



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JANUARY 12, 2024

██████████
Administrator
Christian Life Services, Inc.

████████████████████
████████████████████

RE: Christian Life Services
3408-10 North 19th Street
Philadelphia, Pennsylvania 19140
License #: 132791

Dear ██████████:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection May 18, 2023, July 3, 2023, August 10, 2023, and September 21, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 13279 dated April 4, 2023 to April 4, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated April 4, 2023 to April 4, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from January 12, 2024 to July 12, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
16c	2	26	\$5	\$130	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[Redacted], Workload Manager
 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-265-8942

[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *CHRISTIAN LIFE SERVICES* License #: *13279* License Expiration: *04/04/2024*
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*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *07/03/2023*

Inspection Dates and Department Representative

07/03/2023 - On-Site: [REDACTED]
05/18/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44* Residents Served: *26*

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: *5*
Diagnosed with Mental Illness: *26* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/03/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/04/2023*

08/29/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/03/2023

09/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 09/15/2023

12/06/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 07/03/2023, a copy of the current license inspection summary was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 09/05/2023)

The copy of the summary was replaced 07/03/2023 during the inspection. The DCS will check the board daily to ensure the summary issued by the department and a copy of this chapter is posted. If the book or the summary is missing, the staff will immediately replace it. The office manager will be in charge of posting/ replacing the current license.

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented (█ - 12/06/2023)

5a1 - DHS Access

2. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 07/03/2023 at 08:55 AM, an agent of the Department arrived at the home and requested access to the home. The agent was informed that the office did not open until 10:00 AM. The agent requested to be allowed to go in and do the physical inspection while waiting for the arrival of the administrative staff. Staff █, the administrator, responded that █ would rather be present for the entire process. Staff █ assistant to the administrator, arrived at 10:10 AM and asked staff C to clear a room for this agent to work in. The room had some equipment which was cleared out and there were two desks and two chairs. Staff A arrived at 10:35 AM and set this agent in the room, which had a bedbug nymph on the wall. This rep did not get the resident list (with 24 residents on the list) until almost 11:00 AM, which turned out to be incorrect and was provided a new list at 01:30 PM (with the same number but with resident #1 and without resident #2, who was on the 1st list and was getting ADL/IADL services). When requested the discharge resident list since April 2022, the home provided a list with 2 discharged residents. However, the home's census on 06/06/2022 inspection was 32 (census form listed 30 while resident list had 32 residents) and 06/28/2022 census was 30.

Plan of Correction

Accept (█ - 08/29/2023)

The home had a live in staff on sight at the time of inspection 5/18/23 and 7/3/23 that had access to all records. The inspector was informed at the time of inspection, however █ chose to wait for administrator, who explained that █ lived an hour or so away and couldn't get there until 10am. The home administrator/designee will ensure that department representatives will have immediate access to All Residents Records. The administrator has given the home's supervisor/designee/live-in a xtra set of keys to the office. So in the event representatives from the Department BHSL needs immediate access to residents records the homes supervisor/designee will be able to grant access on the spot allowing representatives from BHSL immediate access to the home, resident and residents records. Keys will be audited by supervisor/designee daily.

5a1 - DHS Access (continued)

Licensee's Proposed Overall Completion Date: 08/09/2023

Not Implemented (████ - 12/06/2023)

16c - Written Incident Report

3. 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 03/02/2023, resident #1's █████ visited the home and was told that the resident walked off the home on █████/2023 and that █████ whereabouts was unknown. It was found that the resident admitted █████ to a mental hospital on █████/2023. Staff B said that this incident was reported to the police and the department. When asked a copy of the incident report, the home changed the story and stated that the resident walked off on █████/2023 and that the home was notified of █████ admission to the hospital after 7 or 8 hours by the hospital.

Repeat Violation: 04/06/2022

Plan of Correction

Accept (████ - 08/29/2023)

Client resident #1 took █████ to the hospital on █████ own behalf. Police were called by resident #1 █████. DCS was retrained on 8/9/23 on the importance of incident reporting and the importance of notifying the departments personal care, and 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. The administrator/designee will be notified as soon as an incident occurs within the designated time.

Licensee's Proposed Overall Completion Date: 08/09/2023

Not Implemented (████ - 12/06/2023)

89a - Water Pressure

5. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 07/03/2023, the home's 3rd floor bathrooms did not have enough hot and cold water under pressure to accommodate the needs of the residents in the home.

