Department of Human Services
Bureau of Human Service Licensing
# LICENSING INSPECTION SUMMARY PUBLIC

September 22, 2023

[redacted], COO
CHRIST'S HOME
[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 06/07/2023, 06/08/2023, 06/09/2023, 07/14/2023, 07/17/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name**: *CHRIST'S HOME RETIREMENT COMMUNITY* **License #**: *13996* **License Expiration**: *01/17/2024*

**Address**: *1 SHEPHERD'S WAY, SUITE 100, WARMINSTER, PA 18974*

**County**: *BUCKS* **Region**: *SOUTHEAST*

## Administrator

**Name**: [redacted] **Phone**: [redacted] **Email**: [redacted]

## Legal Entity

**Name**: *CHRIST'S HOME*

**Address**: [redacted]

**Phone**: [redacted] **Email**: [redacted]

## Certificate(s) of Occupancy

**Type**: *Other* **Date**: *08/17/2013* **Issued By**: *Warminster Township*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *37* **Waking Staff**: *28*

## Inspection Information

**Type**: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

**Reason**: *Complaint, Incident* **Exit Conference Date**: *07/17/2023*

## Inspection Dates and Department Representative

*06/07/2023 - On-Site:* [redacted]
*06/08/2023 - Off-Site:*
*06/09/2023 - Off-Site:*
*07/14/2023 - Off-Site:*
*07/17/2023 - Off-Site:*

## Resident Demographic Data as of Inspection Dates

### General Information

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

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *SDCU* **Capacity**: *12* **Residents Served**: *6*

### Hospice

**Current Residents**: *0*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *31*

**Diagnosed with Mental Illness**: *0* **Diagnosed with Intellectual Disability**: *0*

**Have Mobility Need**: *6* **Have Physical Disability**: *0*

## Inspections / Reviews

### 06/07/2023 Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/18/2023*

**08/23/2023 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *09/20/2023*

**Reviewer:** [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *08/28/2023*

**08/28/2023 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *09/20/2023*

**Reviewer:** [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *09/20/2023*

**09/22/2023 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *09/20/2023*

**Reviewer:** [redacted] **Follow Up Type:** *Not Required*

## 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], resident 1 had an unwitnessed fall and suffered serious injuries. The home did not report this incident to the Department until [redacted].*

**Plan of Correction** ***Accept [redacted] - 08/28/2023)***

*Disclaimer: This plan of correction does not necessitate an agreement with the cited violations but is completed as per regulatory requirement.*

*Moving Forward The PCHA or designee will be responsible to send reportable incident notification to DHS within 24 hours of incident occurrence per regulation regardless of capability to obtain information from hospital, when a potential serious injury is suspected.*

*On 9/1/23 PCHA has scheduled retraining of all LPNS regarding reportable incidents and conditions, timeframes required by DHS to submit reporting, and importance of communication with Nurse Manager and PCHA to ensure accurate and timely reporting.*

**Licensee's Proposed Overall Completion Date:** *09/01/2023*

***Implemented ([redacted] - 09/22/2023)***

## 23a - Activities of Daily Living Assistance

**2. Requirements**

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

**Description of Violation**

*The assessment and support plan, dated [redacted], for resident 1 indicates the resident requires assistance with toileting. On [redacted], the resident did not receive this assistance as required and suffered a fall due to the resident having mobility issues.*

**Plan of Correction** ***Accept ([redacted] - 08/28/2023)***

*Disclaimer: This plan of correction does not necessitate an agreement with the cited violations but is completed as per regulatory requirement.*

*The Resident Assessment and Support Plan states:*

## 23a Activities of Daily Living Assistance (continued)

*Assessment: Resident can toilet independently. Resident will alert staff with call pendant or call bell when she needs assistance.*
*Support Plan: Staff will provide physical assistance as needed with toileting.*

*On [redacted] the resident's call bell did not register a call for assistance to alert staff for her need for help.*

*On 8/22/2023 PCHA has scheduled retraining of all direct care workers to review the importance of following a Resident's Support Plan And Assessment.*

*PCHA or Nurse Manager will conduct an audit of shift assignment sheets daily for 1 week starting on 8/27/23 through 9/2/2023 , weekly for 1 month ending on 9/25/2023 and monthly ongoing to ensure care needs are being met per RASP.*

*PCHA, Nurse Manager, and LPN on duty will meet for a clinical standup meeting Mon through Friday ongoing to enhance communication regarding resident care needs.*

**Licensee's Proposed Overall Completion Date:** *09/25/2023*

***Implemented ([redacted] - 09/22/2023)***

## 42b - Abuse

**3. Requirements**

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

*Sometime In [redacted], resident 1's call pendant was misplaced. The home ordered a replacement; however, they were on back order and it was never replaced. The home spliced wiring to temporarily hook up a bedside call bell system to reach the resident's recliner as a substitute for the back ordered misplaced pendant.*

*Resident 1 frequently used the call bell to be toileted due to frequent urination urges. The resident's support plan states to press the bell for assistance from staff for toileting. The home did not implement a plan for bathroom checks when the pendent was no longer available.*
*On [redacted], the resident had lunch and returned to their room, staff person A toileted the resident and helped them sit back in their recliner at around [redacted] pm. At some point the resident pressed the temporary call bell to be toileted and the staff did not respond. At approximately [redacted] pm, staff person B went to the resident's room to take them to play bingo. But the bathroom door was closed and staff person B assumed a care staff was assisting with toileting the resident. Staff person B then left without checking on the resident.*
*After the activity ended around [redacted] pm, staff person C came to the activity area after walking past the resident's room and not seeing the resident. Staff person C then queried staff persons B and D about the resident's whereabouts and they denied knowing. The resident didn't come to the activity. Staff person B and D went to look for the resident in*

