



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JAN 20 2010

Mr. Rex Barr, Administrator
Chelten Christian Crusade For All People, Inc
605 East Chelten Avenue
Philadelphia, Pennsylvania 19144

RE: Chelten Crusade For All People, Inc.
3635 North 22nd Street
Philadelphia, Pennsylvania 19140

Dear Mr. Barr:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 30, 2009, October 2, 2009 and January 11, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

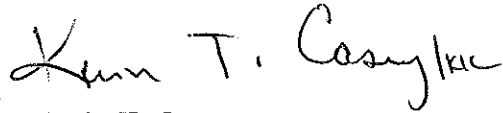
Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

Mr. Rex Barr

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.


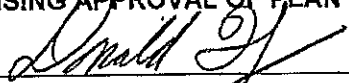
Sincerely,


A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large, stylized "K" and "C".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Chelton Christian Crusade For All People Inc. 3635 North 22nd Street, Philadelphia, PA 19140		CURRENT LICENSE NUMBER 141670	
INSPECTION DATE(S) (Include all dates of the inspection) September 30, 2009 and October 2, 2009		REGIONAL REPRESENTATIVE Laura Helmuth, Michelle Morton, Kimberli Foulkes	
SIGNATURE OF LEGAL ENTITY 	DATE 12-14-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/11/10

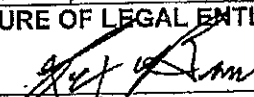

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.	The resident records were stored in a metal tool chest with a lock in the staff bedroom on the first floor. On 9/30/09, the lock was hanging open allowing records to be accessible to anyone. There were no staff persons present in the room.	10/3/09	The staff person was told to keep the files lock, and the important of keeping the record file lock. A notice was posted to remind staff to keep records lock when not in use. The Administrator daily will check locks of all cabinets to make sure this violation does not recur.	1/11/10 

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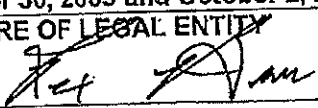
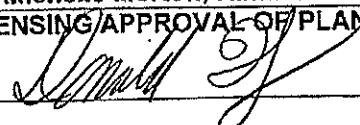
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20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	-The financial record for resident #1 dated 10/1/08 had three columns of numbers but did not have headings to indicate which numbers were withdrawals, deposits, or balances. Records for the resident dated between 4/1/09 and 7/12/09 did not list deposits. There was a balance of \$77 listed on 6/4/09 and a balance of \$18 listed on 6/5/09, but no withdrawal was recorded. -The financial record for resident #2 did not list deposits. A second financial form for resident #2 listed dates, amounts withdrawn, balance and resident signature, but no deposits from 9/25/08 through 7/31/09. There	12/19/09	Financial Records are being updated using the forms the STATE OFFER US. These forms have a heading, withdrawals deposits and Balances For Resident's #1, #2 and Administrator will check records monthly to assure these violation will not recur. NEW FORMS WILL BE UTILIZED FOR ALL TR RESIDENTS 1/11/10	Steps have been taken to correct violation; full compliance is not verifiable 1/11/10 Date Initials (DPW)

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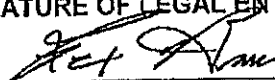
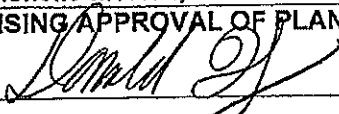
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20b1 – continued	<p>were no financial records after 7/31/09. Resident #2 receives SSI and a personal needs allowance of \$85 each month.</p> <p>-The financial record for resident #3 listed amounts withdrawn from 9/1/09 through 10/1/09, but did not include a current balance. A second financial record for this resident listed dates and two columns of numbers with resident signatures between 9/1/09 and 9/26/09. The record did not include headings to indicate whether the numbers were deposits or withdrawals.</p> <p>-Resident #4 did not have a record of dates, amounts of</p>	12-23-09	<p>Financial Records for Residents #2, 3, 4, ARE now been corrected and updated. Administrator will conduct a monthly audit of Records to make sure this violation do not re cur</p>	

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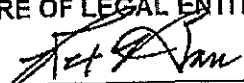
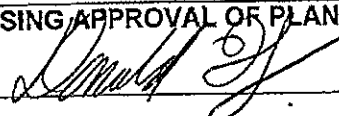
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20b1 – continued	deposits, amounts of withdrawals and the current balance since 4/24/09. According to the quarterly records for this resident from 5/1/09 through 7/30/09, the home did provide financial assistance during that time period. -The financial record for resident # 5 did not include deposits, withdrawals, or balances. There were no financial records for the resident after 7/31/09. Resident #5 receives SSI and a personal needs allowance of \$85 each month. -The financial record for resident #6 showed an ending balance of	12/23/09	RESIDENTS #5 and #6 Financial record are being updated and record and in the future Administrator will do monthly check of All Financial records TO Assure This do not recur.	

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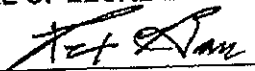
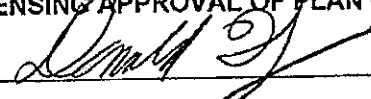
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20b1 – continued	<p>\$5 on 10/1/08, 10/31/08, and 12/1/08. Each of these \$5 amounts were not carried over to the starting balance on the next transaction.</p> <p>-The financial records for resident #7 dated between 5/1/09 and 10/1/09 did not include the current balances.</p> <p>-The financial record for resident #8 did not include the amount withdrawn or the current balance.</p> <p>-The financial record for resident #9 had conflicting information. One page indicated that the resident deposited and withdrew \$85 on the same day through</p>	12/23/09	<p>The Financial Records For Residents # 6, 7, 8, 9, ARE All being reviewed And Corrected by Administrators And in the Future a monthly review of financial records will assure the violation do not recur.</p>	

