



October 29, 2019

Ms. Joanna R. Petre
Personal Care Home Administrator
Richland Christian Home, Inc.
719 East Lincoln Avenue
Myerstown, Pennsylvania 17067

RE: Richland Christian Home
PO Box 735
211 South Race Street
Richland, Pennsylvania 17087
Certificate #: 328910

Dear Ms. Petre:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 25, 2019, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

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, appearing to read "Kevin Hancock". The signature is stylized and cursive.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *RICHLAND CHRISTIAN HOME*
Address: *211 SOUTH RACE ST PO BOX 735, RICHLAND, PA 17087*
County: *LEBANON* Region: *CENTRAL*

License Number: *328910*

Administrator

Name: *Joanna Petre* Phone: *7176281530* Email: *richlandch@gmail.com*

Legal Entity

Name: *RICHLAND CHRISTIAN HOME INC*
Address: *719 EAST LINCOLN AVENUE, MYERSTOWN, PA, 17067*

Certificate(s) of Occupancy

Type: *1-2* Date: *07/11/2014* Issued By: *Lebanon County*
Type: *1-2* Date: *06/24/2011* Issued By: *Richland Boro*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *19* Waking Staff: *14*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

06/25/2019 - On-Site: Kellie Cargile

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *23* Residents Served: *18*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *18*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Joanna R. Petre, PCITA 7/30/19

Rec'd
7/30/19
GE

103g - Storing Food

Regulations

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

An apple-like fruit, that had been cut in half, was sitting on top of a bowl in the Whirlpool refrigerator in the first floor activity area. The fruit was visibly dried out and not in a sealed bag or container.

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 June 26, 2019, I implemented a plan to prevent the above violation from re-occurring. I went through the fridge/freezer compartment, making sure that everything was in a sealed or closed container. The fruit noted above had been placed in fridge by a resident and was discarded the same day it was found. Residents using fridge were made aware of required regulations both verbally and by posting attached documents on fridge to prevent future violations. Direct care staff was also instructed to check fridge/freezer compartments every Wed. and Sat. night on nightshift, ensuring that all is in compliance with regulations/directives posted on fridge. They are to initial and date when check is completed. I also will be doing periodic spot checks to ensure staff is doing the checks as assigned and that it is being done properly.

Legal Entity Representative

Signature *Joanna R. Petre*

Printed Name and Title *Joanna R. Petre, DCHA*

Date *7/30/19*

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The above plan of correction is approved as of

9/24/19
(Date)

Plan of correction implementation status as of

9/24/19
(Date)

The above plan of correction was approved by

GE
(Initials)

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