



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 20 2018

Ms. Shirell Taylor
Administrator
Christian Life Services, Inc.
2400 West Lehigh Avenue
Philadelphia, Pennsylvania 19132

RE: Christian Life Services
10 North 19th Street
Philadelphia, Pennsylvania 19140
License #: 132790

Dear Ms. Taylor:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 2, 2018, April 20, 2018, and June 7, 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 'Jacqueline L. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 13279 - 04/02/2018 - Freeman, Sabrina
 PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

An anonymous resident stated that staff person A has been verbally abusive. They stated that staff person A curses, calls them inappropriate names, and has been physically aggressive.

A second anonymous resident stated staff curses at the residents.

A third anonymous resident stated that a staff person was yelling at them at the top of their lungs.

Staff person A was interviewed at which time he stated that he "mimics resident's behavior if they're unruly." He stated he is mirroring their behavior and did not know it was problematic as no one has ever said anything.

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 04/05/18 administrator retrained all DC Staff on resident's rights monthly meetings will be held to assure all DC Staff are in compliance.

The home will use area agency or the ombudsman to provide resident rights training to all staff within 30 days receipt of approved POC. Documentation to be maintained per Department review. @ 12/13/18

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|---|----------------------------------|---|
| Repeat Violation: No | Date(s) of Previous Violation(s) | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | Date |
| Shirell Taylor Administrator | | 11/26/18 |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | | |
| The above plan of correction is approved as of | 12/13/18 (Date) | Plan of correction implementation status as of 12/13/18 (Date) |
| The above plan of correction was approved by | | <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 |
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Violation Report: 13279 - 04/02/2018 - Freeman, Sabrina

PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 6/7/18, at 11:30AM, the water temperature on the 2nd floor bathrooms measured 138.9 degrees Fahrenheit.

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 water temperature was lowered during the inspection. The home checked the water temperature later in the afternoon and it read 78 degrees. The home will check the water temperature weekly to ensure that it is in compliance. The administrator/designee will check the water temperature monthly to ensure compliance.

*A water temperature log to be maintained.
Documentation to be retained per Department records
PW 12/13/18*

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

Shirell Taylor

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Shirell Taylor Administrator Date *11/26/18*

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

The above plan of correction is approved as of 12/13/18
(Date)

The above plan of correction was approved by *PW*
(Initials)

- Plan of correction implementation status as of 12/13/18
(Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 13279 - 04/02/2018 - Freeman, Sabrina
 PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION
 The 1st floor female bedroom has 3 residents. There are no chairs in the 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.

On the date of the inspection the chairs belonging to the residents was placed in the bedrooms according to their personal needs. DC Staff will make daily and hourly checks to ensure the seating for each resident is in place.

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

Shirell Taylor

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Shirell Taylor *Adminstrator* Date 11/26/18

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

The above plan of correction is approved as of 12/13/18
 (Date)

Plan of correction implementation status as of 12/13/18
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation Report: 13279 - 04/02/2018 - Freeman, Sabrina

PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

An unlabeled bar of soap was observed at the sink in the 3rd floor women's bathroom.

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 the day of inspection the bar of soap was removed immediately and was replaced with individual liquid soap that was labeled and given to each resident. DC Staff will monitor on an hourly basis on ensure no resident leaves their personal soap or belongings in the restroom at any time.

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

Shirell Taylor

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Shirell Taylor Administrator

Date: 11/24/18

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

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|--|---|
| <p>The above plan of correction is approved as of <u>12/13/18</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p> | <p>Plan of correction implementation status as of <u>12/13/18</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p> |
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Violation Report: 13279 - 04/02/2018 - Freeman, Sabrina

PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 4/2/18, two unlabeled stacks of sandwiches were observed in the kitchen refrigerator, there was no label or date on the sandwiches.

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 the date of inspection the food in the refrigerator was immediately removed. All items will be dated and labeled and discarded in accordance to the expiration dates.

*Staff will receive train within 40 days
Receipt of the approval plan of correction 12/13/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Shirrell Taylor

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Shirrell Taylor Administrator

Date

11/20/18

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

The above plan of correction is approved as of

12/13/18
(Date)

Plan of correction implementation status as of

12/13/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 13279 - 04/02/2018 - Freeman, Sabrina

PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

2a. DESCRIPTION OF VIOLATION

The home did not have a kitchen fire extinguisher with the minimum 2A-10BC rating.

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 the date on inspection the fire extinguisher was replaced immediately
 DC Staff will do weekly checks to ensure that all fire extinguishers are in place.

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | | Date |
| Shirley Taylor administrator | | | 11/20/18 |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | | | |
| The above plan of correction is approved as of <u>12/13/18</u> (Date) | | Plan of correction implementation status as of <u>12/13/18</u> (Date) | |
| The above plan of correction was approved by <u>[Signature]</u> (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: 13279 - 04/02/2018 - Freeman, Sabrina

PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

Fire drills conducted during sleeping hours were on:

- 1/31/17 at 12:41AM
- 8/29/17 at 3:24AM
- 9/30/17 at 12:50AM
- 4/10/18 at 12:52AM

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.

PCH administrator assistant will ensure that overnight fire drills are performed once every 6 months.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Sheryl Taylor
Sheryl Taylor administrator Date *11/26/18*

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The above plan of correction is approved as of 12/13/18
(Date)

Plan of correction Implementation status as of 12/13/18
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

Violation Report: 13279 - 04/02/2018 - Freeman, Sabrina

PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's last medical evaluation was completed 4/17/18 and previously on 2/14/17.

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 now see PCH doctor monthly.

PCH- nurse will do monthly checks to ensure that each resident has had their medical evaluation done annually.

Monthly checks will be maintained per Department review (M) 12/13/18

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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Signature of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor administrator* Date *11/20/18*

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(Date)

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- Not Implemented

The above plan of correction was approved by *(Signature)*
(Initials)

Violation Report: 13279 - 04/02/2018 - Freeman, Sabrina
 PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 On 4/2/18, the home did not have a current weekly activity calendar posted in a public and conspicuous place in the home.

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 the date of inspection the activity calendar was replaced immediately DC
 Staff will check daily to ensure that all calendars are in place. The administrator
 will be responsible for continued compliance. @ 12/13/18

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Shirley Taylor*

| | |
|---|-------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Shirley Taylor administrator</i> | Date <i>12/26/18</i> |
|---|-------------------------|

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

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 (Date)

The above plan of correction was approved by *WT*
 (Initials)

Plan of correction Implementation status as of 12/13/18
 (Date)

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

Violation Report: 13279 - 04/02/2018 - Freeman, Sabrina

PCH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #3s pre-admission screening form was incomplete, the form did not indicate or document if resident #2's needs could be met in the personal care home.

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.

Any and all pre-admission forms will be completed and documented in a timely manner PCH- nurse will do monthly checks to ensure that each resident has all their medical forms done annually. *Monthly checks to be returned for Department Review per 12/13/18*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Shirell Taylor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page): *Shirell Taylor administrator* Date *11/26/18*

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

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| The above plan of correction is approved as of <i>12/13/18</i> (Date) | Plan of correction implementation status as of <i>12/13/18</i> (Date) |
| The above plan of correction was approved by <i>AT</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 |