

Department of Human Services
Bureau of Human Service Licensing

August 10, 2022

[REDACTED], ADMINISTRATOR

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 04/06/2022 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: *Dpt. of L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/06/2022*

Inspection Dates and Department Representative

04/06/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44* Residents Served: *24*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *6*
Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/06/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/30/2022*

05/16/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/18/2022*

05/18/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/03/2022*

08/10/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED]/21, resident #1 punched another resident in the face. This incident was observed by the home. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accept

Administrator retrained staff on incident reporting on 4/15/22. Admin/designee will be notified of any suspected abuse and report immediately and contact OAPSA within 24 hours. Admin/designee will ask and review all incidents as they occur to assure all allegations of abuse are being reported to local area agencies on aging.4/15/22 the home developed and implemented (staff was also trained) on Written policies and procedures on prevention, reporting, investigation and management of reportable incidents and conditions.

Completion Date: 04/15/2022

Document Submission

Implemented

see attached

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED]/21, resident#1 punched another resident in the face. The home did not submit an incident report to the Department.

Plan of Correction

Accept

Administrator retrained staff 4/15/22 on submitting incident reports to the Department. Admin/ designee will be notified by DCS when there is an incident immediately, to assure it is being reported within the 24 hour. The home developed and implemented written policies and procedures on prevention, reporting,notification,investigation and management of reportable incident and conditions.

Completion Date: 04/15/2022

Document Submission

Implemented

See Attached

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

26b - Quality Management Plan Content *(continued)***Description of Violation**

The home's quality management review dated 02/01/22 did not address reportable incident and condition reporting procedures, complaint procedures, licensing violations and plans of correction, resident or family councils.

Plan of Correction**Accept**

Administrator established and implemented on 4/11/22 a quality management plan that addresses the periodic review and evaluations of reportable incidents and conditions of incidents, reporting procedures, complaint procedures, staff trainings, plans of corrections and licensing violations. All staff has been retrained on violation 26.b. Admin/designee will review and update quality management plan content quarterly or as needed to address the areas needing improvement and are identified during the periodic review and evaluation.

Completion Date: 04/11/2022

Document Submission**Implemented**

See Attached

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 04/08/22 at 10am, 2nd floor bedroom 2fl-6b had a sticky clear substance on the floor.

On 04/08/22 at 10:10am, 3rd floor bedroom 3fl-7b had a coffee stained on the floor.

On 04/08/22 at 2:30 pm. the rear exit for building 3410 was blocked with bags of clothes.

Plan of Correction**Accept**

Who is responsible for checking all areas? Preferable that a management staff conduct audits to ensure that the regulation is being adhered to consistently. Please list the title of the person responsible. (the above plan will have to be re-entered when including responses)The maintenance supervisor will audit daily all fire exits and all areas including bathrooms, bedrooms, common areas, dining areas and hallways during their one hour room checks.

Completion Date: 05/16/2022

Document Submission**Implemented**

See Attached

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 04/08/2022, at 09:45am, the trash can in the 2nd floor bathroom in building 3408 does not have a lid.

Plan of Correction**Accept**

All trash cans without lids were replaced on 4/15/22. Maintenance/DCS will monitor our trash cans in kitchens

85d - Trash Receptacles (continued)

bathrooms and throughout the building when doing they're one hour room checks to make sure our trash cans have lids and report to office immediately to replace damaged trash cans. Extra trash cans with lids were purchased to keep in maintenance closet, to replace if this happens again.

Completion Date: 05/11/2022

Document Submission

Implemented

See Attached

86b - Bathroom

1. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom on the 2nd floor in building 3408, does not have an operable window or ventilation fan. The ventilation fan is inoperable and there is no window in the bathroom.

Plan of Correction

Accept

Preferable that a management staff conduct audits to ensure that the regulation is being adhered to consistently. Please list methods used, duration/timeframe and the title of the person responsible. (the above plan will have to be re-entered when including responses)The maintenance supervisor will audit all bathrooms to make sure all ventilation is working every hour during their one hour one check

Completion Date: 05/16/2022

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

Building 3408, 2nd floor bathroom is missing the cover plate for the light switch.

Building 3408, 2nd floor bathroom ceiling needs repair after a water leak from 3rd floor bathroom.

Building 3410, 3rd floor common area ceiling had a water leak. It was a puddle of water observed on the chair and on the floor. The puddle of water was not clean putting the residents at risk for falls.

