

Department of Human Services
Bureau of Human Service Licensing

May 27, 2021

██████████ PERSONAL CARE ADMINISTRATOR
CHRIST'S HOME
800 YORK ROAD
WARMINSTER, PA 18974

RE: CHRIST'S HOME RETIREMENT
COMMUNITY
1 SHEPHERD'S WAY, SUITE 100
WARMINSTER, PA, 18974
LICENSE/COC#: 13996

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2021, 03/25/2021 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: CHRIST'S HOME RETIREMENT COMMUNITY **License #:** 13996 **License Expiration Date:** 01/17/2022
Address: 1 SHEPHERD'S WAY, SUITE 100, WARMINSTER, PA 18974
County: BUCKS **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2159562270 **Email:** [REDACTED]

Legal Entity

Name: CHRIST'S HOME
Address: 800 YORK ROAD, WARMINSTER, PA, 18974
Phone: 2159562270 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 08/07/2013 **Issued By:** Township of Warminster

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 38 **Waking Staff:** 29

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/25/2021

Inspection Dates and Department Representative

03/24/2021 - On-Site: [REDACTED]
03/25/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 **Residents Served:** 31

Secured Dementia Care Unit

In Home: Yes **Area:** Secured Unit **Capacity:** 14 **Residents Served:** 7

Hospice

Current Residents: 1/8

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 31
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 7 **Have Physical Disability:** 0

Inspections / Reviews

03/24/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/23/2021*

4/30/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/29/2021*

5/27/2021 - Document Submission

Lead Reviewer: [REDACTED]

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

If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry (34 Pa. Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations, governed by Department of Labor and Industry). Upon expiration of the certificate, boilers must be inspected, and if they pass inspection, they will be issued a new certificate. The boiler certificates provided by the home have an expiration date of 01/15/21.

Plan of Correction

Accept

- On 3/30/21 the Boiler Inspector performed inspection of the boilers with all equipment passing inspection. Current boiler certificates are notated pending receipt of new certificates from the Department of Labor and industry (see attachment).
- The Director of Facilities or Designee will review future pending inspection expiration dates to verify that inspections are scheduled timely.

Completion Date: 03/30/2021

Document Submission

Implemented

See attached document 2600.18 (5 pages/10 certificates) with inspection dates noted in the top right corner of ten pieces of equipment. Receipt of new inspection certificates from Harrisburg, based on the 3/30/21 successful inspection results is still pending.

54a Direct Care Staff

1. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:
 1. Be 18 years of age or older, except as permitted in subsection (b).
 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

Plan of Correction

Accept

- The Director of Human Resources obtained a copy of the staff person's high school diploma at the time of inspection (see attachment).
- On 3/31/21 the HR Administrative Assistant completed a review of all direct care staff files to verify that proof of required education was on file.
- The Director of Human Resources has updated the checklist used by HR to verify receipt of required employment documents to include receipt of appropriate educational documentation.
- For the next four quarters, the Director of Human Resources or Designee will audit employment files to verify all required educational documentation is obtained timely. Thereafter, the files will be audited at least annually.

Completion Date: 03/31/2021

Document Submission

Implemented

See attached document 2600.54a - high school diploma of staff person A.
See attached document 2600.54.a.A - updated HR checklist.

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Tom's of Maine Natural Children's Fluoride Toothpaste, with a manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or dial (412) 390-3381 right away (Poison Control Center).", was unlocked, unattended, and accessible to residents on the bathroom counter in room 11 of the Memory Care Unit. Not all the residents of the home, including the Memory Care residents, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

- The Personal Care Nurse Manager placed the resident's toothpaste back into the resident's locked bathroom cabinet at the time of survey.
- Immediately following survey, the Personal Care Nurse Manager posted signage in each resident's bathroom and followed up with direct care staff to re-educate them on the requirement to maintain residents' personal hygiene products in their locked bathroom cabinets immediately following resident care (see attachment).
- On 3/30/21 the Personal Care Nurse Manager modified the Memory Care Resident Room audit form to include verification that residents' personal hygiene products which are labelled as poisonous are locked in a secure location.
- For four weeks following survey, the Personal Care Nurse Manager or Designee audited Memory Care resident rooms daily with staff members to verify items considered poisonous were secured. Through 5/28/21 the room audits will be completed weekly by staff and thereafter will resume a monthly frequency.

Completion Date: 05/28/2021

82c - Locking Poisonous Materials (continued)

Document Submission Implemented

Audits being completed indicate consistency in securing residents' toiletries which are labelled "poisonous" see audit from 5/10/21 on attached document 2600.82.c.A. Signage will continue to be posted in the residents' bathroom as a visual reminder to secure toiletries following personal care see attached document 2600.82c.

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

An area of the carpet in the main corridor between "B" and "C" wing is secured with a piece of duct tape. The tape is rolling up on the edges and presents a tripping hazard.

Plan of Correction Accept

- *On 4/2/21 a repair of the damaged carpet seam was completed (see attachment).*
- *On 3/25/21 the Director of Facilities Designee inspected all carpet seams to verify no other hazards were present.*
- *Direct Care and/or Housekeeping staff will identify and report issues to be corrected to the Housekeeping or Maintenance departments for appropriate follow up.*
- *he Personal Care Administrator or Designee will collaborate with the Director of Housekeeping and the Director of Facilities or their Designees to check surfaces as part of the monthly facility safety inspection. ssues identified for correction will be reported to the appropriate department and potentially hazardous conditions scheduled for immediate correction.*

Completion Date: 04/02/2021

Document Submission Implemented

See attached photograph of repaired carpet seam, document 2600.95.

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the e tinguisher.

Description of Violation

The two fire extinguishers in the company van do not indicate when they were last inspected by a fire safety expert.

Plan of Correction Accept

- *By 4/30/21 the Director of Facilities replaced current company vehicle fire extinguishers with new inspected extinguishers.*
- *The Director of Facilities or Designee will include the fire extinguishers located in the company vehicles as part of the department's annual and monthly fire extinguisher inspection protocol.*

Completion Date: 04/30/2021

131f - Fire Extinguisher Inspection *(continued)***Document Submission****Implemented**

See copy of invoice noting delivery of five fire extinguishers, which were subsequently installed in vehicles, on attached document 2600.131.f.

231c - Preadmission Screening

1. Requirements

2600.

- 231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening has not been completed.

Plan of Correction**Accept**

- At time of inspection, the Personal Care Nurse Manager corrected the resident's record based on the resident's Documentation of Medical Evaluation for a Significant Change as completed by the resident's Primary Care Physician which recommended secure dementia care and on the Geriatric Assessment Team's recommendation made at the time of transfer from Personal Care to Memory Care.*
- On 3/31/21 the Personal Care Nurse Manager audited all Memory Care resident records to verify the written cognitive prescreen was completed.*
- On 3/31/21 the Personal Care Administrator modified the Resident Records Audit form and the Contents Checklist used for organization of resident records to indicate that Part IV of the Personal Care Home Preadmission Screening is completed for all residents to be admitted or transferred to Memory Care within 72 hours prior to the admission.*
- he Personal Care Administrator or Designee will continue performing semi annual records audits to ensure compliance with the regulation.*

Completion Date: 03/31/2021

Document Submission**Implemented**

See attached document 2600.231.c. (2 pages) - Resident #1's preadmission screener with completed written cognitive screening for transfer to Memory Care.

See attached document 2600,231.c.A - modified resident records audit form.

See attached document 2600.231.c.B - modified resident record documents checklist.