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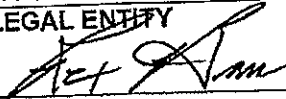
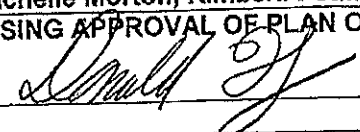
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20b1 – continued	7/31/09. Another page listed dates through 7/31/09 that had three columns of numbers without an indication whether the amounts were withdrawals, deposits or balances. There was no financial record after 7/31/09. Resident #9 receives SSI and a personal needs allowance of \$85 each month.	12/23/09	The Administrator have copied more financial forms that the (DPW) STATE USES AND WILL USE THEM FOR RESIDENT # 9 TO SHOW BALANCES AND DEPOSITS AND ALSO SHOW SSI RECEIPTS AND PERSONAL ALLOWANCES FOR EACH MONTH. Administrator will check monthly TO MAKE SURE THE VIOLATION DO NOT RECUR.	

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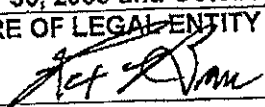
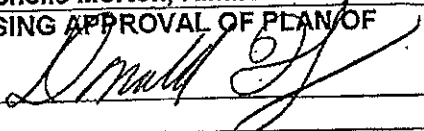
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20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	-The financial record for resident #5 included the resident's signature on 9/1/09 and 10/1/09 but did not have the amount or type of transaction that occurred on those dates. -The financial record for resident #10 listed a withdrawal on 10/1/09. The home did not obtain a written receipt of this transaction from the resident. -The financial record for resident #8 included the resident's signature on 9/1/09 and 10/1/09 but did not have the amount or type of transaction that occurred on those dates. Repeated Violation – 9/22/08	12/23/09	The Financial records For Residents # 5, 10, 8 is now under review by the Administrator to be corrected and a receipt will be giving in the future to residents for all money transaction. Administrator will do a monthly Audit to Assure violations do not recur.	1/11/10 DPW Initials (DPW)

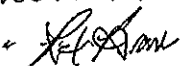
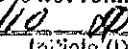
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20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	The financial record for resident #6 included a quarterly statement for 8/1/09 through 10/31/09. The statement was signed by the resident although the quarter was not completed.	12/23/09	Financial record for resident #6 is now under review by Administrator and will be updated and corrected by administrator and resident #6. Administrator monthly will check financial records and will assure violation does not recur. Administrator will assure that residents get a quarterly statement of finances every quarter. 1-11-2010 JLL.	Steps have been taken to correct violation; full compliance is not verifiable 1/11/10 Initials (DPW)

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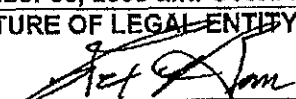

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22a1, 224a 22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.	-The preadmission screening for resident #3 dated 7/10/09 did not indicate whether the home can meet the resident's needs. -The preadmission screening for resident #2 signed by staff on 8/12/08 did not indicate whether the home can meet the resident's needs.	12/28/09	Prescreening admissions forms are now under review by administrators and will corrected and updated for Residents # 2 and # 3. Administrators will conduct a every six month review to assure this violation do not recur. Administrator will oversee all future prescreening to insure compliance.  1-11-2010	Steps have been taken to correct violation; full compliance is not verifiable. 1/11/10 Date:  Initials (DPW)

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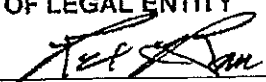

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<p>22a2, 141a</p> <p>22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.</p> <p>141a A resident shall have a medical 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.</p>	<p>Resident # 3 was admitted to the home on 7/10/09. The medical evaluations for this resident were dated 6/30/08 and 9/21/09.</p> <p>Repeated Violation – 9/22/08</p>	<p>12-28-09</p>	<p>This violation is is very difficult for the home because this resident come to us in an emergency situation with no records which it took a little while to obtain new paper work for him right away. The Administrator in the future will insist for paper papers to follow resident or simply will not admit without. This will assure this type of violation will not recur.</p>	<p>1/11/10 09</p>

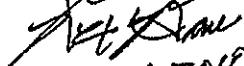
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22a4, 227a 22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission. 227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	The assessment for resident #3 dated 7/11/09 indicated the resident needed "diabetic care" and a diet of "no concentrated sweets." The support plan for this resident dated 7/11/09 did not address these needs.	12/14/09	<p>THE Administrator have Assessment For resident #3 under review and will review support along with it to Assure the needs of residents is recorded</p> <p>AND the both forms have correct information on them. this will Assure violation do not recur.</p> <p>Administrator will audit records monthly To assure future appliance</p> <p>1-11-2010</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 1/11/10 Initials (DPW)</p>

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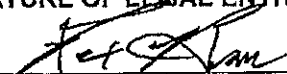
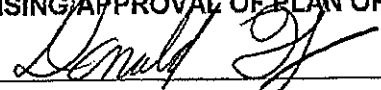
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25c1 The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.	Resident #3's contract dated 7/10/09 did not indicate the amount of the resident's personal needs allowance. Resident #3 receives the SSI supplement.	12/15/09	Administrator went over contract with resident and explain to resident violation. Administrator had made and recorded correct information and initial it Personal need Allowance Administrator will do a monthly ^{periodically} check of OF RESIDENTS TO ASSURE this violation do not recur. Administrator will Audit future contracts MONTHLY to ASSURE future compliance  1-11-2010	Steps have been taken to correct violation; full compliance is not verifiable 1/11/10 DPW initials (DPW)


VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Chelten Christian Crusade For All People Inc. 3635 North 22nd Street, Philadelphia, PA 19140		CURRENT LICENSE NUMBER 141670	
INSPECTION DATE(S) (Include all dates of the inspection) September 30, 2009 and October 2, 2009		REGIONAL REPRESENTATIVE Laura Helmuth, Michelle Morton, Kimberli Foulkes	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 12-14-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/11/10



1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25c2 The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services	The contract for resident #3 dated 7/10/09 did not include the monthly charge for room and board.	12/15/09	Administration discussed with resident #3 the contract and what monthly charges was and resident #3 initiate it and correction was made and Administrator will conduct Periodacally checks of contracts to assure this violation do not recur. Administrator will do monthly check for assurance of updated contracts <i>[Signature]</i> 1-11-2010	Steps have been taken to correct violation; full compliance is not verifiable Date: 1/11/10 Initials (DPW): <i>[Initials]</i>

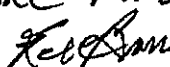
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25c8 The contract shall specify the home's rules related to home services, including whether the home permits smoking.	The contract for resident #2 dated 12/31/08 indicated the home rules were, "no fighting, 11:00pm curfew, no fighting." The contract for resident #7 dated 12/31/08 indicated the home rules were, "no fighting, no weapons, 11:00pm curfew." There are 11 home rules that were posted in the home's dining room.	12/15/09	The Home Rules have been discuss with all residents including resident #2 AND #7 the resident have sign that they have been explained to them and a addendum have been placed in resident's contract with a signature. Administrator made sure all rules was the same in everyone's Record with their signature stating they've be explained. by Administrator Administrator will make sure this violation do not recur.	1/11/10 



VIOLATION REPORT
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25c11 The contract shall include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.	-The contracts for residents #2, #7, #10 dated 12/31/08 did not have the list of personal care services to be provided to the resident or the support plan attached to the contract. -The contracts for residents #3 dated 7/10/09 did not have the list of personal care services to be provided to the resident or the support plan attached to the contract.	12/23/09	CONTRACTS FOR RESIDENTS #2, 7, #10 and #3 is now being reviewed administrator and will be explained to each resident and recorded the services that the home will provided for them and also attache each residents support plan to their contract. Administrator will review Periodacally to Assure violation do not recur. Administrator will review Monthly To Assure Compliance 1-11-2010 	Steps have been taken to correct violation; full compliance is not verifiable Date: 1/11/10 Initials (DPW)

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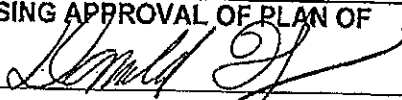
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25c13 The contract shall include information on the resident's rights and complaint procedures.	-The contract for resident #3 dated 7/10/09 did not include the complaint procedures. -The contract for residents #2, #7, and #10 dated 12/31/08 did not include the complaint procedures.	12/14/09	THE CONTRACTS OF RESIDENTS # 2 #3 and # 7 and #10 Now have complaint procedure forms attached to contracts and been explained to them why they suppose to have them in contract. Administration will review contracts periodically to assure no recurrence of this violation Administrator reviews will be monthly To ASSURE COMPLIANCE 1-11-2010 	1/11/10 



**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY <i>Neil D. Am...</i>	DATE 12/14/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donald J...</i>	DATE 1/11/10

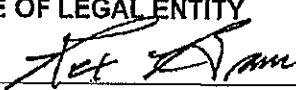

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25d-3SOP If the home collects a resident's rent rebate, the resident-home contract must include the home's intended use of the revenue collected from the rent rebate.	The contracts for residents #2, #3, #7, and #10 did not include the home's intended use of the rent rebate money.	12/14/09	RESIDENTS # 2, 3, 7, and #10 have been explained to by Administrator and recorded in contracts how home Plan on doing with the portion of these Rebate check that the home gets. Administrator periodically will review contracts to Assure theres no recurrence of this violation. Reviews will be done monthly by Administrator To Assure Compliance. 1-11-2010 <i>Neil D. Am...</i>	1/11/10 <i>DPW</i>


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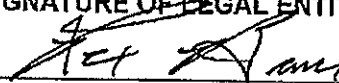

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25d-4SOP A statement signed by the resident, and the resident's designated person if applicable, at the time of admission, informing the resident that the information required in the rent rebate statement of policy is to be kept in the resident's record.	The records for residents #2, #3, #7, and #10 did not include this statement.	12/14/09	This state ^{ment} have been Attached in contract For Resident # 2, 3, 7 and # 10. Administrator will review periodically To Assure no recurrence Administrator will make reviews Monthly To Assure compliance 1-11-2010 	1/11/10 


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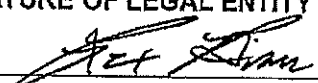

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42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	The blinds in the full bathroom on the second floor were broken and not able to be pulled down to cover the window. This broken blind did not allow residents privacy while using the toilet or shower.	12-14-09	Blind in second floor bathroom have been replaced with a new blind and will be observed daily by staff To make sure this violation do not recur. resident will now have their Privacy with no interference.	1/11/10 

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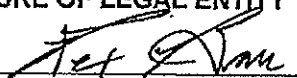

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64f A record of administrator training including the individual trained, date, source, content, length of each course and copies of any certificates received shall be kept.	The training records for Administrator B and Administrator C did not include the medication administration training on 7/31/09 or the CPR training on 1/21/09 or 9/26/09.	12/23/09	Administrators medication training and CPR Training will be recorded ON THE Projected Training log and All Training records will be reviewed quarterly by Administrator to assure No recurrence.	1/11/10 

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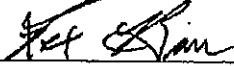

