



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing date: July 25, 2024

[REDACTED]
[REDACTED]
Christian Life Services, Inc.
[REDACTED]
[REDACTED]

RE: Christian Life Services
3408-10 North 19th Street
Philadelphia, Pennsylvania 19140
License #: 132790

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on June 13, 2024, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

July 18, 2024

[REDACTED]
CHRISTIAN LIFE SERVICES INC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/13/2024 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]

Certificate(s) of Occupancy

Type: I-1 Date: 02/03/2015 Issued By: City of Philadelphia, L&I
Type: Other Date: 01/21/2005 Issued By: City of Philadelphia, L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 20 Waking Staff: 15

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Provisional, Monitoring Exit Conference Date: 06/13/2024

Inspection Dates and Department Representative

06/13/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value, Category, Value. Rows include General Information (License Capacity: 44, Residents Served: 20), Secured Dementia Care Unit (In Home: No, Area, Capacity, Residents Served), Hospice (Current Residents: 0), and Number of Residents Who (Receive Supplemental Security Income: 12, Are 60 Years of Age or Older: 12, Diagnosed with Mental Illness: 20, Diagnosed with Intellectual Disability: 0, Have Mobility Need: 0, Have Physical Disability: 0).

Inspections / Reviews

Table with 3 columns: Date/Type, Lead Inspector, Follow-Up Type, Follow-Up Date. Rows include 06/13/2024 - Full (Lead Inspector: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 07/01/2024) and 07/08/2024 - POC Submission (Submitted By: [Redacted], Date Submitted: 07/17/2024, Reviewer: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 07/11/2024).

Inspections / Reviews (*continued*)

07/17/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

07/18/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/17/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] 1/24, for resident #1 was not signed by the administrator or the administrator designee.

Plan of Correction

Accept [REDACTED] - 07/08/2024)

POC FOR CHRISTIAN LIFE SERVICES

25b Contract Signatures

Violation 2600.25b gb:

Description of Violation: The resident-home contract, dated [REDACTED] /24, for resident #1 was not signed by the administrator or the administrator designee.

In the future, the homes administrator [REDACTED] and the home's office manger shall ensure that all resident PCH Home Contract shall be signed and dated the day of admission within the 24 hour time frame.

Measures that will prevent recurrence of this violation the homes' administrator [REDACTED] and office manger will complete a quarterly audit on ALL residents records and All New Admission into the home.

These steps were completed on: June 13, 2024

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [REDACTED] - 07/18/2024)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Staff person's A and B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, care for

65f - Training Topics (continued)

residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2023.

Plan of Correction

Accept [REDACTED] - 07/08/2024)

POC FOR CHRISTIAN LIFE SERVICES

65f-Training Topics

Violation: 65G- ANNUAL TRAINING CONTENT

Non-compliance with 65g: Staff persons A and B did not receive the required annual training in fire safety, emergency preparedness procedures, recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act, and falls and accident prevention during the training year 2023.

Corrective Actions:

Immediate Action: The home's administrator [REDACTED] has found the required training sessions for staff persons A and B, covering all mandatory topics, including fire safety, emergency preparedness, crisis response, resident rights, the Older Adult Protective Services Act, and falls and accident prevention.

Monitoring: The home's administrator [REDACTED] and the office manger will review training records quarterly to ensure ongoing compliance.

Responsible Person: Administrator [REDACTED] and the office manager.

Monitoring: The administrator [REDACTED] and the office manager will verify compliance through quarterly reviews of training records and spot checks.

Documentation: Keep detailed records of training sessions, including attendance, trainer qualifications, and content covered at the PCH at all times for the departments request.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [REDACTED] - 07/18/2024)

65g - Annual Training Content**3. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff persons A and B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an

65g - Annual Training Content (continued)

onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention during training year 2023.

Plan of Correction

Accept [redacted] - 07/08/2024)

POC FOR CHRISTIAN LIFE SERVICES

65f-Training Topics

Violation a Non-compliance with 65f: Staff persons A and B did not receive training in medication self-administration, resident needs based on preadmission screenings, care for residents with dementia and cognitive impairments, infection control, prevention of conditions associated with immobility, personal care service needs, safe management techniques, and care for residents with mental illness or intellectual disabilities during training year 2023.

