



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via fax  
March 25, 2019**

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 inspection on July 25, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Adams".

Patricia Adams  
Regional Licensing Director

Enclosure  
Violation Report



Violation Report: 13270 - 07/25/2018 - Gillespie, Denise  
PGH Name: CHRISTIAN LIFE SERVICES

1. REGULATION 56 Pa.Code §2800

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The assessment dated 1/11/18 for Resident # 1 does not reflect home the will address the resident's needs in the following areas:

- 1. Bladder incontinence cueing and prompting for clean up.
- 2. Bowel incontinence cueing and prompting for clean up.
- 3. Showering cueing and prompting and which staff members will complete task.
- 4. Aggression towards staff and other residents.

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 no longer resides at Christian Life Services. Office manager along with the administrator will monitor resident's files to make sure all new residents assessments are completed within 15 days of admission to the home. Monthly audits will be done on residents files by the nurse at Christian Life Services to reflect all personal care needs of the resident which include all ADL's and IADL's.

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 *3/18/19*

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

The above plan of correction is approved as of 3/19/19 (Date)      Plan of correction implementation status as of 3/19/19 (Date)

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

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

Violation Report: 13270 - 07/25/2018 - Gillespie, Denise  
PCFH Name: CHRISTIAN LIFE SERVICES

1. REGULATION (S) Pa.Code §2600  
2600.61 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10226, 101-10226, 6102) and 6 Pa.Code Chapter 16 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
Staff volunteer member A was hired on 10/26/17. The volunteer has not been a resident in Pennsylvania for 2 years. Volunteer A does not have an FBI criminal background completed.

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.

Volunteer no longer works at Christian Life Services office manager along with administrator will monitor new hires to ensure the volunteer has been a resident in PA for 2 years or more. FBI checks will be completed for those residents who have not been a resident for 2yrs or less.

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 *3/18/19*

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

The above plan of correction is approved as of <u>3/19/19</u> (Date)	Plan of correction implementation status as of <u>3/19/19</u> (Date)
The above plan of correction was approved by <i>W</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