STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396125	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christ's Home Retirement Community	1 Shepherd's Way Suite 100 Warminster, PA 18974

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on a review of facility policy, review of employee files, and staff interview, it was determined that the facility failed to initiate an employee criminal background check and complete required abuse training prior to the start of employment for two of five newly hired employees. (Employees E1 and E2)Findings include:Review of the facility policy entitled, Abuse Prevention Policy, last reviewed December 16, 2025, revealed that the facility was to screen potential employees for a history of abuse, neglect, or mistreating residents prior to employment. This included criminal background checks, checking references for previous and/or current employers and collaboration with appropriate licensing boards and registries.Review of employee files revealed the following:Employee 1 (E1) had been working at the facility as a cook since February 10, 2026. The facility failed to conduct a criminal background check, collect references, and document that abuse training had been completed prior to employment. Employee 2 (E2) had been working at the facility as an Assistant Dining Director since January 20, 2026. The facility failed to conduct a criminal background check and document that abuse training had been completed prior to employment.In an interview on February 19, 2026, at 11: 00 a.m., the Administrator confirmed that the required background checks and training had not been completed in a timely manner as per facility policy for E1 and E2. 28 Pa. Code 201.19(7)(8) Personnel policies and procedures.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on facility policy review, clinical record review, observation, and staff interview, it was determined that the facility failed to implement Enhanced Barrier Precautions (EBP) to prevent the spread of infection for one of 12 sampled residents. (Resident 54) Findings include:Review of the facility policy entitled, Enhanced Barrier Precautions, last reviewed December,15, 2025, revealed that when EBP was ordered, staff was to wear a gown and gloves during high contact care activities with residents, such as during incontinence care and hygiene. Clinical record review revealed that Resident 54 had diagnoses that included pressure ulcer of the sacrum (lower back region). On January 10, 2026, the physician ordered that staff use EBP during care for Resident 54 due to the pressure ulcer. On February 17, 2026, at 10:15 a.m., nurse aide (NA) 1 and NA 2 were observed changing Resident 54's brief without wearing gowns in accordance with the facility policy regarding EBP.In an interview on February 18, 2026, at 1:00 p.m., the Director of Nursing confirmed that gowns should have been used during Resident 54's care.28 Pa. Code. 211.10(d) Resident care policies.28 Pa. Code. 211.12(d)(1)(5) Nursing services.