



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 19 2017

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 14, 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, appearing to read "Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 13996 - 10/14/2016 - Colon, Lissette
 PCH Name: CHRIST S HOME RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, did not receive training in Resident rights during training year 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.

On November 1, 2016, direct care staff person A completed training in Resident Rights which had previously been scheduled in training (calendar) year 2015. (SEE ATTACHMENT A.)

Through the end of the community's current training (calendar) year which ends December 31, 2016, the Staff Development Coordinator and the Compliance Officer, or their designees, will facilitate the final training modules of annually required topics. Direct care staff person A is scheduled to participate on November 9, 2016.

By December 31, 2016, the community's Quality Improvement Committee will include a quarterly review of staff training accomplishments: Staff Development Coordinator, or designee, will report training compliance to department supervisors. Department supervisors will schedule and monitor staff participation in required training. Administrators or their designees will monitor training accomplishments and direct department supervisors in the correction of deficiencies.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brenda Mast, Assistant Healthcare Admin.</i>	Date <i>11/3/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>11/17/16</i> (Date)	Plan of correction implementation status as of <i>11/17/16</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: 13996 - 10/14/2016 - Colon, Lissette
 PCH Name: CHRIST S HOME RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, did not receive 6 hours of training in dementia care during training year, 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.

On April 9 and April 12, 2016, direct care staff person A completed 8 hours of training related to dementia care and services, which had previously been scheduled in training (calendar) year 2015. (SEE ATTACHMENTS B and C.)

On April 25 and May 10, 2016, direct care staff person A completed 11 hours of dementia care training, meeting annual requirements for training (calendar) year 2016.

By November 11, 2016, the community's Staff Development Coordinator or designee will complete an audit of staff training records to identify dementia training deficiencies, and will schedule training for applicable staff by December 31, 2016.

By December 31, 2016, the community's Quality Improvement Committee will include a quarterly review of staff training accomplishments to ensure that all direct care staff meet the training requirements. Staff Development Coordinator, or designee, will report training compliance to the Personal Care Nurse Manager or designee. Nurse Manager or designee will schedule and monitor staff participation in required training. Administrator or designee will monitor training accomplishments and direct staff in the correction of deficiencies.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brenda Mast, Assistant Healthcare Administrator</i>	Date <i>11/3/16</i>
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