Plan of Correction

Accept (████ - 09/05/2023)

A water pump was installed on 8/30/23 on the lines of the building, which allows water to flow evenly through out the pipes in the home. DCS/ maintenance will check daily to make sure water pressure is flowing evenly in all bathrooms and contact the front office if there are any problems with the water pressure immediately.

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented (████ - 12/06/2023)

100a - Exterior - Free of Hazards

6. 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

On 05/18/2023, the fenced-in side alley (3410) of the home was lined with mattresses and black trash bags filled with what seemed like bedding. According to Google Maps, these mattresses and trash bags had been there almost a month.

Plan of Correction

Accept (████ - 09/05/2023)

3410 yard is rented out to a private Tennant who uses that area for storage. This area is fenced off and locked. Residents have no access to this area. The Tennant was notified in writing, and a verbal notification was given on 8/9/23. The exterior of the building and building grounds must be in good repair and free of all hazards. Tennant is no longer allowed to have any amount of trash on site, Also it must be stored in a designated area and covered in order to protect from rodents/insects that create a fire hazard, Falls, trips, slips, or other hazards to the grounds. The administrator/designee will monitor the yard daily to ensure.

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented (████ - 12/06/2023)

102h - Toilet Paper

7. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 07/03/2023 at 09:50 AM and at 02:30 PM, there was no toilet paper for the toilets in the bathrooms on the 2nd floor.

Plan of Correction

Accept (████ - 09/05/2023)

The toilet paper was replaced and refilled in the bathroom on the second floor the day of inspection 7/3/23. A log sheet was created and put in place. The DCS/maintenance will conduct rounds daily every hour to ensure that there is toilet paper in the bathrooms and replaced as needed.

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented (████ - 12/06/2023)

102i - Soap Dispenser

8. 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 dispenser in one of the 2nd floor bathrooms.

Plan of Correction

Accept (████ - 09/05/2023)

The soap dispenser was replaced and refilled in the bathroom day of inspection 7/3/23 . on 7/3/23 a log sheet was created and put in place.The DCS/maintenance will conduct rounds daily every hour to ensure that there is an operable soap dispenser and replace soap or repair as needed

Licensee's Proposed Overall Completion Date: 08/30/2023

102i - Soap Dispenser (continued)

Implemented (████ - 12/06/2023)

141a - Medical Evaluation

9. 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.

Description of Violation

The medical evaluation for resident #1 was not completed within 60 days prior to admission or within 30 days after admission of the resident. The resident was admitted on █████/2022 but the resident's medical evaluation was dated █████/2022.

Resident #3 was admitted on █████/2021 but the evaluation was completed on █████/2021.

Plan of Correction

Accept (████ - 08/29/2023)

The physician will complete resident #1's medical evaluation on 8/24/23. Audits were done on all medical evaluations by office manager on 7/15/23. All medical evaluation's that were not completed have been sent back to the physician for corrections. Office massager will audit all medical evaluation's quarterly to ensure this violation doesn't happen again.

Licensee's Proposed Overall Completion Date: 08/08/2023

Not Implemented (████ - 12/06/2023)

141a 1-10 Medical Evaluation Information

10. 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 #3's medical evaluation dated █████/2022 does not include (4) special health or dietary needs.

Plan of Correction

Accept (████ - 08/29/2023)

The physician will complete resident #3's medical evaluation on 8/24/23. Audits were done on all medical evaluations by office manager on 7/15/23. All medical evaluation's that were not completed have been sent back to the physician for corrections. Office massager will audit all medical evaluation's quarterly to ensure this violation

141a 1-10 Medical Evaluation Information (continued)

doesn't happen again.

Licensee's Proposed Overall Completion Date: 08/08/2023

Not Implemented (████) - 12/06/2023)

141b1 - Annual Medical Evaluation**11. 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 █████/2022. Resident #4's most recent medical evaluation was completed on █████/2023. The resident's previous medical evaluation was completed on █████/2019.

Repeat Violation: 04/06/2022

Plan of Correction

Accept (████) - 09/05/2023)

The physician will complete resident #4's medical evaluation on 8/24/23. Audits were done on all medical evaluations by office manager on 7/15/23. All medical evaluation's that were not completed have been completed by the physician for corrections. Office massager will audit all medical evaluation's monthly and notify the PCP and case managers to assist with getting an appointment within the time frame of the expiration date of the medical eval. to ensure this violation doesn't happen again.

