

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

August 8, 2024

[REDACTED], ADMINISTRATOR
CHRISTIAN RESIDENTIAL OPPORTUNITIES & SOCIAL SERVICES, INC.
712 PINOLA ROAD
SHIPPENSBURG, PA, 17257

RE: CHRISTIAN RESI. OPP. & SOCIAL
SVCS. (C.R.O.S.S., INC.)
712 PINOLA ROAD
SHIPPENSBURG, PA, 17257
LICENSE/COC#: 34426

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/16/2024 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 RESI. OPP. & SOCIAL SVCS. (C.R.O.S.S., INC.) License #: 34426 License Expiration: 06/14/2025
Address: 712 PINOLA ROAD, SHIPPENSBURG, PA 17257
County: FRANKLIN Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: CHRISTIAN RESIDENTIAL OPPORTUNITIES & SOCIAL SERVICES, INC.
Address: 712 PINOLA ROAD, SHIPPENSBURG, PA, 17257
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP Date: 09/02/1992 Issued By: Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 6 Waking Staff: 5

Inspection Information

Type: Full Notice: Announced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 07/16/2024

Inspection Dates and Department Representative

07/16/2024 - On-Site: Nadine Neal

Resident Demographic Data as of Inspection Dates

| General Information | | | |
|---|-------|---|-------------------|
| License Capacity: 7 | | Residents Served: 6 | |
| Secured Dementia Care Unit | | | |
| In Home: No | Area: | Capacity: | Residents Served: |
| Hospice | | | |
| Current Residents: 0 | | | |
| Number of Residents Who: | | | |
| Receive Supplemental Security Income: 6 | | Are 60 Years of Age or Older: 1 | |
| Diagnosed with Mental Illness: 0 | | Diagnosed with Intellectual Disability: 6 | |
| Have Mobility Need: 0 | | Have Physical Disability: 0 | |

Inspections / Reviews

07/16/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/01/2024

08/02/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/07/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/09/2024

Inspections / Reviews *(continued)*

08/07/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/16/2024

08/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A who was hired [redacted] completed the Pennsylvania State Police (PSP) Criminal Background Check, which shows the date of request [redacted], this clearance states that it is valid for volunteer purposes only.

Plan of Correction

Directed ([redacted]) - 08/07/2024)

We will do an audit of all current employee background checks at this time to ensure all background checks are compliant with DHS regulations. This audit will be filed and accessible to inspectors. This will be completed by 8/1/24.

Starting on 8/5/24 CROSS will implement a new review form specific to new hire's background checks. This form will be kept in the "Grace Home Staff Files" in its own folder so that is accessible to inspectors at all times.

Attached is the review form. The form requires that the homes Administrator to sign off on all sections once the new hire's Background/criminal History is received. The form will include reviewing the Background Check to ensure it meets all DHS regulations. This form will be kept in the "Grace Home Staff Files" in its own folder so that is accessible to inspectors at all times.

Proposed Overall Completion Date: 08/05/2024

(Directed)

-In addition to the above plan of correction, Staff Member A will have the correct Pennsylvania State Police clearance completed by 8/15/24. The home will retain a copy of the correct clearance and have it on file and available to the Department for review.

Directed Completion Date: 08/05/2024

Implemented ([redacted]) - 08/08/2024)

132e - Fire Drill Sleeping Hours

2. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

A fire drill was conducted during sleeping hours on 6/30/24 at 4:30 AM. The previous sleeping hours fire drill was conducted on 8/28/23 at 6:25 AM.

Plan of Correction

Accept ([redacted]) - 08/02/2024)

The Administrator will review and reeducate the staff member(s) responsible for fire drills on the guidelines required by DHS in regards to fire drills. This will be done by 8/1/24.

We will implement a on-going quarterly audit form that the homes Administrator will be responsible to complete 3 months beginning in August 2024 to ensure monthly fire drills are being completed in accordance with all DHS regulations. This will be filed along side our current monthly fire drill forms and will be accessible to DHS

132e - Fire Drill Sleeping Hours (continued)

inspectors. This will start 8/1/24.

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented (█) - 08/08/2024)

141a - Medical Evaluation**3. 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

Resident #1 was admitted to the home █ however, the initial medical evaluation dated █ was not completed within 60 days prior to admission or within 30 days after the admission of the resident.