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66b The staff training plan shall include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan shall include the following: (1) The name, position and duties of each direct care staff person.	The staff training plan did not include the position and duties for direct care staff persons A and E.	12/28/09	Administrators is now reviewing all Training Plans and will make all necessary Corrections along with staff Participation. This will assure this violation do not recur. Training records will be reviewed quarterly by administrator.	Steps have been taken to correct violation; full compliance is not verifiable 1/11/10 Date Initials (DPW)

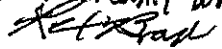
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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>-On 9/30/09 and 10/02/09, a can of 3-in-1 multipurpose oil labeled, "Danger if swallowed do not induce vomiting call a physician immediately," was on the windowsill in the first floor staff bedroom. The staff room was unlocked and accessible to residents. No residents in the home have been assessed to safely use or avoid poisonous materials.</p> <p>On 10/2/09, a bottle of PerCara mouthwash and gargle labeled, "in case of accidental ingestion, seek professional assistance or contact poison control center immediately," was in a box on</p>	<p>12/14/09</p> <p>12/14/09</p>	<p>Administrators And staff had a meeting concerning the importance of staff setting the safety examples and making sure no cleaning products of left out that every thing must be in locked closet or rooms. the Administrator will do periodically checks for these safety issues NO TO recur, Room cannot be locked because of Emergency Passage To EXIT Building.</p> <p>At the meeting the staff was informed that they must always be aware as they go through each clients room to check for poisonous materials or any material she could be unsafe to any residents Administrator will do periodically check To assure no recurrences.</p>	<p>1/11/10</p> <p>dpw</p>


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82c – continued	the dresser behind the door in the first floor bedroom. The bedroom was unlocked and accessible to residents. No residents in the home have been assessed to safely use or avoid poisonous materials.	12/14/09	Room cannot be locked because of EMERGENCY EXIT Administrators will monitor periodically. To assure this violation does not recur STAFF will inspect home daily and report to Administrator immediately with problems. 1-11-2010 	

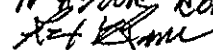
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84 Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters, and radiators, exceeding 120°F that are accessible to the resident, shall be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.	-The radiator in the dining room was not covered and was accessible to touch by residents. -The radiator in the second floor front bedroom had a protective guard that did not prevent residents from touching the radiator. The grid of the guard was large enough to reach through to the radiator. -The radiator in the third floor front bedroom had a protective guard that did not prevent residents from touching the radiator. The grid of the guard was large enough to reach	12/14/09	The Radiators in dining room Second Floor front bedroom, third Floor bedroom front have all be Covered properly with proper materials and STAFF will periodically check for deterioration of radiator covers in future. This will assure this violation do not recur.	1/11/10 


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84 – continued	through to the radiator. -The radiator in the staff bedroom was not covered and was accessible to residents.	12-14-09	STAFF bedroom radiator cover have been covered with new material and radiator will periodically be checked so the violation do not recur. Administrator will inspect home for cover problems weekly to assure compliance 1-11-2010 	



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85a Sanitary conditions shall be maintained.	<p>-In the second floor full bathroom, there was a dark black/brown substance that appeared to be mold and/or mildew covering the area where the bathtub and wall adjoin. The substance was also around the drain and on the built-in soap dishes.</p> <p>-In the second floor full bathroom there was approximately 6-8 drops of dried urine on the left quarter section of the toilet seat.</p> <p>-There was a strong, unpleasant odor permeating the second floor rear bedroom.</p> <p>Repeated Violation – 9/22/08</p>	<p align="center">12/14/09</p>	<p>The second floor Bathroom have been cleaned and sanitizd and sanded and service sealed with caulkin and materials to make walls and services smooth and clean.</p> <p>residents and staff have a meeting on respecting what they do in restroom as for as how they leave it and if you have a accident clean behind yourself or let some one know you couldn't. and this will be a violation and a keep the Bathroom clean sign have been posted and lift the sign up when you urinate staff will check as they are cleaning a moving around home daily to assure this do not recur.</p> <p>STAFF will inspect bath rooms daily and will report problem to Administrator immediately</p>	<p align="center">1/11/10</p> 

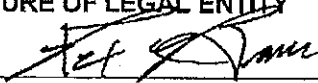

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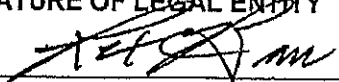

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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	-On 9/30/09, the trash can in the kitchen containing garbage was missing part of the lid and therefore the trash can was not covered. -On 9/30/09, the trash can in the first floor bathroom containing garbage was missing part of the lid and therefore the trash can was not covered.	12-18/09	Administrator will purchase new trash cans in kitchen and first floor toilet room they will have covers, staff will check periodically for and trash cans not in proper working order, this will prevent this violation from recurrence. Staff will inspect daily for compliance 1-11-2010 	1/11/10 


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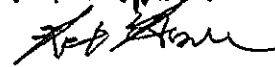
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	On 9/30/09, there was an uncovered trash can outside the home that was three quarters full of trash. Repeated Violation – 9/22/08	12/2/09	Cans without covers have now been discarded And the three cans with covers are efficient enough. STAFF will monitor trash can covers to make sure they there weekly. This will make sure violation do not recur.	1/11/10 

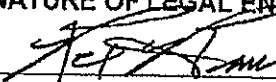

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600



NAME AND ADDRESS OF PERSONAL CARE HOME Cheiten Christian Crusade For All People Inc. 3635 North 22nd Street, Philadelphia, PA 19140		CURRENT LICENSE NUMBER 141670	
INSPECTION DATE(S) (Include all dates of the inspection) September 30, 2009 and October 2, 2009		REGIONAL REPRESENTATIVE Laura Helmuth, Michelle Morton, Kimberli Foulkes	
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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	-On 9/30/09, there was a thick layer of dust on the television and other surfaces as well as a sticky red substance on the end table in the second floor middle bedroom. -The stairs leading from the first floor to the second floor had plastic non-skid pads. The edges were not securely attached to the stairs posing a tripping hazard to the residents.	11/3/09 10/2/09	Room have been clean and dusted End Table with sticky red substance been removed from the room and put out. STAFF will make sure room are cleaned dusted daily to make sure this violation do not recur. stairs leading down from second floor non plastic skid pad have been secured and attached properly to prevent any tripping hazards to the staff or residents. Administrator will periodically survey the stairs to may sure this do not recur, STAFF will inspect daily and notify administrator if problems occur. 1-11-2010	1/11/10 