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented (████) - 12/06/2023)

162e - Menu Changes**12. Requirements**

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 07/03/2023, waffles and eggs, bran flakes cereal, or toast with butter and jelly were listed on the menu for breakfast, chicken salad or tuna salad for the lunch meal. Residents stated that they had cold cereal and bagel for breakfast. Pizza was served at lunch. According to the residents, no notice was provided to the residents in advance of the meal.

Plan of Correction

Accept (████) - 09/05/2023)

DCS was re-trained 8/9/23 on the importance of notification any change in a menu should be accessible to the residence in advance of the meal. Meal substitutions shall be made in accordance with 2600.161. When providing a change in their meals. DCS/Designee will check daily at each meal time within one hour prior to meal time to ensure all changes are posted in a conspicuous and public place in the home before each meal if there is a change.

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented (████) 12/06/2023)

183e - Storing Medications

13. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 07/03/2023, an opened bottle of Timolol eye drop prescribed for resident #2 was in the home without an open/discard after date. According to the manufacturer's instructions, the eye drop should be discarded 28 days after opening.

Plan of Correction

Accept [redacted] - 09/05/2023)

On 7/3/23 the eye drop medication was discarded and replaced during inspection for resident #2. The home will have an in-service training with all Med Techs on 8/16/23. A train-the-trainer provided the in-service on 8/16/23. The in-service focused on Prescription medications, OTC medications, and CAM, which shall be organized under proper sanitation conditions, temperature, moisture, and light and per the manufacturer's instructions. The Administrative/designee will monitor the med cart and Mars daily for any medication errors for immediate reporting starting 08/30/2023 for the next 30 days. The pharmacist will conduct quarterly audits- effective September 2023.

Licensee's Proposed Overall Completion Date: 08/30/2023

Not Implemented [redacted] 12/06/2023)

187a - Medication Record

14. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 is prescribed Timolol Mal sol 0.5% op. However, the resident's June medication administration record (MAR) does not indicate a diagnosis.

Resident #5 is prescribed Atorvastatin 20 mg, Citracal-Cal tab + D, and Aripiprazole 20 mg. However, the resident's July MAR does not indicate a diagnosis or purpose.

Plan of Correction

Accept ([redacted] 09/05/2023)

On 7/3/23 the mars was updated with the diagnosis for resident #2 and #5. The home will have an in-service training with all Med Techs on 8/16/23. A train-the-trainer performed the in-service on 8/16/23. The in-service will focus on medication records shall be kept to include the following for each resident for whom medications are administered. The Administrative/designee will monitor the med cart and Mars daily for any medication errors for immediate reporting starting 08/30/2023 for the next 30 days. The pharmacist will conduct quarterly audits- effective September 2023.

Licensee's Proposed Overall Completion Date: 08/30/2023

Not Implemented [redacted] - 12/06/2023)

187b - Date/Time of Medication Admin.

15. Requirements

2600.

187b - Date/Time of Medication Admin. (continued)

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed Spiriva Handihaler 18 mcg once daily. The resident's June MAR does not include the initials of the staff person who administered it for the entire month.

Resident #3 is prescribed Atorvastatin 10 mg, Cyclobenzaprine 10 mg, and Trazadone 50 mg at 08:00 PM daily. At 04:20 PM on 07/03/2023, the resident's July MAR had staff initials (DS) for 08:00 PM on 07/03/2023.

Plan of Correction

Accept (CM - 09/05/2023)

On 7/3/23 the mars were updated and initialed for resident #2 and #3. The home will have an in-service training with all Med Techs on 8/16/23. A train-the-trainer performed the in-service on 8/16/23 this training will be on the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. The Administrative/designee will monitor the med cart and Mars daily for any medication errors for immediate reporting starting 08/30/2023 for the next 30 days. The pharmacist will conduct quarterly audits- effective September 2023.

Licensee's Proposed Overall Completion Date: 08/30/2023

Not Implemented (CM - 12/06/2023)

187d - Follow Prescriber's Orders

16. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed Aripiprazole 20 mg and Aripiprazole 5 mg (total of 25 mg) daily at bedtime. However, the resident's actual pill pack displayed Aripiprazole 30 mg.