Plan of Correction

Accept

Preferable that a management staff conduct audits to ensure that the regulation is being adhered to consistently. Please list methods used, timeframes/duration, and the title of the person responsible. (the above plan will have to be re-entered when including responses) The maintenance supervisor will audit and monitor when they are doing the one hour room check to make sure this violation is being adhered.

Completion Date: 05/16/2022

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 dresser on the second floor 2flb6 had broken drawers.

The dresser on the third floor 3fl9b had broken drawers.

The 2nd floor bathroom in building 3408. The light switch plates is missing and uncover with electrical wire exposed. The hand dryer is plug to an outlet and wire cord is not behind the wall.

Plan of Correction

Accept

Preferable that a management staff conduct audits to ensure that the regulation is being adhered to consistently. Please list methods used, timeframes/dration, and the title of the person responsible. (the above plan will have to be re-entered when including responses)The maintenance supervisor will audit all rooms when doing their one hour room check to make sure this violation is being adhered and report all damages to the front office immediately or as needed.

Completion Date: 05/16/2022

Document Submission

Implemented

See Attached

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

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

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed linens on resident #2's bed were soiled.

Plan of Correction

Accept

Preferable that a management staff conduct audits to ensure that the regulation is being adhered to consistently. Please list methods used, timeframes/dration, and the title of the person responsible. (the above plan will have to be re-entered when including responses)The maintenance supervisor will audit all rooms when doing their one hour room check to make sure this violation is being adhered and report all damages to the front office immediately or as needed.

Completion Date: 05/16/2022

Document Submission

Implemented

See Attached

101o - Walls, Floors, Ceilings

1. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The plaster on the ceiling and along the wall in room 3fl-b#8 is cracked.

Plan of Correction

Accept

Preferable that a management staff conduct audits to ensure that the regulation is being adhered to consistently. Please list methods used, timeframes/dration, and the title of the person responsible. (the above plan will have to

101o - Walls, Floors, Ceilings (continued)

be re-entered when including responses)The maintenance supervisor will audit all rooms when doing their one hour room check to make sure this violation is being adhered and report all damages to the front office immediately or as needed.

Completion Date: 05/16/2022

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 the window of bedroom 2ndfl-6b are broken.

Plan of Correction

Accept

Preferable that a management staff conduct audits to ensure that the regulation is being adhered to consistently. Please list methods used, timeframes/dration, and the title of the person responsible. (the above plan will have to be re-entered when including responses)The maintenance supervisor will audit all rooms when doing their one hour room check to make sure this violation is being adhered and report all damages to the front office immediately or as needed.

Completion Date: 05/16/2022

Document Submission

Implemented

See Attached

105d - Change Bed Linens/Towels

1. Requirements

2600.

105.d. Bed linens and towels shall be changed at least once every week and more often as needed to maintain sanitary conditions.

Description of Violation

From 03/01/2022 to 04/08/2022, bed linens were not changed in residents' room per resident's interviews. The beds in resident's rooms did not have bed linens.

Plan of Correction

Accept

Housekeeping/laundry staff removed and changed all soiled bed linen in all the rooms the date of inspection 4/6/22. Staff was retrained on the importance of changing the bed linens at least once a week or as often as needed to maintain sanitary conditions. Spot checks will be completed by the admin/designee on a weekly basis. Housekeeping/laundry staff will check daily and report to the office any damages or concerns immediately.

Completion Date: 04/06/2022

Document Submission

Implemented

See Attached

121a - Unobstructed Egress

1. Requirements

121a - Unobstructed Egress (continued)

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 04/08/22 at 3pm, the medication room exit route of the rear of the home's 3410 building was obstructed with bag of clothes.

Plan of Correction

Accept

Bag of clothes were removed immediately on 4/6/22. Staff was re-trained 4/8/22 on violation 121.a / fire safety and on the importance of obstructing an exit route for a passageway and egress. Admin/designee will do weekly checks and monitor to make sure our exit routes are clear of all debris clothing and blockages

Completion Date: 04/08/2022

Document Submission

Implemented

See Attached

127a - Portable Space Heaters

1. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 04/08/22 at 10:15 am, a portable space heater was in use in the 2nd floor bedroom 2fl#5b.