Objective:

The administrator [redacted] will ensure that all staff, including staff persons A and B, complete the required training as specified in 65f, covering all mandatory topics. By implementing these corrective actions, Christian Life Services will ensure that all staff, including staff persons A and B, complete the required training in compliance with regulation 65f. This will enhance staff preparedness and ensure the safety and well-being of residents

Immediate Corrective Actions:

Action: Schedule and conduct the required training sessions for staff persons A and B, covering all mandatory topics, including:

Medication self-administration training

Instruction on meeting residents' needs based on preadmission screenings, assessment tools, medical evaluations, and support plans

Care for residents with dementia and cognitive impairments

Infection control and general principles of cleanliness and hygiene

Prevention of conditions associated with immobility (e.g., decubitus ulcers, incontinence, malnutrition, and dehydration)

Personal care service needs of the resident

Safe management techniques

Care for residents with mental illness or intellectual disabilities

Responsible Person: Training Coordinator or appointed designee.

Completion Date:

Proposed Overall Completion Date: 07/01/2024

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [redacted] - 07/18/2024)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

Description of Violation

On 06/13/24, at 4:16 pm, a loofah sponge and a wad of wet, used paper towels were found in the first floor back bathroom.

Plan of Correction

Accept [REDACTED] - 07/08/2024)

POC FOR CHRISTIAN LIFE SERVICES

85a Sanitary Conditions

Violation 2600.85a: Sanitary conditions shall be maintained.

Description of Violation:a loofah sponge and a wad of wet, used paper towels were found in the first floor back bathroom

CORRECTIVE CHANGE/ACTION

In the future the homes administrator [REDACTED] and the home's manger will ensure that All residents bathrooms are to be clean and in good condition free from and debris (loofas sponges and wad of wet ones) at all times.

DCS-Housekeeping-Maintenace shall conduct daily monitoring of All residents bathrooms on All shifts inspections and results of reports will be reported to administrator for corrective action. DCS-Housekeeping and Maintenance has cleaned, sanitized the first floor back bathroom removing the wad of wet ones and loofah sponge

DCS-Housekeeping - Maintenance will be responsible for monitoring all residents bathrooms in the PCH on daily basis twice a day on All shifts and give a report of their findings to the administrator for corrective action. Thereafter, the administrator will review and ensure that all findings are completed and the PCH is in compliance with RCG.

Measures that will prevent recurrence of this violation the homes' administrator [REDACTED] and office manger will complete a daily audits on All Residents Bathrooms free from loofahs sponges and debris.

These steps were completed on: June 13, 2024

Proposed Overall Completion Date: 07/01/2024

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [REDACTED] - 07/18/2024)

95 - Furniture and Equipment

5. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 06/13/24, at 4:20 pm, one of the bench sets in the backyard was missing a seat leaving the frame of the bench exposed.

On 06/13/24, at approximately 4:50 pm, there were no operable lights in room 3c, the 3rd floor "A" side bedroom.

95 - Furniture and Equipment (*continued*)**Plan of Correction**

Accepted [REDACTED] - 07/08/2024)

POC FOR CHRISTIAN LIFE SERVICES

95 - Furniture and Equipment

Description of Violation 2600.95

On 06/13/24, at 4:20 pm, one of the bench sets in the backyard was missing a seat leaving the frame of the bench exposed.

On 06/13/24, at approximately 4:50 pm, there were no operable lights in room 3c, the 3rd floor "A" side bedroom.

The home's administrator [REDACTED] has address these violations and will ensure compliance with regulation 2600.95, the following corrective actions will be implemented:

Bench Replacement: The home's administrator has DCS- Maintenance exposed bench frame in the backyard was been removed immediately to prevent any potential injury to residents.

A new bench was installed by 06/14/24 to replace the damaged bench.

In the future the home's administrator [REDACTED] and office manager shall conduct routine weekly inspections of all outdoor furniture will be conducted by the DCS- Maintenance staff to ensure all items are in good condition and safe for use. Any damaged furniture will be promptly repaired or replaced.

