



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

March 15, 2019

Sent via e-mail [REDACTED]

March 15, 2019

Mr. John T. Bryant, Jr.
CEO
Christ's Home
800 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's Bureau of Human Services Licensing inspection on January 7, 2019 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 "Mia Johnson".

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Violation Report

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

| | | |
|--|-----------------------|--|
| PCH Name: CHRIST S HOME RETIREMENT COMMUNITY | | License Number: 13998 |
| Address: 1 SHEPHERD S WAY SUITE 100, WARMINSTER, PA 18974 | | County: Bucks |
| Administrator: BRENDA MAST | | Region: SOUTHEAST |
| Legal Entity Name: CHRIST'S HOME | | |
| Legal Entity Address: 800 YORK ROAD, WARMINSTER, PA 18974 | | |
| Certificate(s) of Occupancy Other 08/07/2013 WARMINSTER TOWNSHIP | | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 01 2019 By: _____ </div> |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 52 | Working Staff: 39 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Incident | | |
| On-Site Inspections Dates and Department Representatives On-Site 01/07/2019: Thomas, Tahesia | | |
| 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: 50 Number of Residents Served: 40 Secured Dementia Care Unit in Home: Yes Area: MEMORY CARE Secured Dementia Unit Capacity, if Applicable: 14 Number of Residents Served in Secured Dementia Care Unit, if applicable: 11 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 7 | | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 3 |

Violation Report: 13696 - 01/07/2019 - Thomas, Tabesla
 POH Name: CHRIST S HOME RETIREMENT COMMUNITY

1. REGULATION 55 Pa. Code §2800
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 On the afternoon of 12/17/18, resident # 1 was sent to the emergency room (ER) for an evaluation. As part of the home's policy, resident # 1's medications were placed on hold until resident # 1 returned to the home. Resident # 1 returned to the home with no changes to their current medication order. Staff member A, a medication technician, who works the 3-11 pm shift, received report from the nursing staff of resident # 1's return to the home from the ER. During the shift, resident # 1 was scheduled to have medication administered at 6 p.m. and 9 p.m. At no point during the shift did staff member A advise the nursing staff that resident # 1's medications were on hold in the home system. Thus, staff member A did not administer any prescribed medication as directed by the prescriber. Staff member A had knowledge that there was an issue with the medication administration and did nothing to follow up with nursing staff regarding the concern. Staff member A knowingly and willingly deprived resident # 1 of necessary medical services, via not administering prescribed medication, that is needed to sustain their physical and mental health. After the home's internal investigation, the home terminated staff member A, effective 12/19/18, based upon staff member A's neglectful actions and behaviors, and not following the medication administration policy.

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. Resident was monitored and exhibited no ill effects of missed medications. Medication error was reported to resident's physician, responsible person and licensing agency.
 2. After completing an investigation of the incident, staff member A's employment was terminated by the community on 12/19/18.
 3. Administrator or designee will perform in-service education of Personal Care department staff in the requirements for compliance with Resident Rights by 2/28/19.
 4. Community's Staff Development Coordinator or designee will perform annual Resident Rights training of all community staff in accordance with the community's 2019 Staff Training Plan by 12/31/19, and annually thereafter as required by regulation.
- See addendum attached *MJ* 3/14/19

| | | | |
|---|-----------------------------------|--|----------------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | | |
| <i>Brenda Mast</i> | | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | | Date |
| <i>Brenda Mast, Personal Care Administrator</i> | | | <i>1/14/19</i> |

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|---|---|
| The above plan of correction is approved as of <u>3/14/19</u> (Date) | Plan of correction implementation status as of <u>3/14/19</u> (Date) |
| The above plan of correction was approved by <i>MJ</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 |

Christ's Home Retirement Community

Within 30 days receipt of the accepted POC, all staff and residents will receive training from an outside source such as the Local Area Agency on Aging on resident rights and preventing abuse including financial exploitation. Documentation of the training will be submitted to M. Johnson at the Southeast Regional office at ra-pwark@southeast.pa.gov or fax at 610-270-1147.

The administrator or designee will conduct private interviews with a sample of at least three staff and three residents monthly for 6 months and quarterly thereafter to ensure resident's rights are protected. Documentation of the Interviews will be kept for three years.

Documents of trainings will be kept for three years. *MJ* 3/14/19

Violation Report: 13998 - 01/07/2019 - Thomas, Tahesia
 PCH Name: CHRIST S HOME RETIREMENT COMMUNITY

1. REGULATION 56 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Staff member A failed to follow the home's medication administration procedures, specifically the Scheduling Medication Pass Times, which state "Medications are to be given within two (2) hours of the scheduled administration time, except medications to be given with food, or before or after meals, which are administered precisely as ordered. If there is a question about the specific time a medication should be given, consult with the consultant pharmacist or pharmacy provider." Staff member A did not administer the 8 p.m. and 9 p.m. prescribed medications to resident # 1.

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. Resident was monitored and exhibited no ill effects of missed medications. Medication error was reported to resident's physician, responsible person and licensing agency.
2. After completing an investigation of the incident, staff member A's employment was terminated by the community on 12/19/18.
3. On 1/31/19, the Nurse Manager completed an audit of the medications administration for residents who have returned from a Leave of Absence within the past quarter and determined that no other resident's medications were missed upon return to the community.
4. On 1/31/19 the Administrator completed a review of the community's policies and procedures related to the regulation and determined they meet the requirements of the regulation.
5. Nurse Manager or designee will perform staff in-service education in requirements for compliance with the regulation, specifically as it relates to medications distribution, and the importance of maintaining effective communications between nursing and medications technician staff. Education will be completed no later than 2/28/19.

Maintain audits for Department review for a period of three years. 3/14/19 *MJ*

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|----------------------|-----------------------------------|--|--|
| 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) <i>Brenda Mast, Personal Care Administrator</i> | Date <i>1/31/19</i> |
|--|---------------------|

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|---|---|
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| The above plan of correction was approved by <i>MJ</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 |

Violation Report: 13986 - 01/07/2019 - Thomas, Tahesia
 PCH Name: CHRIST S HOME RETIREMENT COMMUNITY

1. REGULATION 56 Pa. Code §2800
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Staff member A did not administer prescribed medications: Galantamine Hydrobromide 12 mg tabs at 6 p.m. and Dopakote Sprinkle 125 mg caps, Docusate Sodium 100 mg tabs, Guaifenesin 200 mg tabs, Melatonin 3 mg tabs, Pravastatin Sodium 80 mg tabs, and Senokot 8.6 mg tabs at 9 p.m. to resident # 1.

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. Resident was monitored and exhibited no ill effects of missed medications. Incident was reported to resident's physician, responsible person and licensing agency.
2. After completing an investigation of the incident, staff member A's employment was terminated by the community on 12/19/18.
3. Nursing and medications technician staff will run and submit to Nurse Manager a Medication Administration Audit Report at the end of each shift to verify all medications were distributed as prescribed; report to be submitted daily through 2/28/19. Nurse Manager will audit reports, investigate any discrepancy identified and take appropriate corrective action as needed. Nurse Manager or designee will also run and review a Medication Administration Audit Report at least weekly through 3/31/19 to verify all medications were distributed as prescribed, with corrective action as needed. Audit Report results will continue to be reviewed monthly as part of the community's quality management plan.
4. Nurse Manager or designee will perform in-service education of nursing and medications technician staff in the requirements for compliance with the regulation by 2/28/19.
 Maintain audits for Department review for a period of three years. 3/14/19 *MBJ*

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, Personal Care Administrator

Date

1/31/19

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The above plan of correction is approved as of 3/14/19
 (Date)

Plan of correction implementation status as of 3/14/19
 (Date)

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

The above plan of correction was approved by

MBJ
 (Initials)