The home has put a new chair in room 3A  
 The staff will conduct rounds daily to ensure that chairs are in good repair and clean  
 Any chairs found to be soiled or in disrepair will be thrown away and replaced  
 The administrator/designee will check the chairs weekly to ensure they are in good repair

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/17/2015
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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) <i>Shirell Taylor</i>	Date <i>4/28/16</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7/12/16  
 (Date)

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

Plan of correction implementation status as of 7/12/16  
 (Date)

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

Violation Report: 13279 - 04/06/2016 - Keppel, Autumn  
 PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55.Pa.Code §2800  
 2800.100(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

In the backyard of the home, there are steps which lead below ground to the basement door. A plastic pallet is placed over the entrance to these stairs and presents a tripping hazard to 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 pallet in the backyard was placed over the descending stairs to prevent falling  
 The home has removed the pallet and replaced it with a wooden cover so there is no trip hazard  
 The staff will check the backyard daily to ensure that there are no tripping hazards  
 Any objects that pose a hazard will be removed  
 The administrator/designee will check the backyard weekly to ensure that there are no tripping hazards

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*

Date *4/28/16*

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

The above plan of correction is approved as of 7/12/16  
 (Date)

Plan of correction implementation status as of 7/28/16  
 (Date)

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

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

Violation Report: 13279 - 04/06/2016 - Keppel, Autumn  
 PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 85 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 - Three of the four beds in room #3B do not have a source of light that can be turned on/off from the bedside.  
 - The three beds located in room 1A do not have a source of light that can be turned on/off from the bedside.

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 residents have removed the click lights from the walls next to their beds  
 The home replaced the click lights during the inspection  
 The staff will check the bedrooms daily to ensure that there are click lights on the walls  
 The administrator/designee will check the bedrooms weekly to ensure that there are click lights in the bedrooms on the walls

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) <i>Shirell Taylor</i>	Date <i>4/28/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/12/16</u> (Date)	Plan of correction implementation status as of <u>7/21/16</u> (Date)
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: 19279 - 04/06/2016 - Keppel, Autumn  
 PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600  
 2600.101(r)(2) - Window coverings must be clean in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION  
 The blinds on the window in room #3B are broken.

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 blinds in room 3B were replaced  
 The staff will check the rooms daily to make sure that all blinds are in good repair  
 The administrator/designee will check the rooms weekly to make sure that all blinds are in good repair

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) <i>Shirell Taylor</i>	Date <i>4/28/16</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7/12/16</u> (Date)  The above plan of correction was approved by <u>(Signature)</u> (Initials)	Plan of correction implementation status as of <u>7/12/16</u> (Date)  <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
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Violation Report: 13270 - 04/06/2016 - (Keppel, Autumn)  
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION #6 Pa.Code §2600  
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION  
The home's written emergency procedures were submitted 1/31/16 and were not submitted again until 3/4/16.

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 disparity in dates for submitting the home's written emergency procedures was an oversight  
The home will create a tickler to provide reminders to submit emergency procedures/plans to the city  
The administrator/designee will review the tickler every six months to make sure the home is compliance with submitting the emergency procedures

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*      Date *4/28/16*

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

The above plan of correction is approved as of 7/12/16  
(Date)

Plan of correction implementation status as of 7/12/16  
(Date)

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

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

Violation Report: 13279 - 04/06/2016 - Kappel, Autumn  
 PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for their blood sugar to be taken once daily at bedtime. The following glucometer readings were not recorded in the resident's record: 4/1/16- 189, 4/1/16- 407, 4/2/16- 184, 4/3/16- 577, 4/3/16- 104, 4/3/16- 222, 4/4/16- 117, 4/4/16- 174, 4/5/16- 446, 4/5/16- 233, 4/5/16- 118, 4/5/16- 249, and 4/5/16- 116.

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 were provided with diabetes training on 4/28/16  
 The staff were instructed on how to perform blood sugar checks  
 The staff were instructed on how to document blood sugar checks  
 The nurse will check the daily blood sugars and the recorded checks weekly to make sure the staff are doing the blood sugars and documenting them correctly

*The administration will conduct a review of the MAR's at least 2 X's weekly and document the review for the Department's review @ 9/10/16*

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* Date *4/28/16*

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

The above plan of correction is approved as of 7/12/16 (Date)

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

Plan of correction implementation status as of 9/15/16 (Date)

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

Violation Report: 13279 - 04/06/2016 - Keppel, Autumn  
 PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #4 has an order for their blood sugar to be tested three times a day. The medication administration record documents that checks are done at 8AM and 8PM.

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 were provided with diabetes training on 4/28/16  
 The staff were instructed on how to perform blood sugar checks  
 The staff were instructed on how to document blood sugar checks  
 The nurse will check the daily blood sugars and the recorded checks weekly to make sure the staff are doing the blood sugars as prescribed by the physician and documenting them correctly

*The administrator will conduct audits of the MAR's twice weekly and document the review for the Department's review, starting within 30 days of receipt of this plan of correction.*

*2/9/16/16*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/12/16  
 (Date)

Plan of correction implementation status as of 7/21/16  
 (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: 13279 - 04/08/2016 - 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 #1 has an order for Accucheck to be done once daily at bedtime. The resident's blood sugar is consistently being checked in the morning.
- The following blood sugars were recorded for Resident #1 but were not found in their glucometer: 4/1/16- 409, 4/1/16- 521, 4/2/16- 577, 4/3/16- 337, and 4/5/16- 428.
- The following blood sugars were recorded for Resident #2 but were not found in their glucometer: 4/3/16- 169, 4/4/16- 147, and 4/5/16- 229.
- Resident #3 has an order for their blood sugar to be tested twice daily. They did not have their sugar checked 4/3/16 through 4/6/15.
- The following blood sugars were recorded for Resident #3, but were not found in their glucometer: 4/1/16- 168, and 4/2/16- 285.
- The following blood sugars were recorded for Resident #4 but were not found in their glucometer: 4/2/16- 331, 4/5/16- 223, and 5/5/16- 229.

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 were provided with diabetes training on 4/28/16  
 The staff were instructed on how to perform blood sugar checks  
 The staff were instructed on how to document blood sugar checks  
 The nurse will check the daily blood sugars and the recorded checks weekly to make sure the staff are doing the blood sugars as prescribed by the physician and documenting them correctly

*The Administrator will review the POC twice weekly and maintain a copy of the review for the Department to review, starting within 30 days of receipt of this plan of correction.*  
 - @ 4/15/16

Repeat Violation: Yes

Date(s) of Previous Violation(s): 03/17/2015

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

Date 4/28/16

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The above plan of correction is approved as of

*7/12/16*  
 (Date)

Plan of correction implementation status as of

*9/15/16*  
 (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 - 04/06/2016 - Keppel, Autumn  
 PGH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 65 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 The support plan for Resident #6 was not signed by the assessor.

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 missing signature on resident #6's support plan was human error  
 The administrator signed the support plan during the inspection  
 Assessors will sign the support plans after completing them  
 The administrator/designee will check the support plans upon completion to make sure that they are signed by the assessor  
 All resident records will be audited at least annually to make sure that they are in compliance


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)	Date
Shirell Taylor	4/28/16

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

The above plan of correction is approved as of <u>7/12/16</u> (Date)	Plan of correction implementation status as of <u>7/21/16</u> (Date)
The above plan of correction was approved by <u></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  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: CHRISTIAN LIFE SERVICES		License Number: 13279
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		
Staffing Hours		
Resident Support:	Total Daily Staff: 36	Waking Staff: 27
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Interim		
On-Site Inspections Dates and Department Representatives On-Site		
07/21/2016: Adams, Patricia		
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: 44 Number of Residents Served: 36 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 15 Have Mental Illness: 36 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 13279 - 07/21/2016 - Adams, Patricia  
PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #1 had two labeled glucometers on 7/21/16. One of the glucometers was used to check resident #2's blood sugar at 8:00 am and 8:00 pm on 7/2/16 through 7/6/16 and at 8:00 am on 7/7/16.

