



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 25 2016

Mr. Jim Roberts, Director
Christian Residential Opportunities & Social Services, Inc.
712 Pinola Road
Shippensburg, Pennsylvania 17257

RE: Christian Resi. Opp. & Social Svcs. (C.R.O.S.S., Inc.)
License #: 344260

Dear Mr. Roberts:

As a result of the Department of Human Services' annual licensing inspection on April 11, 2016 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,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 34426 - 04/11/2016 - McCloskey, Jason
 PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS C R O S S I N C

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION
 The home held money for Resident 1 from July of 2015 to present, during which time the balance of those funds did not fall below \$200. The home has not offered the resident assistance in establishing an interest-bearing account.

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 Account has been changed to interest bearing effective 5/10/16. All other qualifying resident accounts have also been changed. All new residents from now on will be offered interest bearing accts if they qualify.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jim Roberts</i>	Date <i>May 2, 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>5/10/16</u> (Date)	Plan of correction implementation status as of <u>5/10/16</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>PARS</u> (Initials)	

Violation Report: 34426 - 04/11/2016 - McCloskey, Jason
 PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS C R O S S I N C

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident 1 was not signed by the payer identified in the contract.

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 contract has been signed by the guardian to bring it into compliance

A note will be placed on the admissions procedure form to prompt in future admissions

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

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

Violation Report: 34426 - 04/11/2016 - McCloskey, Jason
 PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS CROSS INC

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 home has an electronic baby monitor hung on the wall of the main resident hallway opposite the bedroom of Resident 2. Staff A, the administrator, stated that a receiving unit was located in the upstairs apartment occupied by the house parents. The licensing representative observed another receiving unit in the basement of the home and was able to hear the television playing from within Resident 2's bedroom.

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.

Monitors have been removed.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jim Roberts* Date *MAY 2, 16*

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The above plan of correction is approved as of 5/10/16
 (Date)

Plan of correction implementation status as of 5/10/16
 (Date)

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

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

Violation Report: 34426 - 04/11/2016 - McCloskey, Jason
 PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS C R O S S I N C

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

The home did not obtain criminal history background checks through the Pennsylvania State Police for Staff B and C, both hired on [redacted] 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.

New FBI Checks have been secured and forwarded to DHS. *FBI checks completed 4/20/2016 for staff B+C. BMS 5/10/16

A note will be placed in hiring procedures to lend guidance for next out of state hiring

*Criminal History Background checks performed on 4/18/16 for staff members B+C. BMS 5/10/16

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jim Roberts*

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 (Initials)

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Violation Report: 34426 - 04/11/2016 - McCloskey, Jason
 PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS CROSS INC

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The last fire safety inspection and drill observed by a fire safety expert was conducted on 3-17-15.

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.

Annual visit from fire company completed and documentation forwarded to DHS.
 Next visit will be scheduled with 365 days.
 * Annual Fire Inspection was completed on 4/16/2016.
 BAS 5/10/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jim Roberts</i>	Date <i>May 2, 16</i>
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Violation Report: 34426 - 04/11/2016 - McCloskey, Jason
 PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS C R O S S I N C

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for April 2015 does not contain a legible date when the drill occurred nor the time of day including am or pm.

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.

Fire drill record sheet has be updated to include
 Am - Pm on the document to remind those
 who have drill to circle.
 Staff will be informed of this at next staff
 meeting on 5/4/16.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Jim Robert *May 2, 16*

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Violation Report: 34426 - 04/11/2016 - McCloskey, Jason
 PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS C R O S S I N C

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
 On 4-4-16 at 9pm, staff administered medications to Resident 1 but did not complete the documentation on the medication administration records (MARs) indicating that medication was given.

 On 4-6-16 and 4-9-16 at 9pm, staff administered *Docusate Sodium 100 mg* to Resident 2 but did not complete the complete documentation on the MARs indicating that medication was given. On 4-10-16 at 7am, staff administered *Hydroxychloroquine 200 mg* and *Daily Total One A Day* vitamin to Resident 2 but did not complete the documentation on the MARs indicating that medication was given.

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.

Please see attached sheet

Page 8A of 10
BAS 5/10/16

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jim Robert*

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Page 8A of 10

Plan of Correction for Violation of Regulation 2600.182(c)

Failure to complete the documentation on the MAR with a signature indicating that the medication was given.

1. Direct Care staff will receive a memo from the Medication Administration Trainer explaining the importance of initialing the MAR immediately after administering the medication.
2. The Medication Administration Trainer will address the issue at a Direct Care Staff training meeting.
3. The Medication Administration Trainer will be vigilant in checking the MAR documentation and dealing with failures in documentations as soon as possible after a violation.

Violation Report: 34426 - 04/11/2016 - McCloskey, Jason
 PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS C R O S S I N C

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

2a. DESCRIPTION OF VIOLATION

Resident 1 was not given a full dose of *Warfarin* on 3-22-16 at 8pm. Per an incident report completed by the home, a 1/2 tablet remained in the blister card.

Resident 3 was not given a full dose of *Hydroxyzine HCL* on 3-17-16. Per an incident report completed by the home, a 1/2 tablet of the medication remained in the blister card.

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.

Please see attached sheet.

9A of 10
 BAS
 5/10/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jim Roberts</i>	Date <i>MAY 2, 16</i>
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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Plan of Correction for Violation of Regulation 2600.187(d)

Not following the precise instructions of the prescriber when administering a medication.

1. Direct Care Staff will receive a memo from the Medication Administration Trainer reviewing the importance of using the "4 checks" when administering medications.
2. The Medication Administration Trainer will address this issue at a Direct Care Staff training meeting.
3. In the event that an error in administration occurs, the Medication Administration Trainer will speak directly with the Direct Care Staff person who made the error and go over proper medication administration procedures.
4. If a Direct Care Staff person continues to have similar errors, Medication Administration Remediation will be done with that person and suspending that person from med administration until remediation is complete will be strongly considered.

Violation Report: 34426 - 04/11/2016 - McCloskey, Jason
 PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS CROSS INC

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident 1 was not given a full dose of *Warfarin* on 3-22-16 at 8pm. Per an incident report completed by the home, a 1/2 tablet remained in the blister card. The home did not report the error to the prescriber.

Resident 3 was not given a full dose of *Hydroxyzine HCL* on 3-17-16. Per an incident report completed by the home, a 1/2 tablet of the medication remained in the blister card. The home did not report the error to the prescriber.

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.

Please See attached sheet.

10A of 10

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jim Roberts*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jim Roberts</i>	Date <i>May 2, 16</i>
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 (Initials)

Plan of correction implementation status as of *5/10/16*
 (Date)

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

Plan of Correction for Violation of Regulation 2600.188(b)

Not reporting a medication error to the prescriber.

1. The Medication Administration Trainer / Medical Coordinator will develop a form for Direct Care Staff to use when filling out the DHS incident report. The form will include instructions for faxing a report to the prescriber as well as a form to be filled out and faxed to the prescriber.
2. The Medication Administration Trainer / Medical Coordinator will train the direct care staff in this procedure at a Direct Care Staff training meeting.
3. Direct Care Staff discovering the medication error will be instructed to Fax the incident report as well as the cover sheet, which provides an explanation and contact information to the prescribing doctor, as soon as the error is discovered and the form is filled out.