Plan of Correction

Accept (█) - 08/02/2024)

Education on DHS regulations on resident admissions will be provided to staff member(s) responsible for new resident's intake. This will be completed and documented by 8/9/2024.

An audit will be completed for all current residents to ensure each resident had 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. This audit will be filed and available to inspectors. This will be completed by 8/1/24.

Licensee's Proposed Overall Completion Date: 08/09/2024

Implemented (█) - 08/08/2024)

184b - Labeling OTC/CAM**4. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 9/16/23 at 1:39 PM there was a █ in the medication cart, which Staff Member B stated belongs to Resident #1. However, Resident #1's name was not documented on the medication.

Plan of Correction

Accept (█) - 08/02/2024)

The Administrator will review with the Medication Coordinator all DHS requirements around code 2600.184. After the reeducation is completed the Medication Coordinator will sign off on a form that this was completed. This will be done by 8/9/24.

An audit will be completed by the Administrator on all the current medications on hand to ensure each is labeled correctly per DHS regulations. This audit report will be filed and will be accessible for DHS inspectors. This will be done by 8/1/24

We will implement a monthly Medication Cart review form to ensure all medication in the cart is labeled correctly

184b - Labeling OTC/CAM (continued)

per DHS regulations. The Administrator, on or before the 1st of each month, before any medication for the next month is administered, will complete this review form. This review form will be kept in a file along side the MAR binder in the medication cart and will be accessible for DHS inspectors. This will begin 9/1/24.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented () - 08/08/2024)

187a - Medication Record

5. Requirements

2600.

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

- 1. Resident's name.

Description of Violation

On 9/16/23 at 1:39 PM there was a [REDACTED], which Staff Member B stated belongs to Resident #1. However, the medication was not documented on the resident's Medication Administration Record (MAR).

Plan of Correction

Accept () - 08/02/2024)

The Medication Coordinator will be reeducated by the Administrator on DHS requirements around code 2600.187. Once this review is completed both the Medication Coordinator and the Administrator will sign a form stating this training took place. This will be done by 8/9/24.

An audit will be completed by the Administrator of each residents current MAR to ensure all medication on hand is listed correctly on the MAR per DHS regulations. This audit will be filed and will be accessible for DHS inspectors. This will be completed by 8/1/24.

We will implement a monthly Medication Cart review form to ensure all medication in the cart listed on the MAR per DHS regulations. The Administrator, on or before the 1st of each month, before any medication for the next month is administered, will complete this review form. This will be kept in a file along side the MAR binder in the medication cart and will be accessible for DHS inspectors. This will begin 9/1/24.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented () - 08/08/2024)

224a - Preadmission Screen Form

6. Requirements

2600.

224a - Preadmission Screen Form (continued)

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 was admitted to the home on [REDACTED] However, the resident's preadmission screening form was not completed.

Plan of Correction

Accept ([REDACTED] - 08/02/2024)

Education on DHS regulations on resident admissions will be provided to staff member(s) responsible for resident's preadmission screening. This will be completed and documented by 8/7/2024.

An audit will be completed by the Administrator of each current residents preadmission screening form to ensure forms were completed with-in 30 days prior to moving into the home per DHS regulations. This audit will be filed and will be accessible for DHS inspectors. This will be completed by 8/5/24

Licensee's Proposed Overall Completion Date: 08/07/2024

Implemented ([REDACTED] - 08/08/2024)

225c - Additional Assessment

7. Requirements

2600.

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

Description of Violation

Resident #2's current assessment was completed on [REDACTED] However, the resident's previous assessment was completed on [REDACTED].

Resident #4's most current assessment was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 08/02/2024)

Education on DHS regulations on annual assessments will be provided by the Administrator to staff member(s) responsible for resident's assessments. This will be completed and documented by 8/5/2024.

An audit will be completed by the Administrator of each residents current annual assessment to ensure all residents assessments were completed with in the appropriate time lines per DHS regulations. This audit will be filed and will be accessible for DHS inspectors. This will be done by 8/1/24.

Resident #4's most current assessment was completed on [REDACTED] (see attached)

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented ([REDACTED] - 08/08/2024)