

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396125	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/09/2025
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NAME OF PROVIDER OR SUPPLIER: CHRIST'S HOME RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE: 1 SHEPHERD'S WAY SUITE 100 WARMINSTER, PA 18974
STATE LICENSE NUMBER: 550202	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
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F 0000	INITIAL COMMENT	F 0000		
F 0697 SS=D	Based on a Medicare/Medicaid Recertification survey, State Licensure survey, and a Civil Rights Compliance survey completed on January 9, 2025, it was determined that Christ's Home Retirement Community, was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0697		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0697 SS=D	Continued from page 1 483.25(k) Pain Management §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by:	F 0697	Resident 18 discharged on 1/9/2025 Residents with PRN pain medication orders will be audited to determine compliance with non-pharmacological interventions prior to administration of pain medication. DON and/or nursing supervisor will conduct reeducation for licensed nurses reinforcing the need to attempt and document non-pharmacological interventions prior to administration of pain medications per facility policy. DON or designee will conduct routine audits to verify compliance with documentation of non-pharmacological interventions prior to administration of pain medications. Audit will be conducted weekly for the first 4 weeks and then monthly. Audit results will be reviewed during the monthly Quality Assurance Committee Meetings.	Completion Date: 02/21/2025 Status: APPROVED Date: 01/14/2025

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F 0697 SS=D	Continued from page 2 Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to attempt non-pharmacological interventions to alleviate pain prior to the administration of pain medication prescribed on an as needed basis for one of 12 sampled residents. (Resident 18) Findings include: Review of the facility policy entitled, "Pain Management," last reviewed January 2025, revealed that non-pharmacological interventions should be attempted prior to administration of pain medication that was prescribed on an as needed basis. Clinical record review revealed that Resident 18 had diagnoses that included muscle weakness, cellulitis, and chronic ulcers to the left foot. A physician's order dated December 12, 2024, directed staff to administer tramadol (a pain medication) every 12 hours, as needed, for severe pain. Review of the medication administration records (MAR) for	F 0697		

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F 0697 SS=D	Continued from page 3 December 2024, and January 2025, revealed no evidence that staff attempted non-pharmacological interventions to alleviate pain prior to the administration of tramadol on 13 occasions in December and six occasions in January. There were no documented refusals of non-pharmacological interventions. In interviews on January 8 and 9, 2025, at 2:03 p.m., and 9:12 a.m., the Director of Nursing confirmed that non- pharmacological interventions should be documented in the MAR and that there was no evidence that staff attempted non-pharmacological interventions prior to the administration of the as needed pain medication. 28 Pa. Code 211.12(d)(1)(5) Nursing services.	F 0697		

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F 0755 SS=D	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and</p>	F 0755	<p>DON reeducated RN 1 immediately upon learning of the improper disposal and failure to obtain second witness signature per facility policy.</p> <p>Resident audit conducted- no other residents with fentanyl patch orders.</p> <p>DON and/or nursing supervisor will provide reeducation to licensed nurses on proper disposal of fentanyl patches and need for signature witness per facility policy.</p> <p>DON or designee will conduct routine audits to verify compliance with proper disposal of fentanyl patches. Audit will be conducted weekly for the first 4 weeks and then monthly. Audit results will be reviewed during the monthly Quality Assurance Committee Meetings.</p>	<p>Completion Date: 02/21/2025 Status: APPROVED Date: 01/14/2025</p>

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F 0755 SS=D	Continued from page 5 periodically reconciled. This REQUIREMENT is not met as evidenced by:	F 0755		

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F 0755 SS=D	Continued from page 6 Based on clinical record review, observation, policy review, and staff interview, it was determined that the facility failed to dispose of controlled medications in accordance with facility policy and in a manner to prevent potential diversion for one of five residents observed during the medication pass. (Resident 41) Findings include: Review of the facility policy entitled, "Destruction of Unused Medications," last reviewed January 2025, revealed that "drugs will be destroyed in a manner that renders the drugs unfit for human consumption." Medications were to be destroyed using a "Drug Buster" (a device that renders medications inert prior to disposal) and witnessed by a second licensed nurse. Clinical record review revealed that Resident 41 had diagnoses that included nerve pain. On January 5, 2025, the physician ordered that staff apply fentanyl patch (a narcotic pain medication) 75	F 0755		

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F 0755 SS=D	Continued from page 7 micrograms/hour every three days. On January 8, 2025, at 8:13 a.m., RN 1 administered a fentanyl patch to Resident 41. At that time, she was observed removing the old patch and disposed of it in a syringe disposal container without a witness. In an interview on January 8, 2025, at 12:30 p.m., the Director of Nursing confirmed that RN 1 should have discarded the fentanyl patch in a "Drug Buster" with a second licensed nurse as a witness. 28 Pa. Code 211.9(j.1)(5) Pharmacy services. 28 Pa. Code 211.12(d)(1) Nursing services.	F 0755		



Certified End Page

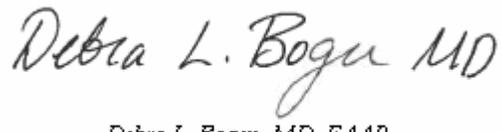
CHRIST'S HOME RETIREMENT COMMUNITY

STATE LICENSE NUMBER: 550202

SURVEY EXIT DATE: 01/09/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY