



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 13 2019

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
and Social Services.
(C.R.O.S.S., Inc.)
License #: 344260

Dear Mr. Roberts:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on January 22, 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.

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,

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS C R O S S I N C		License Number: 34426
Address: 712 PINOLA ROAD, SHIPPENSBURG, PA 17257		County: Franklin
Administrator: Jim Roberts		Region: CENTRAL
Legal Entity Name: CHRISTIAN RESIDENTIAL OPPORTUNITIES & SOCIAL SERVICES INC		
Legal Entity Address: 712 PINOLA ROAD, SHIPPENSBURG, PA 17257		
Certificate(s) of Occupancy C-3 SP 09/02/1992 Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
01/22/2019: McCloskey, Jason		
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: 8 ✓ Number of Residents Served: 8 ✓ Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: ✓ Number of Current Hospice Residents: 0 ✓ Number of Hospice Residents in past year: 0 ✓	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 1 Have Mental Illness: 0 Have an Intellectual Disability: 8 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 34426 - 01/22/2019 - McCloskey, Jason
 PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS C R O S S I N C

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

On 11/20/18, 11/21/18, 12/7/18 and 1/6/19, cash disbursements were made to Resident 1, however, the home did not obtain the resident's signature for these disbursements.

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.

Petty cash records have been brought up to date. Staff will be more diligent about having resident sign at time of cash disbursement

*Quarterly the administrator will review each resident's account to ensure that all cash disbursements are recorded and that there is documentation that the resident signed for all cash disbursements, or there is an indication of the resident's refusal or inability to sign.

BAS 2/20/19

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) *Jim Roberts* Date *2-8-19*

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

The above plan of correction is approved as of <u>2/20/19</u> (Date)	Plan of correction implementation status as of <u>2/20/19</u> (Date)
The above plan of correction was approved by <u>BAS</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: 34426 - 01/22/2019 - McCloskey, Jason
 PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS C R O S S I N C

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephones in the hallway by the laundry room and in the kitchen do not contain the number for poison control.

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.

Corrected numbers for poison control have been posted at said locations. See Attached.

*The administrator will check all phones in the home during regular walk-throughs of the home to ensure that the required numbers are placed on or by each phone. Staff will be instructed to monitor phones during the course of their duties and report or replace missing numbers.

BAS 2/20/19

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Printed Name and Title of Legal Entity Representative
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Violation Report: 34426 - 01/22/2019 - McCloskey, Jason
 PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS C R O S S I N C

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The home did not have an accurate menu posted for the current week, 1/20/19 through 1/26/19, or for the following week, 1/27/19 through 2/2/19.

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.

Menus will be posted as required. Attached is a copy of same.

*Changes to the menus shall be documented and posted to accurately reflect the upcoming meals. The administrator will check the accuracy of the posted menus during regular walk-throughs of the home. BAS 2/20/19

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</i>	Date <i>2-8-19</i>
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Violation Report: 34426 - 01/22/2019 - McCloskey, Jason
 PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS C R O S S I N C

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The medication administration training for Staff A is not current. Staff person A's last medication administration record review was completed in December 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.

All med administration reviews have been completed and records brought up to date.

*The administrator will monitor the medication administration training of the staff on a quarterly basis to ensure that the required annual administration observations and MAR reviews are being successfully completed. BAS 2/20/19

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Violation Report: 34426 - 01/22/2019 - McCloskey, Jason
 PCH Name: CHRISTIAN RESI OPP & SOCIAL SVCS C R O S S I N C

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The records for several residents, including Resident 1, do not include a picture less than 2 years old.

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.

*Residents will have new pictures taken on 2/8/19
 and records will be updated.*

*The administrator will review all resident records on an annual basis to identify resident pictures that are due to be updated and ensure that each resident file contains a picture that is no more than two years old. BAS 2/20/19

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