

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

April 17, 2024

[REDACTED]
CHRISTIAN LIFE SERVICES INC
[REDACTED]

RE: CHRISTIAN LIFE SERVICES
3408 -10 NORTH 19TH STREET
PHILADELPHIA, PA, 19140
LICENSE/COC#: 13279

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2024 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: *CHRISTIAN LIFE SERVICES* License #: *13279* License Expiration: *07/12/2024*
 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, L&I*
 Type: *Other* Date: *10/13/2000* Issued By: *City of Philadelphia, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Provisional, Monitoring* Exit Conference Date: *03/11/2024*

Inspection Dates and Department Representative

03/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *44* Residents Served: *21*
 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: *11*
 Diagnosed with Mental Illness: *21* Diagnosed with Intellectual Disability: *n/a*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

03/11/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/01/2024*

04/05/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/12/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/09/2024*

Inspections / Reviews *(continued)*

04/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

102h - Toilet Paper

2. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On [REDACTED], at approximately [REDACTED] there was no toilet paper for the toilet in the 3rd floor bathroom on the [REDACTED] side of the home.

Repeat Violation: 08/10/23, 07/03/23, et.al.

Plan of Correction

Accept ([REDACTED] - 04/05/2024)

On 3/11/24 The toilet paper was replaced. , a plan of correction to ensure that each toilet is regularly stocked with toilet paper will include implementing a checklist for all staff/maintenance will monitor and restock supplies, and conducting periodic audits to ensure compliance with the new process.staff/maintenance in-house training on the importance of maintaining adequate supplies in each bathroom was conducted on 3/28/24.

Proposed Overall Completion Date: 04/02/2024

Licensee's Proposed Overall Completion Date: 04/02/2024

Implemented ([REDACTED] - 04/17/2024)

141b1 - Annual Medical Evaluation

3. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

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

Repeat Violation: 07/03/23.

Plan of Correction

Accept ([REDACTED] - 04/05/2024)

On [REDACTED] The medical evaluation for resident [REDACTED] was given to PCP to complete.To comply with the regulation that specifies a resident must have a medical evaluation at least annually, a plan of correction will be for the office manager to implement a tracking system to ensure that all residents receive their annual medical evaluations on time. This system will include reminders for office staff for scheduling appointments in advance, and documenting each evaluation in the resident's medical evaluations. A In-house training with office staff on the importance of adhering to this requirement was done on 3/28/24.

Licensee's Proposed Overall Completion Date: 04/02/2024

Implemented ([REDACTED] - 04/17/2024)

162c - Menus Posted

4. Requirements

2600.

162c - Menus Posted (continued)

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On [REDACTED], the home's menu for the current week (March 10th - March 16th, 2024) was posted. However, no additional menus were posted.

Plan of Correction

Accept [REDACTED] - 04/05/2024)

On [REDACTED] The current week menu were posted in a plastic sleeve, the rest of the month was behind the current week in the plastic sleeve, however the inspector never took the other menus out. On [REDACTED] The menus were placed in four separate clear sleeves to identify and display each week. To ensure this violation doesn't happen again The home DC will monitor daily, for posting menus. Conducting daily audits to ensure compliance. A in-house training was provided for staff on [REDACTED] on the importance of menu posting, routine checks, creating a visible and accessible location for posting the menus to make it easily seen by residents, staff and visitors.

Licensee's Proposed Overall Completion Date: 04/02/2024

Implemented [REDACTED] - 04/17/2024)

225c - Additional Assessment

5. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] current assessment was completed on [REDACTED] However, the resident's previous assessment was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 04/05/2024)

On [REDACTED] the assessment was updated. ensuring that these assessments are conducted in a timely manner when required. The office manager will implement a tracking system that will include a 30 day reminders of annual assessments and updates. In-house training was conducted on [REDACTED] on the importance of this violation.

Licensee's Proposed Overall Completion Date: 04/02/2024

Implemented [REDACTED] - 04/17/2024)

252 - Record Content

6. Requirements

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.

252 - Record Content (continued)

- 7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
- 8. A list of prescribed medications, OTC medications and CAM.
- 9. Dietary restrictions.
- 10. A record of incident reports for the individual resident.
- 11. A list of allergies.
- 12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
- 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
- 14. A support plan.
- 15. Applicable court order, if any.
- 16. The resident's medical insurance information.
- 17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
- 18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
- 19. An inventory of the resident's property entrusted to the administrator for safekeeping.
- 20. The financial records of residents receiving assistance with financial management.
- 21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
- 22. Copies of transfer and discharge summaries from hospitals, if available.
- 23. If the resident dies in the home, a copy of the official death certificate.
- 24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
- 25. A copy of the resident-home contract.
- 26. A termination notice, if any.

Description of Violation

Resident [redacted] record does not include race, color of hair, color of eyes, religious affiliation, if any, identifying marks, and the resident's medical insurance information.

Plan of Correction

Accept [redacted] - 04/05/2024)

On [redacted] A new record content was created and updated to residents [redacted] chart. To ensure this violation doesn't happen again the office manager will be conducting a complete audit on all residents charts quarterly to ensure compliance. A in-house training was conducted on [redacted].

Licensee's Proposed Overall Completion Date: 04/02/2024

Implemented [redacted] - 04/17/2024)