

Department of Human Services
Bureau of Human Service Licensing

August 10, 2022

[REDACTED], OWNER/ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *04/04/2022*
Address: *3408 - 10 NORTH 19TH STREET, PHILADELPHIA, PA 19140*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *CHRISTIAN LIFE SERVICES INC*
[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *02/03/2015* Issued By: *City of Philadelphia, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/03/2021*

Inspection Dates and Department Representative

05/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44* Residents Served: *21*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0/0*

Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *8*
Diagnosed with Mental Illness: *21* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/03/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/04/2021*

06/11/2021 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/14/2021*

08/10/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 05/03/21, various food items including fried chicken and sweet potatoes, which were served for lunch on 05/03/21, were observed on the floor of the 3rd floor bathroom. Some of the food looked to have been partially ingested and possibly regurgitated.

The mechanical hand dryer in the 2nd floor, A side bathroom was not in working order. There were no paper towels or other sanitary means of hand drying in this bathroom.

Plan of Correction

Bathroom was cleaned and sanitized during inspection maintenance will monitor bathroom every hour to ensure sanitation.

Completion Date: 05/03/2021

Document Submission

See Attached

Accept

Implemented

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 05/03/21, the hot water temperature at the first floor back bathroom sink measured 124.1 degrees Fahrenheit.

Plan of Correction

Water temperature was lowered during the inspection on 05/03/21 temperature was checked again with thermostat and read 110 maintenance will check water temperature daily to ensure compliance.

Completion Date: 05/03/2021

Document Submission

See Attached

Accept

Implemented

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 mechanical hand dryer in the 2nd floor, A side bathroom was not in working order. There were no paper towels or other sanitary means of hand drying in this bathroom.

Plan of Correction

Mechanical hand dryer was reset during inspection 05/03/21 DC was trained on how to reset and check the hand dryer to ensure that it is operable at all times a daily inspection check list has been put in place for all staff for all

Accept

95 - Furniture and Equipment (continued)

bathrooms and bedrooms thru out the building.

Completion Date: 05/03/2021

Document Submission

Implemented

See Attached

100a - Exterior - Free of Hazards**1. Requirements**

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

Two large pieces of plywood are placed on the sidewalk directly in front of the walkway to the home. The plywood is there because the concrete underneath is broken up and missing. The missing concrete and the pieces of plywood create a hazard for the residents.

Plan of Correction

Accept

Concrete was repaired on 05/04/21 retrained the staff to monitor the inside and outside of the building for any need repairs to the property on a daily bases.

Completion Date: 05/04/2021

Document Submission

Implemented

See Attached

101j2 - Bedroom Chairs**1. Requirements**

2600.

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

2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom 5A is occupied by 4 residents; however, there are only 3 chairs in this room.

Plan of Correction

Accept

Chairs were replaced on the day of inspection 05/03/21 staff was retrained and a check list was put in place for all staff to check all rooms on a daily bases.

Completion Date: 05/03/2021

Document Submission

Implemented

See Attached

102i - Soap Dispenser**1. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was no soap in the dispenser of the 2nd floor, A side bathroom.

102i - Soap Dispenser (continued)

Plan of Correction **Accept**

Liquid soap was placed in the dispenser on the day of inspection 05/03/21 staff was retrained and a check list was put in place for all staff to check all bathrooms thru out the day.

Completion Date: 05/03/2021

Document Submission **Implemented**

See Attached

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 extinguisher.

Description of Violation

The fire extinguishers in the home have not been inspected by a fire safety expert since April 2020.

Plan of Correction **Accept**

Due to COVID the Fire extinguisher companies were not coming into homes due to the high numbers of COVID on 06/01/21 all fire extinguisher were inspected and tagged.

Completion Date: 06/01/2021

Document Submission **Implemented**

See Attached

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's and #2's most recent medical evaluation was completed on [REDACTED] The home did not provide documentation of the residents primary care physician's determination to postpone the medical evaluation.

Plan of Correction **Accept**

Due to COVID no doctors were coming out to the home and due to the suspended regulations at the time the doctor did how ever write a letter to that affect the letter was not on hand at the time of the inspection but was dropped off at CLS on 05/04/21 once the suspended regulations are put back into place all residents will have a completed DME's and MA-51's no later then 90 days after the emergency declaration is lifted.

Completion Date: 05/04/2021

Document Submission **Implemented**

See Attached

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101j7 - Lighting/Operable Lamp *(continued)*

- 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 four residents in bedroom 5A do not have access to a source of light that can be turned on/off at their bedside.

Repeat Violation: 10/15/2020

Plan of Correction

Accept

Night lights were replaced on the day of inspection 05/03/21 staff was retrained and a check list was put in place for all staff to check all rooms on a daily bases.

Completion Date: 05/03/2021

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.

Repeat Violation: 10/15/2020

Plan of Correction

Accept

All staff was retrained for fire safety new steel chairs were purchased on 06/01/21 due to them being on back order due to COVID. Chairs was delivered and replaced on 06/07/21.

Completion Date: 06/07/2021

Document Submission

Implemented

See Attached