Lighting in Room 3C:

The maintenance team will immediately inspect and repair the lighting in room 3C. New operable lights will be installed by 06/13 /24.

A comprehensive check of all lighting fixtures throughout the facility will be completed by 07/07/24 to ensure all are in working order.

Going forward, a bi-weekly maintenance check will include testing all lighting fixtures to ensure they remain operational. Any issues identified will be addressed within 24 hours.

Future Preventative Measures:

The administrator will ensure that all residents have access to safe and well-maintained furniture and adequately lit rooms.

A new protocol will be established where maintenance logs are reviewed by the administrator bi-weekly to ensure timely resolution of any identified issues.

Staff will receive training on identifying and reporting any maintenance issues immediately to ensure a safe living environment for all residents.

Completion Date:

All corrective actions will be completed by 06/14/24.

The administrator of Christian Life Services has created these policies and procedures to ensure compliance and provide a safe environment for all residents.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [REDACTED] - 07/18/2024)

101j7 - Lighting/Operable Lamp

6. Requirements

2600.

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

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 does not have access to a source of light that can be turned on/off at bedside.

Resident #3 does not have access to a source of light that can be turned on/off at bedside

Plan of Correction

Accept [redacted] - 07/08/2024)

POC FOR CHRISTIAN LIFE SERVICES

101j7 - Lighting/Operable Lam

Description of Violation: Resident #2 does not have access to a source of light that can be turned on/off at bedside.

Resident #3 does not have access to a source of light that can be turned on/off at bedside

CORRECTIVE CHANGE/ACTION

DCS-Housekeeping-Maintenace has removed the broken lamp and replaced it with a new one for Resident #2 and Resident #3

In the future the homes administrator [redacted] and the home's manager will be responsible for ensuring that all residents shall have access to an operable lamp for every resident in the PCH.

DCS-Housekeeping - Maintenance will be responsible for monitoring all lighting in the PCH on daily basis on All shifts and give a report of their findings to the administrator for corrective action. Thereafter, the administrator will review and ensure that all findings are completed and the PCH is in compliance with RCG.

Measures that will prevent recurrence of this violation the homes' administrator [redacted] / office manger will have DCS-Maintenace to conduct daily audits on All resident bedrooms to ensure that each resident have access to operable lamp by their bedside that can be turned on and off at their leisure.

These steps were completed on: June 13, 2024

Proposed Overall Completion Date: 07/01/2024

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [redacted] - 07/18/2024)

103i - Outdated Food

7. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The following items were found in the kitchen refrigerator open, unlabeled, and undated:

- A box of eggs,

103i - Outdated Food (continued)

- A jar of sweet pickle relish,
- A half gallon of Icy Tea.

Plan of Correction

Accept [REDACTED] - 07/08/2024)

POC FOR CHRISTIAN LIFE SERVICES

103i - Outdated Food

*Description of Violation:*The following items were found in the kitchen refrigerator open, unlabeled, and undated: A box of eggs,
A jar of sweet pickle relish, A half gallon of Icy Tea.

CORRECTIVE ACTIONS:

Immediate Action: The home's administrator [REDACTED] had the DCS-Kitchen discard the open, unlabeled, and undated items found in the kitchen refrigerator (a box of eggs, a jar of sweet pickle relish, and a half-gallon of iced tea). These steps were completed on 6/13/24

In the future the homes administrator [REDACTED] the home's manager will be responsible ensuring that all food items in the kitchen refrigerator are properly labeled and dated to comply with regulation 103i, ensuring food safety and hygiene. By implementing these corrective actions, Christian Life Services will ensure that all food items in the kitchen refrigerator are properly labeled and dated, ensuring compliance with regulation 103i and maintaining food safety and hygiene standards.

Action: Daily inspections of the kitchen refrigerator to ensure all items are properly labeled and dated.
Frequency: Weekly.

Action: The home's administrator [REDACTED] and the office Manager will maintain a log of refrigerator inspections, noting the condition of food items and any corrective actions taken. Ensure that the log is reviewed regularly by the kitchen supervisor.

Monitoring: The administrator [REDACTED] and the home's office manager shall conduct daily reviews of the inspection log by the DCS-Kitchen Aid to ensure ongoing compliance.