Plan of Correction

Accept [redacted] - 09/05/2023

Resident #5 PCP was notified on 7/3/23 of the home. The PCP will see Resident#5 on 7/24/23. The home will have an in-service training with all Med Techs on 8/16/23. A train-the-trainer performed the in-service on 8/16/23. This training will be on following prescriber orders. The Administrative/designee will monitor the med cart and Mars daily for any medication errors for immediate reporting starting 08/30/2023 for the next 30 days. The pharmacist will conduct quarterly audits- effective September 2023.

Licensee's Proposed Overall Completion Date: 08/30/2023

Not Implemented [redacted] - 12/06/2023

188b - Medication Error Reporting

17. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #5 is prescribed Aripiprazole 20 mg and 5 mg (total of 25 mg) daily at bedtime. However, the resident was administered Aripiprazole 30 mg on 07/01/2023 and 07/02/2023 at bedtime. The medication error was not immediately reported to the resident, the resident's designated person and the prescriber.

Plan of Correction

Accept [redacted] - 09/05/2023

on 7/3/23 A in-house training was created for all med techs on 8/16/23. A train-the-trainer performed the

188b - Medication Error Reporting (continued)

in-service on 8/16/23. This in-service will include the evaluation of how medication errors are currently reported in the home and identify any weaknesses or gaps in the system that need to be addressed. Educate staff about the benefits of immediately reporting and the role it plays in improving residents' safety. The Administrative/designee will monitor the med cart and Mars daily for any medication errors for immediate reporting starting 08/30/2023 for the next 30 days. The pharmacist will conduct quarterly audits- effective September 2023.

Licensee's Proposed Overall Completion Date: 08/30/2023

Not Implemented () - 12/06/2023)

224a - Preadmission Screen Form

18. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated /2022, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept () 09/05/2023)

The Office manager documented resident #2's preadmission screening form during the inspection 7/3/23. Office manager/designee will check and make the necessary changes and updates to all preadmission screening forms as needed. The administrator/ designee will check the preadmission screening form upon completion to make sure all forms are completed within 30 days of admission to ensure the home can meet the needs of the resident. All resident records will be audited at least annually to make sure they are in compliance. The office manager will be responsible for annual audits on this task.

Licensee's Proposed Overall Completion Date: 08/31/2023

Not Implemented () - 12/06/2023)

19. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on /2022; however, the resident's preadmission screening form was completed on /2022.

Plan of Correction

Accept () - 09/05/2023)

The Office manager documented resident #1's preadmission screening form during the inspection 7/3/23. Office manager/designee will check and make the necessary changes and updates to all preadmission screening forms as needed. The administrator/designee will check the preadmission screening form upon completion to make sure all forms are completed within the 30 days of admission to ensure the home can meet the needs of the resident. All resident records will be audited at least annually to make sure they are in compliance.

Licensee's Proposed Overall Completion Date: 08/31/2023

Not Implemented () - 12/06/2023)

224c - Preadmission Screening

20. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

The preadmission screening form, dated 06/01/2022, for resident #1, admitted on 09/06/2022, does not indicate the title of the person who completed the form.

Plan of Correction**Accept [REDACTED] - 09/05/2023)**

The Office manager documented resident #1's preadmission screening form to indicate the title of the person who completed the form during the inspection 7/3/23. The office manager/designee will check and make the necessary changes and updates to all preadmission screening forms as needed. The administrator/designee will check the preadmission screening form upon completion to make sure all updates and titles of the individuals who have completed the form have been added. All resident records will be audited at least annually to make sure they are in compliance. The office manager will be responsible for annual audits.

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented ([REDACTED] 12/06/2023)

227d - Support Plan Medical/Dental

21. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The summary section of the assessment/support plan for resident #1, dated [REDACTED]/2023, indicates the resident is aggressive; however, it does not document how the behavioral need will be met.

Plan of Correction**Accept [REDACTED] - 09/05/2023)**

The Office manager documented resident #1's aggressive behavior needs are being met on the support plan during the inspection on 7/3/23. The office manager/designee will check and make the necessary changes and updates to all support plans as needed. The administrator/designee will check the support plans upon completion to make sure all updates have been added. All resident records will be audited at least annually to make sure they are in compliance. The office manager will conduct annual audits on medical/ dental plans.

Licensee's Proposed Overall Completion Date: 08/30/2023

Implemented ([REDACTED] - 12/06/2023)

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

Facility Information

Name: *CHRISTIAN LIFE SERVICES* License #: *13279* License Expiration: *04/04/2024*
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*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *28* Waking Staff: *21*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *08/10/2023*

Inspection Dates and Department Representative

08/10/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44* Residents Served: *28*

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: *26* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/10/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/03/2023*

Inspections / Reviews (*continued*)

09/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/13/2023

09/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/30/2023

12/06/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 8-10-23 at 9:04am, an agent of the Department requested access to enter the home . Staff person A informed the agent of the Department that [redacted] would not be allowed to enter the home until [redacted] called the administrator. Staff person A shut and locked the screen door denying the agent of the Department access to the home.

On 8-10-23 at 3:13pm the home was unable to provide the record for resident #1.

Plan of Correction

Accept [redacted] - 09/11/2023)

All records were moved to our new records room on 8/10/23 and they are listed in chronological order/ alphabetical order. Cabinets have locks on them, and the record room door is locked and secured.admin/office manager and supervisor have keys.DC were re- trained 8/16/23 of Hippa and the importance of providing privacy for the sensitive information and the consequences of violating these protocols.CLS is going to implement by 11/1/23 a secure digital record system with a strong password with protection, encryption. Only the admin and authorized users and office management will have access too. DC was re-trained on 8/16/23 and 8/23/23 by administrator the importance of allowing the department to enter the building on request. Office manager will be responsible for this task for records and cabinets.

Licensee's Proposed Overall Completion Date: 09/11/2023

Not Implemented ([redacted] - 12/06/2023)

16c - Written Incident Report

2. 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 8-10-23, Staff person B identified the following residents have not been present to receive their medications from August 1-10, 2023. The medications missed for the resident's were as follows:

- Resident #1: Benztropine tablet 1mg, Haloperidol tablet 5 mg, and Ketoconazole cream 2%
- Resident #2: Benztropine tablet 1mg, Divalproex tablet 500 mg DR, Risperidone tablet 0.5mg, Haloper DEC injection 100 mg/ml

The home did not report these medication errors to the department.

Repeated Violation: 04/06/2022

Plan of Correction

Accept [redacted] - 09/08/2023)

All staff was educated and re-trained on 8//16/23 and 8/23/23 by the train the trainer on reporting incidents and conditions to the department, physician and residents family within the 24 hour window.The admin/designee will

16c - Written Incident Report (continued)

audit med cart/mars daily for the next 30 days daily. The Pharmacy will do quartely audits beginning September 2023

Licensee's Proposed Overall Completion Date: 09/07/2023

Not Implemented (redacted) - 12/06/2023)

17 - Record Confidentiality

3. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 8-10-23, empty plastic bags showing resident names and medications were located in an unsecured garbage pail in the home's medication room.

Plan of Correction

Accept (redacted) 09/08/2023)

On 8/10/23 the trash can was replaced with a lid. MED techs will fold or tear or cross out with a black marker all medication labels before discarding them to prevent client names being visible. a in-service was on 8/16/23 with the train the trainer on the importance of proper disposal, and the potential risk with exposing client information, trash cans will be emptied after each medication pour by the med tech. Admin/Designee will check daily to ensure this doesn't happen again

Licensee's Proposed Overall Completion Date: 09/07/2023

Implemented (redacted) - 12/06/2023)

4. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 8-10-23, at 12:00pm , resident and staff records were found in a storage room. The administrator identified that contractors had access to records while relocating the files in order to paint the office area of the home. During transportation, the records were unlocked, unattended, and accessible to the contractual staff providing the service.

Plan of Correction

Accept (redacted) - 09/11/2023)

On 8/10/23 all records for staff and client were transported within the office and put in a secured storage containers with locks to ensure the privacy of their files. DC were re- trained 8/16/23 of Hippa and the importance of

17 - Record Confidentiality (continued)

providing privacy for the sensitive information and the consequences of violating these protocols. CLS is going to implement a secure digital record system with a strong password protection, and encryption. Only the admin and authorized users and office management will have access. Office manager will check daily to make sure records are locked and put away doing any contractual services are being rendered. This system should be in place by 11/1/2023. office manager will be responsible for this task.

