



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 26 2018

Mr. Jim Roberts,
Director
Christian Residential Opportunities & Social Services
(C.R.O.S.S., Inc.)
712 Pinola Road
Shippensburg, Pennsylvania 17257

RE: Christian Residential Opportunities & Social Services
(C.R.O.S.S., Inc.)
Certificate #: 344260

Dear Mr. Roberts:

As a result of the Department of Human Services' annual licensing inspection on February 1, 2018 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: 34426 - 02/01/2018 - Hoover, Douglas
 PCH Name: CHRISTIAN RESIDENTIAL OPPORTUNITIES AND SOCIAL SERVICES INC

1. REGULATION 55 Pa.Code §2600
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION
 The following medications were removed from their original packaging, placed in generic medicine bottles and labeled with the name of each resident and medication:
Bismuth Subsalicylate and Tylenol, 325 mg. for Resident #1
Tylenol, 325 mg. for Resident #2
Non-aspirin pain reliever for Residents' #3 and #4
Tylenol, 325 mg. for Resident #5

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.

Medical Coordinator will purchase individual OTC medicines for each resident. This will be completed by the end of the month. Each OTC medication will be identified with the resident's name in accordance with 2600.184(b). Administrator or designee will audit all residents medications to ensure proper identification, by 2-15-18. -JE

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 Director</i>	Date <i>2-15-18</i>
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The above plan of correction is approved as of 2-26-18
 (Date)

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

Plan of correction implementation status as of 2-26-18
 (Date)

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

Violation Report: 34428 - 02/01/2018 - Hoover, Douglas
 PCH Name: CHRISTIAN RESIDENTIAL OPPORTUNITIES AND SOCIAL SERVICES INC

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
 Perform Pain Relieving Roll-On gel for Resident #4, found in the home's medication cart, had expired in June of 2017.

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.

Outdated medicine has been removed. Medical Coordinator has a chart for OTC med to keep track of expiration dates. She will continue to use this + double check to make sure all meds are on this chart.

Administrator or designee will complete monthly audits of the medications to ensure no medications that have expired are in the home. Results of the audits will be discussed at the home's periodic quality management reviews. -SE

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jim Roberts Director	Date 2-15-18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-26-18
 (Date)

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

Plan of correction implementation status as of 2-26-18
 (Date)

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