Responsible Person: DCS Kitchen Aid - Office Manager .

Completion Date: Ongoing, with the first review was June 13, 2024

Verification:

Monitoring: The home's administrator [REDACTED] and the home's office manager and DCS-Kitchen will verify compliance through weekly inspections and monthly log reviews.

Documentation: The home's administrator [REDACTED] and the home's office manager will keep detailed records of inspections, including the condition of food items and any corrective actions taken.

Reporting: The home's office manager shall submit monthly compliance reports to the administrator.

Licensee's Proposed Overall Completion Date: 07/01/2024

103i - Outdated Food (*continued*)*Implemented* [REDACTED] - 07/18/2024)

121a - Unobstructed Egress

8. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 06/13/24, at 4:03 pm, a large trashcan, a mop, a broom and a stand up dustpan blocked egress through the back door of the kitchen.

Plan of Correction*Accepted* [REDACTED] - 07/17/2024)

POC FOR CHRISTIAN LIFE SERVICES

2600.121a - Unobstructed Egress

Description of Violation: On 06/13/24, at 4:03 pm, a large trashcan, a mop, a broom and a stand up dustpan blocked egress through the back door of the kitchen.

CORRECTIVE ACTIONS IMPLEMENTED On June 13, 2024

Immediate Actions: The home's administrator [REDACTED] had DCS- Maintenance relocate the two large refrigerators to a different area of the kitchen where they do not obstruct the exit sign. The home's exit signs are now visible and not blocked this will ensure that the exit signs can be easily identified.

Unobstructed Egress Exits: In the future the home's administrator, [REDACTED], home's office manager and (DCS- Maintenance) will ensure that there will be no unobstructed egress exits in the building (Home-PCH). They shall be responsible for maintaining compliance and ensuring the safety of all residents and staff

Long-Term Solutions:

The home's administrator [REDACTED] and the home's office manager and DCS- Maintenance has re-evaluate Kitchen Layout: A thorough review of the kitchen layout has been conducted to ensure that all emergency exits remain unobstructed. These Steps were completed on June 13, 2024.

Regular Checks: The home's administrator ST and DCS- Maintenance has created A new protocol where daily checks by maintenance staff will be conducted ensuring there are no reassurance of repeat violation. This will be included in the regular safety inspection checklist. These Steps were completed on June 13, 2024.

Staff Training: The home's administrator [REDACTED] will retrained All DCS members on the importance of keeping exit signs visible and the new protocol for regular checks. This training will be documented and added to the annual safety training schedule.

These Steps were completed on June 20, 2024.

121a - Unobstructed Egress (continued)

Monitoring and Compliance:Frequency: Weekly Starting Date was June 13, 2024.

Documentation: The administrator [redacted] and the home's office manager shall maintained to documentation on the weekly checks of exit sign visibility.

Responsible Party:

[redacted], Administrator of Christian Life Services, will oversee the implementation and monitoring of this Plan of Correction to ensure compliance and the safety of all residents and DCS. These Steps were completed on June 20, 2024.

Licensee's Proposed Overall Completion Date: 07/10/2024

Implemented [redacted] - 07/18/2024)

133.1 - Exit Signs

9. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

The exit sign by the kitchen door is hidden by two large new refrigerators and cannot be seen. The home currently serves 20 residents.

Plan of Correction

Accept ([redacted] - 07/17/2024)

POC FOR CHRISTIAN LIFE SERVICES

2600.133.1 - Exit Signs

Description of Violation : The exit sign by the kitchen door is hidden by two large new refrigerators and cannot be seen. The home currently serves 20 residents.

Description of Violation: On 06/13/24, at 4:03 pm, a large trashcan, a mop, a broom and a stand up dustpan blocked egress through the back door of the kitchen.

CORRECTIVE ACTIONS IMPLEMENTED On June 13, 2024

Immediate Actions: The home's administrator [redacted] had DCS- Maintenance relocate the two large refrigerators to a different area of the kitchen where they do not obstruct the exit sign. The home's exit signs are now visible and not

133.1 - Exit Signs (continued)

blocked this will ensure that the exit signs can be easily identified. These Steps was completed on June 13, 2024.

