

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

August 23, 2023

[REDACTED], COO
CHRIST'S HOME

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 06/22/2023 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 **Licen e #:** 13996 **Licen e 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

Staffing Hours

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

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 06/22/2023

Inspection Dates and Department Representative

06/22/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: x

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

06/22/2023 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/15/2023

07/25/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/15/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/30/2023

Inspections / Reviews *(continued)*

07/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/15/2023

08/23/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65c - Ancillary Staff Orientation

1. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person A, whose first day of work was [REDACTED]/2023 and whose responsibilities as food service utility worker include transferring and distributing supplies and portable equipment, signed off a general orientation to his/her job functions on [REDACTED]/2023. On [REDACTED]/2023 around [REDACTED] PM, staff A delivered the dinner cart and prepared the steam table in the home's secured dementia unit (SDCU). While exiting the unit at [REDACTED] PM, the staff let resident #1 out of the unit at the resident's request. Resident #1's assessment/support plan (RASP) dated [REDACTED] 023 indicates that the resident needs regular supervision in the home and cannot leave the home unattended. The staff admitted to having not known how to handle the situation, which should have been included in the orientation.

Plan of Correction

Accept [REDACTED] - 07/27/2023)

1. On 6/23/2023 the PCHA met with the Manager of Contracted staff member A. A Plan for reeducation of all contracted employees within the Dining Department overseen by Flik Hospitality Group was completed.
2. On 7/11/2023 Following the inspection a training was conducted by Flik with the help of PCHA to ensure understanding of Protocols surrounding SDCU and care provided was understood by all current Flik employees within Christ's Home.
3. An Attestation to the knowledge of this training was signed by all contracted employees with FLIK. SEE ATTACHMENT #1 FLIK Contracted staff SDCU training..docx
4. Manager of contracted staff employed by Flik Hospitality Group will continue education with every new hire during their initial orientation, the attestation regarding SDCU will be required and maintained by Flik. This will be ongoing with no stop date.
5. On an On-going Basis, [REDACTED], Maintenance director, or designee Provides the building safety walkthrough at orientation, He will ensure training of SDCU safety during orientation.

Licensee's Proposed Overall Completion Date: 07/25/2023

Implemented [REDACTED] - 08/23/2023)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [REDACTED]/2023, the cabinet in resident #1's bathroom was unlocked and personal hygiene items including Crest toothpaste, with a manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", were unattended and accessible to residents. Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 07/27/2023)

1. The Personal Care Nurse Manager placed the resident's toothpaste back into the resident's locked bathroom cabinet at the time of survey.

82c - Locking Poisonous Materials (continued)

2. Personal Care Nurse Manager followed up with direct care staff to re-educate them on the requirement to maintain residents' personal hygiene products in their locked bathroom cabinets immediately following resident care on 6/22/23 & 6/23/23

3. On 6/23/2023 Regular room audits have been scheduled to check resident rooms for safety hazards and to ensure all poisonous materials have been returned to the locked cabinet. Room audits will be completed by the CNA or Med Tech working in SDCU daily for 1 week, Weekly for one month ending on 7/28/2023, than monthly moving forward with no stop date and completion verified by the Nurse Manager or designee. SEE ATTACHMENT AUDIT FORM UPDATE.

4. On 6/26/2023 Refreshed signage which showed wear and tear were reprinted, and hung in each bathroom in SDCU as a reminder to staff to return items to the locked cabinet when not in use. SEE ATTACHMENT SDCU Signage Refresh.

Licensee's Proposed Overall Completion Date: 07/25/2023

Implemented ([REDACTED] - 08/23/2023)

187d Follow Prescriber's Orders**3. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED] 3 times a day for [REDACTED] with the special instruction of 'hold if systolic BP greater than 120'. However, there was no blood pressure recorded on [REDACTED], and [REDACTED] and the medication was held. The resident's systolic BP was [REDACTED] on [REDACTED] on [REDACTED] meaning the medication should have been held. However, staff initials are present as administered.

Plan of Correction

Accept [REDACTED] - 07/27/2023)

1. On 6/23/2023 the Personal Care Nurse Manager met with staff who missed documentation of Blood Pressures in the residents EMAR to reeducate them on the process of adding supplementary documentation to the MAR and the importance of following prescribers orders and potential health hazards if not done so.

2. On 7/13/2023 PCHA Created an educational information sheet regarding the safety surrounding Midodrine and the information was electronically sent to all Personal and Memory care staff to ensure Per diem staff were also informed of this education. SEE ATTACHMENT #1 MIDODRINE TRAINING. SEE ATTACHMENT #2 CAREFEED

3. On 7/13/2023 The PCHA completed an audit of the MAR for the 1st two weeks of July was completed and no additional errors were found.

4. LPN Shift Supervisor will review the medication administration record report twice weekly on Mondays and Fridays for 30 days starting on 7/13/2023 after ending on 8/11/2023 to ensure all correct documentation on medication has been completed, and reeducate staff as needed on the need for Proper documentation and monitoring is being completed.

5. The Nurse Manager or designee will continue to monitor MARs on a monthly Basis ongoing with no end date to ensure proper documentation.

Licensee's Proposed Overall Completion Date: 07/25/2023

Implemented ([REDACTED] - 08/23/2023)