

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

March 10, 2026

[REDACTED], COO  
CHRIST'S HOME  
[REDACTED]

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 01/08/2026 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 License #: 13996 License Expiration: 01/17/2027  
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**

Type: Other Date: 08/07/2013 Issued By: Township of Warminster

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 41 Waking Staff: 31

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 01/08/2026

**Inspection Dates and Department Representative**

01/08/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 50 Residents Served: 33

**Secured Dementia Care Unit**

In Home: Yes Area: Memory Care Capacity: 14 Residents Served: 8

**Hospice**

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 8 Have Physical Disability: 0

**Inspections / Reviews**

**01/08/2026 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/08/2026

**02/09/2026 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 03/06/2026  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/14/2026

Inspections / Reviews *(continued)*

02/20/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2026

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/09/2026

03/10/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept ( [redacted] - 02/20/2026)

1. On 2/12/2026, the Personal Care Home Administrator prepared an updated a written notification to the Warminster Fire Department indicating the total capacity of the home, a general description of the mobility needs of the residents, and floor plans of the healthcare building's ground, 1st and 2nd floors. See attachment #1 Faxed Fire Marshall Updated Letter 2.12.26

2. On 2/12/2026, the same written notification was sent to the Warminster Fire Department via certified mail with return receipt requested to ensure documented physical receipt of the updated notice. See Attachment #2 Fire Marshall updated letter Certified Mail 2.12.26

3. To ensure ongoing compliance with 2600.124, the Administrator or Designee will:

- A. Maintain all fire department notifications in a dedicated compliance binder.
- B. Re-issue an updated written notice to the fire department when there is a significant change in evacuation assistance needs.
- C. Review the evacuation information in each resident's care plan annually or when there is a significant change requiring an update to the resident support plan and assessment, and ensure the mobility need is appropriately documented in the updated RASP.
- D. Maintain a current census sheet at the Reception desk as well as Personal Care B Wing nurse's office for the Fire Department if a emergency evacuation is needed.

Licensee's Proposed Overall Completion Date: 02/12/2026

Implemented ( [redacted] - 03/10/2026)

132d - Evacuation

2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on 3/25/25 at 12:36am, the home exceeded the maximum safe evacuation time specified in writing within the past year by a fire safety expert (15 minutes). The evacuation time for the fire drill held 3/25/25 was 19 minutes and 18 seconds.

## 132d - Evacuation (continued)

**Plan of Correction**

Accept (█ - 02/20/2026)

1. On 1/9/2026 immediately following the state inspection the Personal Care Home administrator discussed with the director of plant operations that if any future drills exceeds the maximum evacuation time, a repeat drill will be conducted until compliance is achieved.

2. On 2/6/2026 The Nurse Manager created and electronically sent an education to all Personal and Memory Care staff for review with required electronic consent. **See attachment # 1 Electronic Training Material, attachment #2 Fire Education Delivery Receipt 1, & attachment #3 Fire Education Delivery Receipt 2.**

3. On 2/6/2026, the Nurse Manager and Personal Care Home Administrator scheduled mandatory in-person staff meetings, to be conducted from 2/23/2026 through 3/6/2026. Training will include unit walkthroughs and review of fire alarm pull stations, fire towers, fire doors, evacuation routes by fire location, annunciator panel, fire extinguishers, posted evacuation maps, and the Emergency Operations Plan, with emphasis on fire safety procedures. Education will also include ancillary overnight staff (reception and security), who did not respond to the alarm during the 3/25/25 drill. Fire safety education for all Personal Care and Memory Care staff, including overnight ancillary staff, will be completed during in-person staff meetings by 3/6/2026. **See Attachment #4: Fire Safety Staff Meeting Training Materials.**

4. On 2/12/2026, the Personal Care Home Administrator reviewed sign-in sheets for all 2025 fire drills. The review identified that the 3/25/2025 drill had a limited staff response (4 staff) and an extended evacuation time of 19 minutes and 18 seconds. Subsequent drills demonstrated progressive improvement as staff participation increased. On 6/9/2025 (5 staff; evacuation time reduced by 5 minutes), 9/9/2025 (5 staff; further reduced by 8.5 minutes), and 12/17/2025 (6 staff; further reduced by 13 minutes), indicating staffing levels and response as the root cause. Further review confirmed that only one of the four staff present on 3/25/2025 remains employed. The Nurse Manager or designee will review the 3/25/2025 drill and reinforce fire safety and evacuation procedures with the remaining employee by 3/6/2026.