42b - Abuse (continued)

their room and discovered the resident on the floor atop the walker. Staff person C was contacted, but did not immediately respond to the request for assistance. Staff person B reached out a second time and told them the resident was bleeding from the nose and mouth with labored breathing.
Resident 1 had attempted to use the bathroom without assistance and was able to get to the bathroom alone. Upon returning to the recliner, from the bathroom, the resident fell. The Resident may have tripped over the raised threshold and landed onto the middle of the walker. Staff arrived and called 911. The EMS arrived and the resident was classified as a trauma level 2 victim and transported with a c-collar; face down to avoid additional injury. The resident was admitted to the Hospital as a level 2 trauma. The resident's status was changed to level 1 trauma because of a broken C6 vertebrae affecting their breathing. The resident sustained serious injuries to include a broken nose, C6 Vertebrae fracture, and orbital bruising.

The resident had not been checked or seen for over 3 hours the day of the fall, and did not have a call pendant nearby to alert staff. The resident laid on the floor after falling with serious injuries and difficulty breathing until discovered by staff. Resident 1 died on [redacted]3 from acute respiratory failure, following trauma and C-6 vertebrae fracture.

**Plan of Correction** ***Accept ([redacted] - 08/28/2023)***

Disclaimer: This plan of correction does not necessitate an agreement with the cited violations but is completed as per regulatory requirement.

Christ's Home Maintenance Department hooked up additional call bell wiring for the resident pending delivery of new call bell pendant. Please note they did not splice wiring to achieve this. They used Sara System equipment provided by our call bell monitoring company for use with their system. Maintenance tested the bell after installation and it was in working order. PCHA then monitored residents call bell report daily for 1 week to ensure residents ability to use new bell without issues.

On 8/22/2023 PCHA has scheduled retraining with staff to reeducate on the importance of rounding on the units and monitoring resident safety.

In the event of a Sara System Missing device alert, Nurse Manager or PCHA will institute a search for the "missing pendant" and if unable to locate, PCHA or Nurse Manager will:
1. Setup a new pendant IF stock is available.
2. Instruct Maintenance to add additional room call bells using equipment designed for the Sara Call Bell system and test to ensure operational at time of installation.
3. Instruct resident on the use of new bell.
4. Staff will monitor resident an additional 3x per shift for safety, above and beyond the current schedule below, while new pendant setup is pending.

Visual room checks are completed approximately every 1-2 hours based on assessment of resident need.
This includes:
1. AM and PM ADL care as per support plan.
2. Scheduled medication administrations.
3. Monitoring at meal times.
4. Routine staff rounds at approximately 10am, 3pm, 7pm, 10p, 1am, 3am, 5am, and 7am.

## 42b Abuse (continued)

*On 8/28/2023 PCHA updated Resident room audit form to include testing of all in room call bells and call pendants (if resident has opted into pendant services) to ensure operational.*

*PCHA will Audit Call bell reports weekly for 1 month ending on 9/18/2023 and then monthly ongoing to monitor staffs response time to bells and reeducate as needed based on findings.*

**Licensee's Proposed Overall Completion Date:** *09/18/2023*

***Implemented [redacted] - 09/22/2023)***

## 42s - Privacy

**4. Requirements**

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

**Description of Violation**

*On [redacted], resident 1 had a fall and suffered serious injuries. An unidentified staff person, responding to the event, partially recorded the resident lying on the floor.*

**Plan of Correction** ***Accept [redacted] - 08/28/2023)***

*Disclaimer: This plan of correction does not necessitate an agreement with the cited violations but is completed as per regulatory requirement.*

*PCHA in conjunction with Nurse Manager and Corporate Compliance Officer have scheduled retraining of all Direct Care & Ancillary Department Staff regarding resident rights and privacy. These Training dates are in Person as Follows: 8/22, 8/24, 8/25.*

*PCHA will also reeducate staff members on 8/22/2023 regarding Christ's Home's Electronic Device Policy which states It is the policy of Christ's Home that personal cellular phones are not to be used by an employee while working and in areas where contact with residents, family members, and visitors is likely. All Staff will be provided with a physical copy of this policy for reference and instructed that there is zero tolerance regarding use of personal cell phones on the unit. Additionally notification to all staff of progressive discipline up to and including termination for violation of policy.*

*PCHA & Nurse Manager will conduct twice weekly unit walk throughs for one month ending on 9/22/2023, to ensure personal cell phones are not being used on floors. PCHA or Nurse Manager will reeducate staff immediately following walk through and ongoing.*

*PCHA also assigned all staff the following Online Course via Relias Learning System: Knowing the Rights of Residents 1 hour course with a due date of 9/18/2023.*

*All 2023 Annual Staff Training for all direct care and ancillary staff has been underway and will be completed by the end of this calendar year 12/29/23 by our Staff Educator.*

*42s - Privacy (continued)*

*The Electronic Device policy is currently under review by Corporate Compliance, Human Resources, and Executive Leadership to determine any necessary enhancements; the new policy will be distributed by 9/30/2023 to all Christ's Home Employees for review and acknowledgement.*

**Licensee's Proposed Overall Completion Date:** *09/22/2023*

***Implemented ( - 09/22/2023)***