Plan of Correction

Accept

Preferable that a management staff conduct audits to ensure that the regulation is being adhered to consistently. Please list methods used, timeframes/dration, and the title of the person responsible. (the above plan will have to be re-entered when including responses)The maintenance supervisor will audit all rooms when doing their one hour room check to make sure this violation is being adhered and report all damages to the front office immediately or as needed.

Completion Date: 05/16/2022

Document Submission

Implemented

See Attached

132f - Alternate Exit Routes

1. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The building 3410 has a rear exit that has not been use for fire drills held from January 2022 to March 2022.

Plan of Correction

Accept

Preferable that a management staff conduct audits to ensure that the regulation is being adhered to consistently. Please list methods used, timeframes/dration, and the title of the person responsible. (the above plan will have to be re-entered when including responses)The Direct care supervisor will audit monthly fire drills to ensure alternate routes are being conducted to make sure this violation is adhered.

Completion Date: 05/16/2022

132f - Alternate Exit Routes (continued)

Document Submission

Implemented

See Attached

133.2 - Exit Signs Direction

1. Requirements

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The 3410 building does not have a direct visual line to the nearest exit. There are no signs marking the line of travel to the exits. On 04/08/22, the home served 24 residents.

Plan of Correction

Accept

Preferable that a management staff conduct audits to ensure that the regulation is being adhered to consistently. Please list methods used, timeframes/dration, and the title of the person responsible. (the above plan will have to be re-entered when including responses)The maintenance supervisor will audit all rooms and hallways when doing their one hour room check to make sure this violation is being adhered, report and replace all missing exit signs to the front office immediately or as needed.

Completion Date: 05/16/2022

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 most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Resident 3's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept

The Department of Human Services published a change in the regulation Due to COVID-19 which started in December 2019. A letter was written by our medical doctor for all residents in November 2019, that the medical evaluation could be completed at a later date, due to the suspended code141.b.1regulation requirements. All staff was retrained on the policy and procedures. The admin/designee will audit charts quarterly to make sure all medical evaluations are completed annually.

Completion Date: 05/13/2022

Document Submission

Implemented

See Attached

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

A photocopy was used on resident's #1 and #3 dme's dated [REDACTED]. Original copy was not provided.

Plan of Correction

Accept

Due to Covid-19 The medical doctor faxed over all dme's for residents on [REDACTED]. The dme's have been updated and signed by medical doctor.. The home has all the original paperwork. Office manager was re-trained on resident's record must be permanent, legible, dated and signed by the staff person making the entry. Admin/designee will audit dme's quarterly to make sure the original copies are provided in the residents chart.

Completion Date: 05/13/2022

Document Submission

Implemented

See Attached

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident 4's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept

Resident file was updated with a new photograph and added on [REDACTED]. Office manager/designee and staff was retrained on resident's record content and reviewed all policy and procedures. Admin/designee will audit charts yearly to update and include all photographs as needed.

Completion Date: 05/12/2022

Document Submission

Implemented

See Attached

Department of Human Services
Bureau of Human Service Licensing

August 10, 2022

[REDACTED], ADMINISTRATOR/OWNER
[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 06/06/2022 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: *04/04/2023*
Address: *3408 - 10 NORTH 19TH STREET, PHILADELPHIA, PA 19140*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *02/03/2015* Issued By: *Dpt. L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *30* Waking Staff: *23*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *06/06/2022*

Inspection Dates and Department Representative

06/06/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44* Residents Served: *30*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *26* Are 60 Years of Age or Older: *10*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/06/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/24/2022*

08/05/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/10/2022*

08/10/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 1's assessment, dated [REDACTED], does not include behavioral or cognitive need and degree. On [REDACTED] resident#1 punched another resident on the face. Resident #1 rasp has not been updated to reflect change of behavior. Resident#1 support plan is missing page 11, the summary and determination page.

Plan of Correction

Accept

Day of inspection RASP was updated. Admin assistant will monitor every 6 months all RASP's. DCS will monitor residents for any changes in medical/psych status for 1 week after injection being given. All staff was retrained on when to report changes on residents behaviors or medical needs for RASP's.

Completion Date: 08/08/2022

Document Submission

Implemented

Day of inspection RASP was updated. Admin assistant will monitor every 6 months all RASP's. DCS will monitor residents for any changes in medical/psych status for 1 week after injection being given. All staff was retrained on when to report changes on residents behaviors or medical needs for RASP's.