

Department of Human Services  
Bureau of Human Service Licensing

January 6, 2021

SHIRELL TAYLOR , ADMINISTRATOR  
CHRISTIAN LIFE SERVICES INC  
2400 WEST LEHIGH AVENUE  
PHILADELPHIA, PA 19132

RE: CHRISTIAN LIFE SERVICES  
3408 -10 NORTH 19TH STREET  
PHILADELPHIA, PA, 19140  
LICENSE/COC#: 13279

Dear Ms. Taylor ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/15/2020, 10/22/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

**Name:** CHRISTIAN LIFE SERVICES **License #:** 13279 **License Expiration Date:** 04/04/2021  
**Address:** 3408 -10 NORTH 19TH STREET, PHILADELPHIA, PA 19140  
**County:** PHILADELPHIA **Region:** SOUTHEAST

**Administrator**

**Name:** Mrs. Shirell Taylor **Phone:** 2152296158 **Email:** LEOPIA@AOL.COM,

**Legal Entity**

**Name:** CHRISTIAN LIFE SERVICES INC  
**Address:** 2400 WEST LEHIGH AVENUE, PHILADELPHIA, PA, 19132  
**Phone:** 2152296158 **Email:** LEOPIA@AOL.COM

**Certificate(s) of Occupancy**

**Type:** I-1 **Date:** 02/03/2015 **Issued By:** CITY OF PHILADELPHIA

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 28 **Waking Staff:** 21

**Inspection**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 11/12/2020

**Inspection Dates and Department Representative**

10/15/2020 - On-Site: Natasha Braswell, Sabrina Freeman  
 10/22/2020 - On-Site: Natasha Braswell, Evelyn Perez

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 44 **Residents Served:** 28

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 16 **Are 60 Years of Age or Older:** 13  
**Diagnosed with Mental Illness:** 28 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

## Inspections / Reviews

10/15/2020 - Full

Lead Inspector: *Natasha Braswell*Follow Up Type: *POC Submission*Follow-Up Date: *11/29/2020*

12/4/2020 POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *12/21/2020*

1/6/2021 - Document Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

Plan of Correction

Accept

During inspection, the office downloaded and put up influenza posters in common areas. DC staff will monitor weekly to assure posters stay up.

Completion Date: 10/22/2020

Document Submission

Implemented

See attached.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Violation Withdrawn MJ 12/4/20

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

iolation Withdrawn MJ 12/4/20

[Redacted]

[Redacted]

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include the training source or the length of training for the training completed on 1/15/19.

Plan of Correction

Accept

Training source was completed in the facility. The paperwork will be filled out in its entirety with date, source, and length in the future.

Completion Date: 12/01/2020

Document Submission

Implemented

See attached

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The ceiling located in the dining room was in disrepair.

Plan of Correction

Accept

Toilet overflowed on second floor to cause damage to ceiling. Plumber came out on site, day of inspection, and repaired the toilet and ceiling.

Completion Date: 10/22/2020

Document Submission

Implemented

See attached

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The exterior fence of the home was not in good repair, there were broken and missing pieces of fence. The exterior basement window was in disrepair and covered by a piece of metal being held in place by two large rocks.

Plan of Correction

Accept

Due to COVID, a lot of materials were out of stock. Fence is due to be repaired once we receive materials. There's a back order on materials. Fence will be repaired by 12/18/2020.

Completion Date: 12/01/2020

Document Submission

Implemented

See attached

101j7 Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The bedside light located in resident #1's room was not operational.

Plan of Correction

Accept

Lamp was replaced day of inspection. DC staff will monitor and make sure bedside lighting works properly during daily cleaning.

Completion Date: 10/22/2020

Document Submission

Implemented

See attached

101r - Bedroom - shades/drapes/window covering

1. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The blinds in resident #1's room were not in good repair due to damaged strips.

Plan of Correction

Accept

Shades were replaced day of inspection. DC staff will monitor shades on their daily cleaning.

Completion Date: 10/22/2020

Document Submission

Implemented

See attached

## 121a - Unobstructed Egress

### 1. Requirements

2600.

- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

### Description of Violation

*On 10/15/20, at 09:00 am, the home had 3 padlocked gates securing the perimeter of the home obstructing the home's exterior exit. The locked gates present a fire safety concern for the residents of the home.*

### Plan of Correction

**Accept**

*Due to the pandemic, people were trying to steal trashcans and locks were placed to secure them. There are 4 other means of egress. The locks were removed the same day of inspection.*

**Completion Date:** 10/15/2020

### Document Submission

**Implemented**

*See attached*

## 144c1 - Smoking Area Guidelines

### 1. Requirements

2600.

- 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

### Description of Violation

*The home's designated smoking area does not have fire resistant furniture.*

### Plan of Correction

**Accept**

*All furniture was replaced with fire resistant chairs, receptacles, and ash trays since inspection.*

**Completion Date:** 12/01/2020

### Document Submission

**Implemented**

*See attached*

## 162e - Menu Changes

### 1. Requirements

2600.

- 162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

### Description of Violation

*On 10/22/20, salami and cheese or peanut butter and jelly with milk, juice, and or fruit, were listed on the menu for the lunch meal. Turkey and cheese was served instead. No notice was provided to the residents in advance of the meal.*

162e - Menu Changes (*continued*)**Plan of Correction****Accept**

*A change of menu was replaced during the day of the inspection. A resident took down the menu off the wall. Staff will monitor during hours of meals to make the menu stays posted.*

**Completion Date:** 10/22/2020

**Document Submission****Implemented**

*See attached*

## 187b - Date/Time of Medication Admin.

**1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

*Resident #2 is prescribed Meloxicam Tab 15 mg. Resident #2's October 2020 medication administration record does not include the initials of the staff person who administered Meloxicam on 10/22/20 at 8:00 am.*

*Resident #2 is prescribed Metformin 500 mg Tab 1 tab twice a day at 8:00 am and 8:00 pm. On 10/22/20, at 10:38 am, resident #2's medication administration record was initialed by staff for [REDACTED] 8:00 pm dosage.*

*Resident #2 is prescribed Buspirone 10 mg tab 1 tab twice a day at 8:00 am and 8:00 pm. On 10/22/20, at 10:40 am, resident #2's medication administration record was initialed by staff for [REDACTED] 8:00 pm dosage.*

**Plan of Correction****Accept**

*Administrator retrained staff on recording time and administering medications properly as well with medication errors. Nurse or Administrator will audit medications distribution during time of arrival at site to make sure medication is administrated properly.*

**Completion Date:** 10/23/2020

**Document Submission****Implemented**

*See attached*