

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

April 28, 2026

[REDACTED]  
CHRIST'S HOME  
[REDACTED]

RE: CHRIST'S HOME RETIREMENT  
COMMUNITY  
1 SHEPHERD'S WAY, SUITE 100  
WARMINSTER, PA, 18974  
LICENSE/COC#: 13996

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/26/2026 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:** 44      **Waking Staff:** 33

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 02/26/2026

## Inspection Dates and Department Representative

02/26/2026 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 50      **Residents Served:** 34

## Secured Dementia Care Unit

**In Home:** Yes      **Area:** Memory Care Unit      **Capacity:** 14      **Residents Served:** 10

## Hospice

**Current Residents:** 0

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 34  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 10      **Have Physical Disability:** 0

## Inspections / Reviews

02/26/2026 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/10/2026

04/14/2026 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 04/24/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 04/30/2026

Inspections / Reviews *(continued)*

04/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 42m - Resident Leave/Return

**1. Requirements**

2600.

42.m. A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

**Description of Violation**

From [REDACTED] to present, Resident [REDACTED] has been denied the right to leave the home at anytime without staff assistance due to a Wanderguard placement. Resident [REDACTED] moved into the home on [REDACTED]. Resident's initial document of medical evaluation dated [REDACTED] indicates that the resident does not require dementia related care in a secure area.

On [REDACTED] Resident [REDACTED] was walking around the home and the surrounding campus which contains various other levels of care and different hallways, buildings and entrances and exits. Resident [REDACTED] being new to the home, became lost and was unable to reorient themselves to get back to their personal care apartment. A staff person of the home observed resident [REDACTED] who appeared to be lost at the time and escorted the resident back to personal care. At this time, the home placed a Wanderguard on the resident. Resident # [REDACTED]'s resident assessment and support plan was finalized on [REDACTED] the day after this incident, and identifies this resident's need for supervision off the personal care unit as a moderate need, indicating that the resident 'unintentionally wanders' but then cannot retrace their steps to return to personal care. Resident is able to ambulate independently, is listed as alert and oriented to person, place and time, and is able to make their needs known. However, the home is restricting the residents movements to within the personal care area only.

The Wanderguard sensor locks the doors to the personal care unit when the residents gets close to the doors. The system also emits a loud alarm that can be heard within the home, by staff and other residents. Resident [REDACTED] was informed that they could leave at anytime they wished to go for a walk, however, the resident must first request assistance of a staff person to do so, so that they can deactivate the alarm, and escort resident on their walk. The resident is not permitted to leave the home unescorted at any time. Resident [REDACTED] has expressed that the Wanderguard placement has significantly affected them and makes them feel as if they are a prisoner because they cannot leave due to the locked doors and that they are embarrassed about having an alarm sounding to warn staff of their proximity to a door, and that they are being treated unfairly due to getting lost in a new place one time.

**Plan of Correction**

Accept [REDACTED] 04/13/2026)

1. On 2/26/26 at the time of survey the Personal Care Administrator added a plan of care task to ensure staff were offering resident walks off of the unit three times a day while survey determination was pending.
2. On 3/1/2026 the Personal Care Administrator created a reason for wandering follow-up question to the plan of care tasks to trend and monitor reasons for wandering and to determine how to intervene appropriately based upon responses.
3. On 4/7/2026 The Primary Care physician was notified by the Personal Care Administrator of the outcome of this complaint survey and an order was requested for removal of the wander guard based on survey outcome and the resident's current needs. A verbal order for discontinuation was obtained.
4. On 4/7/2026 at approximately 800am the Nurse Manager discovered that the wander guard had been removed by the resident and was located on the resident's dresser. Following the Complaint Survey results and the PCP

**42m Resident Leave/Return (continued)**

verbal order for discontinuation, the Personal Care Home Administrator notified the LPN on duty and care staff that the device was not to be reapplied.

5. On 4/7/2026 The Nurse Manager reviewed the care planned visual safety checks and a temporary safety plan to increase visual safety checks was increased from one hour to every thirty minutes for one week following wander guard removal to ensure safety and ability to navigate environment. After one week, if the resident demonstrates the ability to navigate [REDACTED] environment and awareness of safe and unsafe areas, safety checks will revert to hourly intervals.

6. On 4/7/26 The Nurse Manager completed an addendum to the residents support plan to address the discontinuation of the wander guard. The addendum was then reviewed, approved, and implemented by the Personal Care administrator. **See attachment #1 Support plan addendum 4.7.26**

7. On 4/7/2026 The Personal Care Administrator reviewed and updated the Personal Care Elopement policy to include a more detailed procedure for wander guard placement and removal. The updated policy requires assessment of elopement risk, care plan documentation, physician ordered interventions, monitoring of safety devices, and time limited use of wander protection with transfer planning when resident needs exceed Personal Care licensure. **See attachment #2 Elopement Prevention - Personal Care.**

8. On 4/8/2026 a new policy was created by the personal care administrator to outline the restraint free environment in Personal Care. **See attachment #3 Restraint Free Environment - Personal Care.**

9. On 4/8/2026 the Personal Care Home Administrator created a physical consent for the application of the wander guard to be used moving forward for all new wander guard assessment and application needs. **See attachment #4 wander guard informed consent form.**

10. On 4/8/2026 a signed written order was obtained by the LPN on duty to remove the wander guard and filed it in the residents clinical chart. **See attachment #5 Discontinuation order.**

11. On 4/9/2026 the Personal Care Administrator and the Nurse Manager developed a in person training in service to train the front line staff on the policy changes and give them an opportunity to get answers to any questions regarding these changes. The review will be completed by 4/24/2026 on all policies attached to this plan of correction. **See attachment #6 elopement and wander protection policy training.**

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented [REDACTED] - 04/28/2026)

**224a - Preadmission Screen Form****2. Requirements**

2600.

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.

## 224a Preadmission Screen Form (continued)

**Description of Violation**

Resident [REDACTED] was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on [REDACTED]

**Plan of Correction**

Accept ([REDACTED] - 04/14/2026)

1. At the time of the inspection on 2/26/2026, the Personal Care Administrator immediately corrected the prescreening form to reflect the required regulatory time frame. The corrected form was implemented the same day.

**See Attachment #1: Corrected Prescreen Form 2/26/2026.**

2. On 2/26/2026, the Personal Care Administrator conducted an audit of all current resident records to verify that prescreening dates were accurate and compliant with regulatory requirements. No additional discrepancies were identified. **See Attachment #2: Prescreen Audits dated 2/26/2026.**

3. As part of the annual re licensing survey conducted on 1/8/2026, the facility implemented a standardized monitoring process requiring the Personal Care Administrator or designee to review all new admission and readmission packets weekly for 90 days, monthly for an additional 90 days, and annually thereafter to ensure the correct standardized prescreening form is utilized in accordance with §2600.224(a).

4. On 4/7/2026, the Personal Care Administrator enhanced the monitoring process by incorporating date auditing into the resident record audit to ensure completeness and accuracy of required prescreen documentation. Date auditing will be conducted on the Annual relicensing survey established review schedule. Weekly for 90 days, monthly for an additional 90 days, and annually thereafter to ensure sustained compliance. Since the time of implementation, no new admissions have occurred requiring completion of this audit. **See Attachment #3: Updated Resident Record Audit Form.**

5. The Personal Care Administrator retains primary responsibility for prescreen form completion and auditing, eliminating reliance on delegated staff and reducing risk of documentation error.

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented ([REDACTED] - 04/28/2026)