STAFF will inspect daily and notify administrator if problems occur. 1-11-2010 

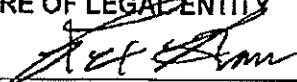

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

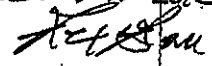
NAME AND ADDRESS OF PERSONAL CARE HOME Chelten Christian Crusade For All People Inc. 3635 North 22nd Street, Philadelphia, PA 19140		CURRENT LICENSE NUMBER 141670
INSPECTION DATE(S) (Include all dates of the inspection) September 30, 2009 and October 2, 2009		REGIONAL REPRESENTATIVE Laura Helmuth, Michelle Morton, Kimberli Foulkes
SIGNATURE OF LEGAL ENTITY 	DATE 12/14/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 1/11/10

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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	On 9/30/09, the water temperature in the sink of the half bathroom on the second floor measured 131.1°F and was steaming.	10/2/09	Hot water was turned down day of inspection it's now at proper temperature so that no one get burned, staff will check temperature weekly to make sure this violation do not recur. any problems will be reported to administrator 1-11-2010 	1/11/10 


For immediate Correction


**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**


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91- Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	-The telephone in the staff room did not have any telephone numbers posted by it. -The telephone in the kitchen did not have any telephone numbers posted by it.	10/2/09 1/12/09	ALL TELEPHONES IN HOME NOW have EMERGENCY NUMBERS posted on them. STAFF will check weekly to MAKE SURE this violation dont recur again ALL required emergency numbers will be posted and Administrator will check weekly to assure being in Compliance - 1-11-2010 	



VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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92 Windows, including windows in doors, shall be in good repair and securely screened when doors or windows are open.	-The second floor middle bedroom did not have a screen in the window. A portable, temporary screen with a tear in it was sitting on the floor next to the window. -The left window in the second floor front bedroom where two residents reside had a "V" shaped crack in the lower right corner of the bottom pane that extended 5.5 inches to the right and 30 inches to the left.	12/14/09 12/28/09	The second floor middle now have a new screen in it and is sitting inside of window frame. STAFF will check screens weekly to make sure this do not recur. The window the crack will be replaced and new pane put in Administrator will check windows periodically to make sure window safe from any harm to residents. This should make this violation not recur.	1/11/10 

Administrator will inspect home weekly for compliance 1-11-2010 

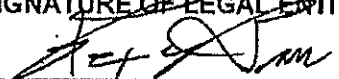

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

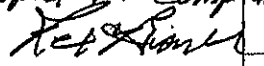
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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	-The handrail on the stairs between the third floor and the second floor was loose and not securely fastened to the banister. <i>1/11/10</i> -There was no handrail for the bottom three steps between the third and the second floor. <i>1/11/10</i> -The railing on the steps in the front of the building from the sidewalk to the first landing on the home's property was not secure. The middle post was corroded and no longer anchored the railing to the ground. The railing was held in place by a piece of twine tied to a bush. <i>1/18/2010</i> Repeated Violation – 9/22/08	<i>10/2/09</i> <i>1/18/2010</i>	New hand rails was put in along with tightening down the old ones Third and Second Floors. AT THE BOTTOM new ones was put in immediately I think this violation will correct the safety issue of the railing. Administrator will periodically check rails to keep this violation from recurrence. Ironman have been called to repair this railing on the front steps this violation will be fix on Administration will check periodically to make sure this violation do not recur. Administrator will inspect weekly to assure compliance 1-11-2010 <i>Let Ason</i>	

EXTERIOR handrail to be repaired by 1-18-2010

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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93b Each porch shall have a well-secured railing.	There was no railing on the porch outside the kitchen door. There was a two foot drop from the porch to the basement bilco doors located next to the porch. The residents use this porch when exiting through the kitchen as an emergency egress route.	12/14/09	Administrator had railing put up and now residents and staff can egress through the kitchen doors in case of emergency, with out any one falling. Administrator will make sure all exits are free from any hazards and continue to monitor periodically so this violation will not recur. Administrator will inspect for compliance weekly. 1-11-2010 	1/11/10



VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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95 Furniture and equipment shall be in good repair, clean and free of hazards	-There was a frayed wire on the light above the door in the second floor full bathroom on the side of the light closest to the bathtub causing a fire hazard.	12/14/09	Wire on Light in Second Floor Full bathroom have been repair and in good working order and is not causing a fire safety issue. Administrator will continue to monitor so there's no recurrence	1/11/10
	-The wall mounted light by the bed by the window in the first floor bedroom had a chain so short the light could not be turned off without touching the hot light bulb, causing a burn hazard to the resident.	12/14/09	New Lamp is now beside residents bed and chain lamp taking out. Administrator will make sure residents furniture are safety free by checking periodically.	
	-The chair by the bed by the window in the first floor bedroom had a nine inch tear in the seat's upholstery.	12/14/09	New chair was put in residents room and very comfortable to resident staff will check chairs in residents rooms as they clean daily this will ensure no recurrence.	

