

Department of Human Services
Bureau of Human Service Licensing

January 25, 2022

[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/09/2021 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

Facility Information

Name: *CHRIST'S HOME RETIREMENT COMMUNITY* License #: *13996* License Expiration: *01/17/2023*
Address: *1 SHEPHERD'S WAY, SUITE 100, WARMINSTER, PA 18974*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

[REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *12/09/2021*

Inspection Dates and Department Representative

12/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *32*

Secured Dementia Care Unit

In Home: *Yes* Area: *Ground Floor* Capacity: *14* Residents Served: *4*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *32*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

12/09/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/27/2021*

Inspections / Reviews *(continued)*

12/30/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/25/2022*

01/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 - 1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4. Special health or dietary needs of the resident.
 - 5. Allergies.
 - 6. Immunization history.
 - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8. Body positioning and movement stimulation for residents, if appropriate.
 - 9. Health status.
 - 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation dated [redacted] did not include body positioning/movement and the same resident's medical evaluation dated [redacted] did not include the ability to self-administer medications.

Plan of Correction

Accept

- 1. The Personal Care Nurse Manager contacted the resident's Primary Care Physician to confirm the status of body positioning and medication administration, and corrected the documents at time of inspection. SEE ATTACHMENT: "CORRECTED DMES"
- 2. The Personal Care Nurse Manager will audit all current resident medical evaluations to ensure all required documentation is completed.
- 3. The Administrator or Designee will review future resident medical evaluations following their completion to confirm completion of all sections as required.

Document Submission

Implemented

Action #2 was completed. See attachment.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 12/09/2021, [redacted] prescribed for resident #2 was in the home's medication cart; however, the medication was discontinued in July 2021.

Plan of Correction

Accept

- 1. The Personal Care Nurse Manager removed the discontinued medication from the cart and destroyed the discontinued medication at time of inspection.
- 2. Following inspection the Personal Care Nurse Manager completed an audit of the medication cart to ensure all other medications were current and in compliance with the regulation. SEE ATTACHMENT: "COMPLETED AUDITS"
- 3. Qualified staff completed medication cart audits on the remaining two carts on 12/21/21 to verify compliance with the regulation.
- 4. On 12/10/21 the Personal Care Nurse Manager revised the medication cart audit form to include the removal of all discontinued medications. SEE ATTACHMENT: "NEW AUDIT FORM"

183d - Prescription Current (continued)

5. Medication carts will be routinely audited weekly by Medication Technicians, monthly by LPNS or Nurse Manager.
6. Nursing and Medications Technician staff will be reeducated on the regulatory requirement and medications cart audit procedures.

Document Submission**Implemented**

Action #3 completed. SEE ATTACHMENT.

Action #5 completed as described. SEE ATTACHMENT.

Action #6 completed. SEE ATTACHMENT.

234a - Admission Support Plan**1. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was completed on [REDACTED].

Resident #3 moved to the SDCU on [REDACTED]. However, the resident's initial support plan was completed on [REDACTED].

Plan of Correction**Accept**

1. On 12/10/21 The Personal Care Nurse Manager changed the way the Resident Assessment and Support Plan (RASP) is populated in the residents' Electronic Health Record (EHR). SEE ATTACHMENT: "PCC.PNG"
2. RASPs of residents admitted to the community's SDCU will now populate on the Administrator's, the Personal Care Nurse Manager's, and the LPN on Duty's EHR dashboard 48 hours after admission to SDCU as a reminder to complete before the end of the 72 hour window.
3. On 12/20/21 the Administrator added a blank RASP to the community's SDCU admission pack, which will be used to collect initial support plan data within the required time frame during the admission process.
4. Administrator or Designee will reeducate LPN staff on the appropriate regulatory time frames for the Resident Assessment and Support Plan documents.

Document Submission**Implemented**

Action #4 was completed. See attachment.