Licensee's Proposed Overall Completion Date: 09/11/2023

Implemented () - 12/06/2023)

85a - Sanitary Conditions

5. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8-10-23, at 9:28am, there was a brown smear of feces located on the door of the 2nd floor bathroom on the left side of the home.

Plan of Correction

Accept () - 09/08/2023)

on 8/10/23 maintenance cleaned and disinfected the surfaces thoroughly. maintenance/DC will provide special attention to the toilet bowl, seat, handle, sink in all surrounding areas after each usage.DC/maintenance will keep track daily. A log sheet will also be put in place to remind staff to check the bathrooms after each use daily.

Licensee's Proposed Overall Completion Date: 09/07/2023

Implemented () - 12/06/2023)

85b - Infestation

6. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 8-10-23 at 11:08 am, the home had a infestation of gnats in the kitchen area of the home.

Plan of Correction

Accept () - 09/08/2023)

On 8/10/23 the kitchen was cleaned and freed up all food debris.Cleaning and sanitizing in the kitchen with vinegar and bleach was used. Also garbage was properly disposed. Exterminator came out on 8/12/23.DC will clean and sanitize daily after each meal.

Licensee's Proposed Overall Completion Date: 09/07/2023

Implemented () - 12/06/2023)

85e - Trash Outside Home

7. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

85e - Trash Outside Home (continued)

Description of Violation

At 8-10-23, the trash container at the exterior of the home was overflowing. The lid was not able to fully close due to the overflow. Additionally, approximately 8 to 10 bags of trash and one broken box fan was observed on the ground next to the trash container.

Plan of Correction

Accept () - 09/11/2023

Cl's has a trash company that picks up our trash three times a week. We were notified by BFI trash company on 8/10/23 that the trash was delayed for that day. The administrator showed the inspector the email from company the day of inspection. The home purchased (4)50 gallon trash cans to remove any access trash from overflowing when the home is notified of any delays with pick up from the private company.

Licensee's Proposed Overall Completion Date: 09/11/2023

Implemented () - 12/06/2023

101j1 - Mattress Fire Retardant

8. Requirements

2600.

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

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

On 8-10-23, at 10:55am, the mattresses in the home still had the shipping plastic covering the mattresses.

Plan of Correction

Accept () - 09/08/2023

on 8/10/23 all beds were inspected . The plastic covers from the new beds were removed immediately.

DC/maintenance will inspect all new beds when new beds are put in the rooms to make sure there's no plastic left on the bed before a resident uses it.

Licensee's Proposed Overall Completion Date: 09/07/2023

Implemented () - 12/06/2023

102h - Toilet Paper

9. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 8-10-23 at 9:21am, there was no toilet paper for the toilet in the bathroom located on the left side area of the home.

Plan of Correction

Accept () - 09/08/2023

on 8/10/23 the toilet paper was replaced. DC/maintenance will keep track daily of how quickly the residents go through the toilet paper. This will help estimate how much toilet paper is needed when it's time to restock. A log sheet will also be put in place to remind staff to check the toilet paper daily..

Licensee's Proposed Overall Completion Date: 09/07/2023

Implemented () - 12/06/2023

103d - Storing Food Off Floor

10. Requirements

- 2600.
- 103.d. Food shall be stored off the floor.

Description of Violation

On 8-10-23 at 11:08am , a cardboard box with bread was stored on the floor in the kitchen area of the home.

Plan of Correction

Accept (█ - 09/11/2023)

Storing food off the floor is essential to maintain cleanliness and prevent potential contamination. On August 10, 2023. We received a shipment from the food pantry. All food that was on the floor was being put out for trash the day of inspection. When food is received from the pantries it is inspected daily by the DC and put in the storage area and also put in the refrigerator where it was labeled and dated. All food will be inspected by DC the moment it arrives ,and thrown away upon delivery.

Licensee's Proposed Overall Completion Date: 09/11/2023

Implemented (█ - 12/06/2023)

141a 1-10 Medical Evaluation Information

11. 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

The resident's medical evaluation for resident #3 did not include the height and temperature.

Plan of Correction

Accept (█ - 09/08/2023)

The physician completed resident #3's medical evaluation on 8/24/23. All medical evaluation's are updated and completed to show the height, weight and temperature on all records. Office massager will audit all medical evaluation's monthly to ensure this violation doesn't happen again.