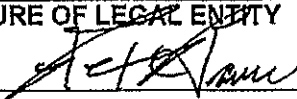
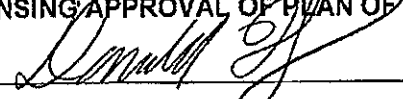
Administrator will inspect home weekly for compliance
 1-11-2010 *[Signature]*

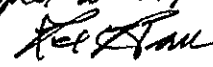

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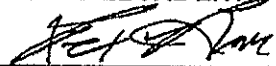

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95 – continued	-The radiator in the "staff room" had multiple electrical cords lying on the radiator and wrapped around the bottom left leg of the radiator. The radiator was warm to the touch at 8:30am on 10/2/09. -The chair in the second floor rear bedroom near the bed by the window had an "L" shaped crack that was nine inches by four inches.	12/14/09 12/14/09	The cords in STAFF'S room have been re routed properly to eliminate any safety hazards. away from Radiator. Administrator will regularly check safety issues in home to make sure violation like this one do not recur. Second floor rear bedroom have new chairs and resident are comfortable with them. staff will make sure furniture in good working order weekly. To assure this violation do not recur.	

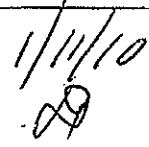
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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the dining room did not have eye coverings or a breathing shield.	12/14/09	THE First Aid Box was Made Complete while inspection was still in effect in THE Future Administration will Make sure Eye covering and breathing shield is tape ON First Aid Box will check periodically. To Make sure this Violation do not recur, Administrator will inspect weekly for Compliance 1-11-2010 	1/11/10 

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101j4 Each resident shall have the following in the bedroom: A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.	-The two residents in the first floor bedroom shared a closet that was one foot wide and did not have enough space to hang the clothing for two people. -The second floor front bedroom where one resident resides did not have closet or wardrobe space big enough to hang clothes.	12-28-09 10-2-09	The Two Resident on First Floor uses the closet that is located right outside of the room and it's very small. Administrator would like for inspector to look at that closet for uses purpose. NEW closet was put in second floor front bedroom during inspection and resident now have plenty of hanging storage space. Administrator will check monthly on space for resident and clothing to make sure this violation do not recur.	1/14/10 

VIOLATION REPORT

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101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	<ul style="list-style-type: none"> -The third floor rear bedroom did not have a shelf or bedside table. -The first floor bedroom did not have a bedside table or a shelf by the bed that was across from the dining room door. -The third floor middle bedroom did not have a bedside table or shelf. -The second floor front where two residents reside did not have a bedside table or shelf. The table in the room was not within reach of the bed. 	12-28-09	<p><i>The Bedside table in third Floor REAR have been moved over by The Bed. The Table was there but resident moves the furniture around at times. explained to that. Must leave the lamp and table by the bed because it's required.</i></p> <p><i>The First Floor Bed room Now have a shelf and lamp by the be we the resident can reach and turn on and off</i></p> <p><i>The Third Floor middle bedroom's bedside Table and lamp is placed beside his bed</i></p> <p><i>The Bed side Tables for the two residents second floor front have been put in order. the resident can reach them from their beds.</i></p>	1/11/10



bedside tables in reach. These four rooms in question are put in reach. For the residents to cut on their lights from their beds. Administrator will monitor so that no violation recur. Administrator will inspect WEEKLY to assure future compliance 1-11-2010 see TAB A & B

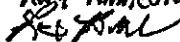
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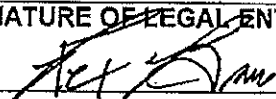

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	<p>-The third floor rear bedroom did not have an operable bedside lamp that could be turned on/off at the bedside. The lamp in the bedroom was located on the other side of the room.</p> <p>-The lamp by the bed next to the window in the second floor rear bedroom was inoperable.</p> <p>-The second floor front bedroom where two residents reside did not have a light that was accessible to residents from the bedside.</p> <p>-The first floor bedroom did not</p>	<p>12/28/09</p> <p>10/2/09</p> <p>12/14/09</p>	<p>Third Floor Rear bedroom Lamp and Table have been placed beside bed. So he can turn on + off the lamp. STAFF will check daily to MAKE SURE THE TABLE STAYS IN PLACE TO AVOID ANY RECURRENCES</p> <p>SECOND FLOOR Rear bedroom next to window is in operating order STAFF will check lamps daily. TO MAKE SURE OF NO recurring violations</p> <p>Lamps are now at bedside and is comfortable to reach from bed. STAFF will check daily while in room cleaning to MAKE SURE the lamps and bed side tables are in working order.</p>	<p>1/11/10</p> <p><i>[Signature]</i></p>


VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

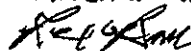
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101j7 – continued	have a bedside lamp by the bed that was across from the dining room door. Repeated Violation – 9/22/08	12/14/09	Lamp is now where resident can reach from the bed and STAFF will make sure that it is working order daily so that there's not a recur of violation. STAFF will inspect home daily and report to administrator any immediate problems? 1-11-2010 	

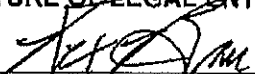

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101m A bedroom may not be used as an exit from or used as a passageway to another part of the home unless in an emergency situation	The staff used the first floor bedroom as a passageway between the dining room and the staff room. Direct care staff person A stated that first floor bedroom is used as a passageway on a regular basis. Repeated Violation – 9/22/08	10/2/09	The bedroom on the first floor is not use as a regular passage way the STAFF AND OTHER resident that's NOT in the room is request to AVOID to get to STAFF'S ROOM requested by Administrator. Administrator will monitor a closes to stop any recurring Violations.	1/11/10 

STAFF have been instructed to use alternate route to get to office to use rear exterior exit only.
 1-11-2010 

