pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2017

Mr. Jim Roberts,
Director
Christian Residential Opportunities & Social Services
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 13, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS C R O S S INC	License Number: 344260
Address: 712 PINOLA ROAD, SHIPPENSBURG, PA 17257	County: Franklin
Administrator: James Roberts	Region: CENTRAL
Legal Entity Name: CHRISTIAN RESIDENTIAL OPPORTUNITIES & SOCIAL SERVICES INC	
Legal Entity Address: 712 PINOLA ROAD, SHIPPENSBURG, PA 17257	

Certificate(s) of Occupancy

C-3 SP
09/02/1992
L&I

Staffing Hours

Resident Support: 0 | Total Daily Staff: 6 | Waking Staff: 5

Type of Inspection: Full | **BHA Docket Number:** | **Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

04/13/2017: Springs, Israel

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: 8	**Number of Residents who:**
Number of Residents Served: 6	**Receive Supplemental Security Income:** 5
Secured Dementia Care Unit in Home: No	**Are 60 Years of Age or Older:** 1
Area:	**Have Mental Illness:** 0
Secured Dementia Unit Capacity, if Applicable:	**Have an Intellectual Disability:** 6
Number of Residents Served in Secured Dementia Care Unit, if applicable:	**Have a Mobility Need:** 0
Number of Current Hospice Residents: 0	**Have a Physical Disability:** 0
Number of Hospice Residents in past year: 0	

Violation Report: 34426 - 04/13/2017 - Springs, Israel
PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS C R O S S INC

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 most recent evaluation for Resident # 1, evaluated [redacted]17, has no documented information for height, weight, temperature, blood pressure, and pulse rate.

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.

1. Form will be taken to DR's office on 4/24/17 to have missing information added.

2. In the future, Medical Coordinator will proofread the completed medical forms more carefully and as a second check Office Assistant will check them as copies are being made.

RECEIVED
APR
CENTRAL REGIONAL OFFICE

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JAMES Robert, Director

Date 4-24-17

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

The above plan of correction is approved as of 5/2/17 (Date)

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

Plan of correction implementation status as of 5/2/17 (Date)

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