Licensee's Proposed Overall Completion Date: 09/07/2023

Not Implemented (█ - 12/06/2023)

183f - Discontinued Medications

12. Requirements

- 2600.

183f - Discontinued Medications (continued)

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 8-10-23, at 10:00am ,one red tablet was in the trash and not disposed of properly. The following medication Docusate Sodium tablet belonging to an unidentified resident was not destroyed. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Plan of Correction

Accept ([redacted]) - 09/08/2023)

On 8/10/23 the mar was updated. MED techs will fold or tear or cross out with a black marker all medication labels before discarding them to prevent client names being visible. A in-service for medications was given on 8/16 and 8/23 by the train the trainer. The admin/designee will audit med cart/mars daily for the next 30 days daily. The Pharmacy will do quartely audits beginning September 2023

Licensee's Proposed Overall Completion Date: 09/06/2023

Not Implemented ([redacted]) - 12/06/2023)

187a - Medication Record

13. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #4 is prescribed Citracal Calicum tablet +Dslow, Atorvatatin, and Aripiprazole. However, the resident's medication administration record does not indicate the diagnosis or purpose for these medications.

Plan of Correction

Accept ([redacted]) - 09/08/2023)

On 8/10/23 the mar was updated to indicate the diagnosis and purpose of the medications. A in-service for medications was given on 8/16 and 8/23 by the train the trainer. The admin/designee will audit med cart/mars daily for the next 30 days daily. The Pharmacy will do quartely audits beginning September 2023

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

Not Implemented ([redacted]) - 12/06/2023)

187d - Follow Prescriber's Orders

14. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Benzotropine tablet 1mg, Divalproex tablet 500mg, Risperidone tablet 0.5mg, and Haloper DEC injection 100mg/ml. However, resident #2 did not receive [redacted] medication from 8-1-23-to 8-10-23.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept (████) - 09/08/2023)

On 8/10/23 the mar was updated. A in-service for medications was given on 8/16 and 8/23 by the train the trainer. The admin/designee will audit med cart/mars daily for the next 30 days daily. The Pharmacy will do quartely audits beginning September 2023

Licensee's Proposed Overall Completion Date: 09/06/2023

Not Implemented (████) - 12/06/2023)

188b - Medication Error Reporting

15. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident’s designated person and the prescriber.

Description of Violation

Resident #1 is prescribed Benztropine tablet 1 mg, Haloperidol tablet 5mg, and Ketoconazole cream 2%. However, resident #1 has not received the medications from 8-1-23 to 8-10-23. The medication error was not reported to the designated person and the prescriber.

Resident # 2 is prescribed Benztropine tablet 1 mg, Divalproex tablet 500 mg, Risperidone tablet 0.5 mg, Halper DEC injection 100mg/ml . However, resident #2 has not received the medications from 8-1-23 to 8-10-23. The medication error was not reported to the designated person and the prescriber.

Plan of Correction

Accept (████) - 09/08/2023)

On 8/10/23 the mar was updated. A in-service for medications was given on 8/16 and 8/23 by the train the trainer. The admin/designee will audit med cart/mars daily for the next 30 days daily. The Pharmacy will do quartely audits beginning September 2023

Licensee's Proposed Overall Completion Date: 09/06/2023

Not Implemented (████) - 12/06/2023)

254c - Records Storing

16. Requirements

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator’s designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

On 8-10-23, the record for resident #1 was not available for the department review. In addition the 28 resident records were not stored in an organized and secured manner.

Plan of Correction

Accept (████) - 09/11/2023)

All records where moved to our new records room on 8/10/23 and they are listed in chronological order/ alphabetical order. Cabinets have locks on them, and the record room door is locked and secured.admin/office manager and supervisor have keys.DC were re- trained 8/16/23 of Hippa and the importance of providing privacy for the sensitive information and the consequences of violating these protocols. CLS is going to implement a secure

254c - Records Storing (continued)

digital record system with a strong password protection, encryption. Only the admin and authorized users and office management will have access too. Office manager will check daily when the contractors are in the office for repairs .This system should be in place by 11/1/2023. The office manager will be responsible for this task.