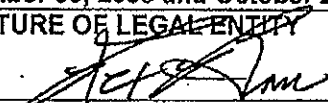

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600



NAME AND ADDRESS OF PERSONAL CARE HOME Chelten Christian Crusade For All People Inc. 3635 North 22nd Street, Philadelphia, PA 19140		CURRENT LICENSE NUMBER 141670	
INSPECTION DATE(S) (Include all dates of the inspection) September 30, 2009 and October 2, 2009		REGIONAL REPRESENTATIVE Laura Helmuth, Michelle Morton, Kimberli Foulkes	
SIGNATURE OF LEGAL ENTITY 	DATE 12/14/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/11/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
101o Bedrooms shall have walls, floors and ceilings, which are finished, clean and in good repair.	The floor in the second floor front bedroom where one resident resides was in disrepair. One tile had 2"x1/2" piece missing from the tile, one tile had a 1 1/2"x1/2" piece missing from the tile, and a third tile had a five inch crack in it.	10/7/09	TILES IN THIS ROOM HAVE BEEN REPLACED AND NEW ONES PUT DOWN. ADMINISTRATOR WILL PERIODICALLY OBSERVE TILE ALL OVER BUILDING FOR MISSING AND BROKEN TILES. THIS WILL MAKE SURE THIS VIOLATION DO NOT RECUR.	1/11/10 09

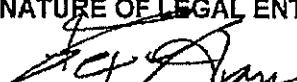

Administrator will inspect home weekly for future compliance
 1-11-2010 


**VIOLATION REPORT
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101r Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	The blinds in the full bathroom on the second floor were broken and not able to be pulled down to cover the window.	10/2/09	The blinds in the full bathroom on the second floor have been replaced with a new blind which was replaced second day of inspection. Administrator will monitor monthly Furnitures and decor items so that this do not recur. Administrator will inspect home weekly To assure compliance 1-11-2010 	1/11/10 

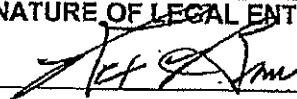

VIOLATION REPORT
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1021 Shelves or hooks for the resident's towel and clothing shall be provided.	-There was no towel rack in the first floor bathroom. -The towel racks in the third floor front bedroom were not labeled. There were two towel racks with towels and two residents shared the room. -The towel rack in the second floor rear bedroom was not labeled. Two residents shared this room.	12/28/09	The Towel Rack in First Floor Bath room is in place for Resident to put their towels when bathing or showering staff will check periodically for no recur of violation. The Towel Racks on Third Floor Front and Second Floor Rear Bedrooms are now labeled with each Resident's Name by his towel rack. Staff will check periodically to make	1/11/10 

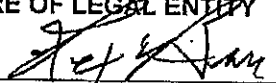

NO Violation Recur.
 Staff will inspect home daily and report any Problems To Administrator 1-11-2010 

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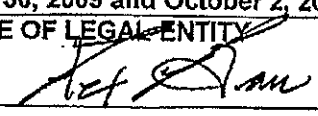

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103b Kitchen surfaces shall be of a nonporous material and cleaned and sanitized after each meal.	The kitchen counter to the left of the hand-washing sink was made of wood.	12/14/09	The Kitchen Counters have now been resurface with non porous material and cleaned and sanitized AFTER EACH MEAL. Administrator will check periodically to make sure STAFF Follows this order of Cleaness. The Ketchin will NOT have a violation recurrence.	1/11/10 

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	There was no thermometer in either of the two freezers in the basement.	10/2/09	THE FREEZERS IN BASEMENT have thermometers in them AND Administrator will periodically check for thermometers so that this violation do not recur. Administrator will inspect weekly to assure compliance 1-11-2010 Felicia	1/11/10 DPW



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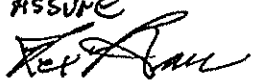
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103g Food shall be stored in closed or sealed containers.	-There were two open, unsealed boxes of cereal on the bottom shelf of the cabinet to the left of the refrigerator in the dining room. -There was a bag of opened, unsealed all-purpose flour on the bottom shelf of the cabinet above the triple sink in the home's kitchen.	12/14/09	The Administrator AND STAFF had a MEETING about this violation. STAFF will check each other when they go into refrigerator they ARE TO check for labels AND UNSEALED ITEMS in Refrigerator Administrator will periodically check. SO THAT THERE BE NO	1/11/10 dx

RECURRENCE OF VIOLATIONS
 STAFF will inspect daily and report problems TO Administrator 1-11-2010 *Ket Dan*



VIOLATION REPORT
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104b Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.	Dietary staff person D reported that the home used plastic and paper products for meals at least three times per week.	10/3/09	CHELTON CHRISTIAN CRUSADE FOR ALL PEOPLE USE plates, Forks SPOONS and KNIVES and Glasses ARE what Administrators buys FOR THE STAFF TO USE each day Administrators do not buy ANY Paper goods FOR STAFF TO USE, Administrator will check periodically TO MAKE SURE THAT'S WHAT'S BEING USED. This is NOT A violation THAT will recur.	1/11/10 



Administrator will Audit weekly To Assure No Problems in Future 1-11-2010 


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107b The home shall have written emergency procedures that include the following: (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.	The home's written emergency procedures did not include the home's plan for confidentiality of the residents' medical information.	12/28/09	<i>THE HOME WILL IMPLEMENT AND ATTACHE CONFIDENTIALITY OF THE MEDICAL INFORMATION OF ADMINISTRATOR WILL PERIODICALLY GO OVER PROCEDURES. SO THAT THIS VIOLATION DO NOT RECUR.</i>	1/11/10 

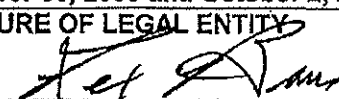

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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	Administrator B acknowledged that the kitchen door is locked at 10:30pm every night with a pad lock. There is an exit door through the kitchen.	12/14/09	THE KITCHEN DOOR TO BE USED AS AN EMERGENCY EXIT do not have a lock on it and NO SAFETY ISSUE FOR EMERGENCY EXIT. Administrator will monitor to make sure that there NO obstruction periodically. This violation should NOT RECUR.	1/11/10 