Exits: In the future the home's administrator, [REDACTED], home's office manager and (DCS-Maintenance) will ensure that there will be no unobstructed exits signs in the building (Home-PCH). They shall be responsible for maintaining compliance and ensuring the safety of all residents and staff

Long-Term Solutions:

The home's administrator [REDACTED] and the home's office manager and DCS- Maintenance has re-evaluate Kitchen Layout: A thorough review of the kitchen layout has been conducted to ensure that all exits signs remain unobstructed. These Steps was completed on June 13, 2024

Regular Checks: The home's administrator ST and DCS- Maintenance has created A new protocol where daily checks by maintenance staff will be conducted ensuring there are no reassurance of repeat violation. This will be included in the regular safety inspection checklist. These Steps will take place on June 14, 2024

Staff Training: The home's administrator [REDACTED] will refresher training to All DCS members on the importance of keeping exit signs visible and the new protocol for regular checks. This training will be documented and added to the annual safety training schedule. On June 14, 2024

Monitoring and Compliance:Frequency: Weekly. These Steps will take place on June 14, 2024

Documentation: The administrator [REDACTED] and the home's office manager shall maintained to documentation on the weekly checks of exit sign visibility.

Licensee's Proposed Overall Completion Date: 07/10/2024

Implemented [REDACTED] - 07/18/2024)

227g -Support Plan Signatures

10. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Staff person D, listed as the Personal Care Home Office Manager, completed the assessment and support plan for resident #4. However, the support plan was not signed by any staff persons, including staff person D.

Plan of Correction

Accepted [REDACTED] - 07/17/2024)

.POC FOR CHRISTIAN LIFE SERVICES

227g- RESIDENT RASP Signatures

Violation 2600.227gb:

Non-compliance with 2600.227g Staff person D, listed as the Personal Care Home Office Manager, completed the assessment and support plan for resident #4. However, the support plan was not signed by any staff persons, including staff person D.

In the future, the homes administrator [REDACTED] and the home's office manger shall ensure that all residents RASPS are

227g -Support Plan Signatures (continued)

signed and date on the same day the RASP are completed. By implementing these immediate corrective actions and long-term quality improvement actions, Christian Life Services Personal Care Home aims to ensure that all resident-home contracts are properly signed and dated within the required timeframe, thereby maintaining compliance and improving overall quality of care.

Immediate Corrective Actions "Resident#4 RASP was signed on June 13, 2024.

Action 1: Who The homes administrator [REDACTED] and the office manager has review all residents RASPS for compliance findings were there was no other resident record in non-compliance. What Action Has Been or Will Be Taken: The Administrator and Office Manager will review all current residentS RASP and contracts to ensure they are signed and dated. Any unsigned RASPS will be immediately signed by the Administrator or Office Manager designee. These steps were completed on June 14, 2024

Action 2: Staff Training on Contract Procedures

Who is Responsible: Administrator [REDACTED]

When It Will Be Done: By 07/20/24

What Action Has Been or Will Be Taken: The Administrator will conduct a training session for all staff involved in the admissions process to reinforce the importance of having residents RASP signed and dated by administrator or the homes PCH designee.

Long-Term Quality Improvement Actions

Action 2: Monthly Audits

Who is Responsible: Administrator [REDACTED] and Office Manager

When It Will Be Done: Starting 07/01/24, and ongoing

What Action Has Been or Will Be Taken: The Administrator and Office Manager will conduct monthly audits of ALL resident RASPS to ensure compliance. Any issues will be addressed immediately, and results will be discussed in monthly staff meetings.

Action 4: Quarterly Staff Refresher Trainings

Who is Responsible: Administrator [REDACTED]

When It Will Be Done: Starting 08/01/24, and quarterly thereafter

What Action Has Been or Will Be Taken: The Administrator will hold quarterly refresher training sessions for staff to ensure ongoing compliance with RASPS signing procedures. These sessions will reinforce the importance of timely signatures and provide an opportunity to address any questions or concerns.

Licensee's Proposed Overall Completion Date: 07/10/2024

Implemented [REDACTED] 07/18/2024)