



pennsylvania

DEPARTMENT OF HUMAN SERVICES

DEC 15 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' Adult Residential annual licensing inspection on October 20, 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 13996 - 10/20/2017 - Freeman, Sabrina
 PCH Name: CHRIST S HOME RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 During the med audit, three discontinued medications were observed on the med cart for resident #1; specifically, Senokot, 200mg
 Iuprofen, and 5mg Melatonin.

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.

At time of inspection, the discontinued medications for resident #1 were removed from the cart and appropriately discarded.

On October 20, 2017, the LPN and Med Tech on duty completed an inspection of all carts to verify that all other resident medications were current and in compliance with the regulation.

Effectively immediately, when a resident medication is discontinued, the LPN will remove the medication from the medications cart and discard appropriately.

Effective immediately, upon hospital admission of a resident, the resident's medications will be removed from the medications cart and stored in a locked cabinet in the nurses' station. At the time the resident returns to the community, the medications will be reconciled with physician's orders, current medications placed in the medications cart, and discontinued medications appropriately discarded. If the resident does not return to the community, the medications will be appropriately discarded.

By November 6, 2017, the LPN or Med Techs on duty will perform a biweekly audit of the medications cart to verify that all resident medications are current.

By November 30, 2017, the Personal Care Nurse Manager will perform a monthly medications cart audit comparing the medications of at least five residents to the physician orders to verify 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, Administrator for Personal Care

Date

10/30/17

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

The above plan of correction is approved as of

11/2/17
 (Date)

Plan of correction implementation status as of

11/2/17
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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