5. A review of the 1/26/2026 drill was reviewed with no evacuation time compliance concerns. The February 2026 drill has yet to be conducted. Starting February 2026 The Personal Care Home Administrator or designee will review fire drill logs monthly to ensure ongoing compliance with the evacuation time required by the fire safety expert and provide ongoing education as needed.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented (█ - 03/10/2026)

## 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 1/8/26, the following medication cards were observed to have a punctured blister foil with the medication still present in the spot- exposing it to contamination or improper sanitation:

- Resident #1's Atorvastatin 10mg tab

## 183e - Storing Medications (continued)

- Resident #2's Alprazolam 0.25mg tab

## Plan of Correction

Accept (█ - 02/20/2026)

1. On 1/13/2026, the Personal Care Home Administrator notified the pharmacy regarding punctured blister cards and additional concerns, including narcotics being delivered without cardboard backing. The pharmacy responded the same day confirming they would address the issue.
2. On 1/28/2026, the pharmacy issued a memo outlining the packaging corrections with an effective start date of 2/1/2026. **See attachment #1 Memorandum\_ Control medication blister cards**
3. On 1/29/2026, the Personal Care Home Administrator received and reviewed a sample blister card with the corrected packaging and approved it for all future medication deliveries. **See attachments #2 & #3 Sample Blister Card Front & Sample Blister Card Back.**
4. On 2/5/2026, the Nurse Manager sent an electronic reeducation reminder to all medication certified staff & Nurses reviewing proper medication storage procedures and the required interventions when a punctured or compromised blister card is identified. **See attachments #4 Medication Storage Material, #5 Medication Storage Delivery Receipt #1 & #6 Medication Storage Delivery Receipt #2**
5. On 2/5/2026, the Nurse Manager updated the weekly and monthly medication cart audit tools to include a mandatory check for punctured, torn, or otherwise compromised blister cards. **See attachments #7 Med Tech Weekly Cart Audit Updated & #8 LPN Monthly Cart Audit Update**
6. On 2/12/2026 the Personal Care Administrator reviewed and updated the medication policy to include proper procedures regarding damaged blister cards. **See attachment #9 Medication Policy Updated**
7. On 2/12/2026 & 2/13/2026 the Personal Care Administrator designee conducted an Audit of all 3 medication carts to review medication proper packaging and sanitation. **See attachment #10 completed medication cart audits 2.13.26**
8. Following a full audit of all carts starting 3/1/2026 LPNs will use the updated audit tool (attachment 7) for their monthly audit and Medication Technicians will start using the updated audit tool for their weekly audit (attachment 8) **See attachment #11 Personal Care Audit Schedule & Attachment # 12 Memory Care Audit Schedule**
8. On 2/12/2026 The Personal Care Administrator created additional training material regarding medication cart audit expectations and well as the medication policy update. These materials will be included in the in person staff meetings scheduled for 2/23/26 - 3/6/26. **See attachment #11 Medication Storage training Materials**

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented (█ - 03/10/2026)

## 251c - Standardized Forms

## 4. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

## 251c - Standardized Forms (continued)

**Description of Violation**

Resident #3's medical evaluation, dated [REDACTED] was not completed on the Department's current standardized form. The assisted living version of the form was used rather than the personal care form.

**Plan of Correction**

Accept ([REDACTED] - 02/20/2026)

1. On 1/9/2026 Immediately following the Annual Inspection the correct and current Personal Care standardized Department Medical Evaluation form was completed, reviewed, and signed for Resident #3 by Dr. [REDACTED] and placed in the resident's record.
2. On 2/5/2026 The Personal Care Administrator updated the current resident file audit to include that the correct DME form was received prior to the resident's admission/readmission to Personal Care. **See attachment #1 PC Resident Record Audit Update & #2 SDCU Resident Record Audit Update**
3. On 2/9/26 a memo was sent to and reviewed with the Skilled Nursing Discharge Social worker regarding the form changes and requirements needed for admission/readmission to Personal Care. A current copy of the correct form is now kept in a Shared drive accessible to all staff involved in the admission process. This same memo will be reviewed with all LPNs due to their involvement with the admission/readmission process during the in person staff meetings scheduled for 2/23/26 - 3/6/26. **See attachment #3 DME form Memo & attachment #4 SNF SW Signed Memo**
4. On 2/12/2026 The Personal Care Administrator designee completed an audit of all current resident records to ensure no other records contained the ALF DME instead of the PCH DME. **See attachment #5 Completed Resident File Audits.**
5. Starting 2/13/2026 If the Department updates the standardized form, the Personal Care Administrator or designee will distribute the updated version to all relevant staff within 24 hours of receipt.
6. Starting 2/13/2026 The Personal Care Administrator or designee will review all new admission/readmission packets weekly for 90 days, and then monthly for 90 days, and Annually moving forward to ensure the correct standardized form continues to be used. (attachments #1 & #2 audit tools will be utilized for this process)

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented ([REDACTED] - 03/10/2026)