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 # 1&2

Administrator removed all glucometers and replaced with new meters also reset date and time and labeled all glucometers to each residents, PCH Nurse will monitor & check meters weekly to prevent violations from reoccurring again along with having the pharmacy coming out bi-weekly to monitor meters and retraining Med Techs on sanitizing, reading and sharing meters. Training will occur on 9/14/16. Which will include:

- Auditing blood glucose, calibration checks, organization of all diabetic supplies and checking meters against machines. Please see attached for additional trainings that will occur on 9/14/16,

The administrator will conduct random audits of all glucometers against the recorded readings on the MAR.

The administrator or designee will conduct training for all staff on how sharing glucometers can lead to transmission of communicable diseases.

The administrator will contact the physician for all residents who were exposed during the sharing of glucometers to ensure that the residents were not exposed to any communicable diseases during the sharing of glucometers.

The administrator will develop a policy on the type of discipline that staff will receive should they share glucometers between residents in the future.

All plans of correction will be completed 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)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Shirell Taylor	8/31/16

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

The above plan of correction is approved as of 9/1/16 (Date)

The above plan of correction was approved by

Plan of correction implementation status as of 9/15/16 (Date)

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

Violation Report: 13279 - 07/21/2016 - Adams, Patricia  
PGH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 56 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

- Resident #1 is prescribed blood glucose testing at 8:00 am and 8:00 pm daily. The following glucometer readings were not recorded in the resident's record: 8:00 am on 7/11/16 - 120, 7/14/16 - 97; at 8:00 pm on 7/11/16 - 149, 7/12/16 - 99, 7/13/16 - 121, 7/14/16 - 124 and 7/16/16 - 105.

- Resident #3 is prescribed blood glucose testing at 8:00 am and 8:00 pm. The following glucometer readings were not recorded in the resident's record: 8:00 am on 7/11/16 - 147 and 8:00 pm on 7/15/16 - 95.

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.

Residents #1&3

Pharmacy came out on July 22<sup>nd</sup>, 2016 checked all new meters & reassured proper dates & time Pharmacy & Administrator educated Med Techs on how to properly record sugar testing on residents records. PCH Nurse will audit records weekly to assure all recording. Administrator or designee is supervising med technicians with glucose recording to ensure continued compliance, *twice weekly starting within 30 days* (S)

Repeat Violator: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/1/16</u> (Date)	Plan of correction implementation status as of <u>9/15/16</u> (Date)
The above plan of correction was approved by <u>(Signature)</u>	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress

Violation Report: 13279 - 07/21/2016 - Adams, Patricia FCH Name: CHRISTIAN LIFE SERVICES
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.187(d) - The home shall follow the directions of the prescriber.
<b>2a. DESCRIPTION OF VIOLATION</b> - Resident #1 is prescribed blood glucose testing at 8:00am and 8:00pm daily. Testing was done at 5:45am on 7/17/16 and at 5:44am on 7/18/16; 8:00pm testing was done at 5:49pm on 7/2/16, 5:15pm on 7/3/16 and 6:33pm on 7/12/16.  Resident #2 is prescribed blood glucose testing at 8:00am and 8:00pm daily. Testing was done at 6:40am on 7/1/16, 6:32am on 7/3/16, 6:55am on 7/5/16 and 6:50am on 7/6/16.
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> <i>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.</i>

Resident # 1&2

Administrator augmented previous training to all Med Technicians on 2hr rule 1hr before 1hr after on 07/21/16. Nurse will audit weekly to reassure the 2 hour rule. All Med Technicians were trained on 08/26/16 by medication trainer. Administrator or designee will supervise to ensure continued compliance. Residents#1&2 PCP has prescribed PRN for blood glucose checks. Pharmacist will train med techs on PRN glucose testing on 9/14/16.

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 <u>9/1/16</u> (Date)	Plan of correction Implementation status as of <u>9/15/16</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	