Licensee's Proposed Overall Completion Date: 09/11/2023

Implemented [REDACTED] - 12/06/2023)

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

Facility Information

Name: *CHRISTIAN LIFE SERVICES* License #: *13279* License Expiration: *04/04/2024*
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*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *23* Waking Staff: *17*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *09/21/2023*

Inspection Dates and Department Representative

09/21/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *44* Residents Served: *23*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: *12*
Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/21/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/12/2023*

Inspections / Reviews (*continued*)

11/01/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/06/2023

11/21/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/30/2023

12/06/2023 - Document Submission

Submitted By: [REDACTED] or

Date Submitted: 11/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 09/21/2023 at 09:20 AM, an agent of the Department requested access to the home's medication cart and MARs (medication administration records). Instead of giving access to the medication cart or MARs, staff A advised the agent to wait for the arrival of staff B, who arrived at 09:45 AM but did not give access to the medication cart until 10:58 AM.

Plan of Correction

Accept [redacted] - 11/21/2023)

The inspector was given immediate access to MARs however [redacted] insisted on waiting for the arrival of staff B. The Inspector spoke with staff A and the Administrator (on the phone) and was given verbal confirmation and reassurance that [redacted] had full access to the building and MARs. However, the inspector felt more comfortable waiting for staff B.

All Staff(DC, Med techs and maintenance) were given comprehensive training by administrator on 11/5/2023 on the importance of letting Agents of the Department have the full range of access.

In the future staff will better communicate with DHS and give immediate access upon arrival to the home. The home admin/ designee will incorporate and conduct annual trainings for immediate access and better communication with DHS.

Proposed Overall Completion Date: 11/10/2023

Licensee's Proposed Overall Completion Date: 11/10/2023

Not Implemented ([redacted] - 12/06/2023)

183d - Prescription Current

2. 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

Resident #1's current prescription order dated 09/11/2023 and the resident's September MAR list Amlodipine 10 mg and Risperidone 2 mg once daily and Albuterol as needed. On 09/21/2023, several days' supplies (starting 09/21/2023) of prepackaged pill packs consisting of Amlodipine 10 mg, Divalproex 500 mg, Risperidone 2 mg to be taken at 08:00 AM and Divalproex 500 mg and Trazadone 100 mg to be taken at 08:00 PM prescribed for resident #1 were still in the home's medication cart. The pill packs' package date was 09/16/2023.

Plan of Correction

Accept [redacted] 11/21/2023)

All med techs were retrained by a train-the-trainer on 10/16/2023 on the importance of removing medication from the med cart. The medication was left in the cart to be returned to the pharmacy due to Resident 1 having medication changes and being hospitalized. On the day of inspection 9/21/23 med-tech stored medication in a secured box to be returned to the pharmacy within 48 hrs. Office manager who is a med tech will be responsible for completing this task and making sure all medications are put away in a secured box and returned to pharmacy within 48 hrs. Office manager will audit med cart weekly to ensure all meds are given to pharmacy within the 48hrs. starting on 9/21/23.

Proposed Overall Completion Date: 11/10/2023

183d - Prescription Current (continued)

Licensee's Proposed Overall Completion Date: 11/10/2023

Not Implemented ([redacted] - 12/06/2023)

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 09/21/2023, an opened bottle of Timolol eye drop and an opened bottle of Latanoprost eye drop prescribed for resident #2 were in the home's medication refrigerator. According to the manufacturer's instructions, Timolol should be stored at room temperature (around 25°C) for the best efficacy and Latanoprost should be thrown away after 6 weeks of opening. The Latanoprost bottle was not labeled with an open/discard after date.

Plan of Correction

Accept ([redacted] - 11/21/2023)

On 10/16/2023 Med Tech staff was retrained by train-the-trainer on how to properly store medications based on the manufacturer's instructions and as prescribed.

Starting on 9/21/23 ,the office manager who is a med tech will continue to conduct audits on medication and medication charts weekly.

Licensee's Proposed Overall Completion Date: 11/10/2023

Not Implemented ([redacted] - 12/06/2023)

224a - Preadmission Screen Form

4. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3's preadmission screening form, dated [redacted]/2022, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ([redacted] - 11/21/2023)

On 09/21/2023 office manager corrected the pre-admission screening in front of the inspector.

The office manager who is a med tech will continue to conduct weekly audits starting 9/21/23 on pre-admission screenings.

Proposed Overall Completion Date: 11/10/2023

Licensee's Proposed Overall Completion Date: 11/10/2023

Not Implemented ([redacted] - 12/06/2023)