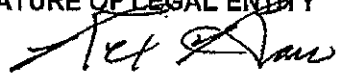

LOCK REMOVED Administrator will inspect weekly To assure compliance 1-11-2010 

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123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	The emergency evacuation diagram in the dining room did not show the evacuation route.	12/14/09	ALL EMERGENCY DIAGRAMS SHOW ALL EXITS AND THE PATH TO GET TO THEM. Administrator will periodically check to make sure they stay posted and no violations should not occur. Administrator will inspect weekly to assure compliance 1-11-2010 	1/11/10 

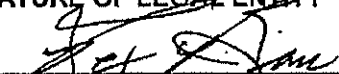

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130b The smoke detectors specified in 130a shall also be located in hallways.	The closest hallway smoke detector to the second floor rear bedroom was 17 feet from the bedroom door.	10/15/09	NEW SMOKE DETECTOR HAS BEEN INSTALLED IN FRONT OF 2ND FLOOR REAR BEDROOM DOOR. Administrator will monitor smokes periodically to make sure violation do not occur. Administrator will inspect home WEEK TO ASSURE COMPLIANCE 1-11-2010	1/11/10


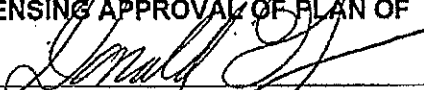
Signature


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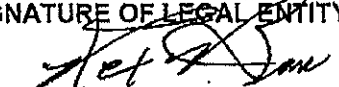
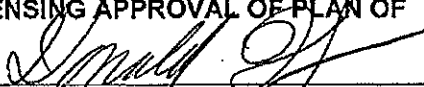
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130f Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.	Direct care staff person A that the smoke detectors and fire alarms are not set off each month and therefore are not tested for operability.	12/15/09	During All Fire Drills The Alarm sounds off and the monitoring company are call to let them know we are having a fire alarm as a test for the home this will be the pattern for the future administrator will monitor monthly to make sure this violation do not recur.	Steps have been taken to correct violation; full compliance is not verifiable Date: 1/12/10 Initials (DPW):

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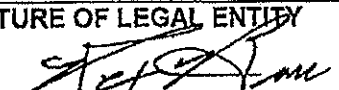

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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	There has not been an inspection or fire drill conducted by a fire safety expert since February of 2008.	10/7/09	AN INSPECTION CONDUCTED BY A FIRE SAFETY EXPERT WAS CONDUCTED ON 10-7-09 BY PHILA FIRE DEPARTMENT. IN THE THE A FIRE SAFETY EXPERT WILL CONDUCT A FIRE DRILL ANNUALLY AND IN A TIMELY MANNER ADMINISTRATOR WILL CONDUCT A FIRE EVERY MONTH OF THE YEAR TO ASSURE THIS VIOLATION DO NOT RECUR. ADMINISTRATOR WILL ASSURE REQUIRE ANNUAL REPORTS 11-2010. <i>Key Bmw</i>	1/11/10 



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132i A fire alarm or smoke detector shall be set off during each fire drill.	Direct care staff person A stated that the fire alarm or smoke detector is not set off during each monthly fire drill. When asked how often "silent" drills are held versus how often the alarm is sounded, staff person A responded "60/40." Fire drill records indicate that the fire alarm was not sounded during fire drills held on 3/22/09, 4/17/09, 5/26/09, 6/22/09, 7/15/09, 8/20/09, or 9/7/09.	12/15/09	All Fire Drills will in the future have the Fire Alarm sounded each month of the year. Administrator will be involve in the monthly Fire of sounding the Alarm through Monitoring Company. This will assure the violation do not recur.	Steps have been taken to correct violation; full compliance is not verifiable 1/13/10 Initials (DPW)

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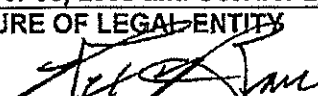

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133a2 If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	There was no exit sign over the living room door. This door leads to the front exit of the home. The front exit is not visible when the living room door is shut.	12/14/09	The HOME HAVE installed An EXIT sign over the Living Room Door TO show the EXIT route to LEAVE Building in case of EMERGENCY Administrator will check monthly be fore fire drills to MAKE SURE RESIDENTS/STAFF EXITS safely From building. This will Assure this violation do not recur. Administrator will inspect weekly To Assure Future Compliance 1-11-2010 	1/11/10 


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133a3 If the home serves nine or more residents, exit sign letters shall be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.	The letters in the exit sign over the front door were three inches in height.	12/14/09	The Home have installed Exit signs with 6" letters to bring this violation up to code. Administrator will check all exit signs before every fire drill this will assure this violation will not recur.	1/11/10 <i>[Signature]</i>


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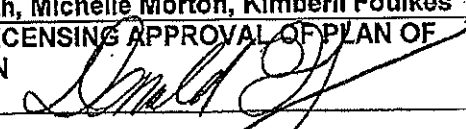
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141a The medical evaluation shall include the following: (6) Immunization history.	Resident #10's medical evaluation dated 1/24/09 did not include immunization history.	12/14/09	<i>Immunization history for resident #10 have been updated in medical evaluation in the future immunization history will be in medical evaluation in timely matter. Administrator will make sure physicians record immunization records correctly annually and if significant change Administrator will check medical evaluation periodically to make sure this violation do not recur.</i>	1/11/10 

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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INSPECTION DATE(S) (Include all dates of the inspection) September 30, 2009 and October 2, 2009		REGIONAL REPRESENTATIVE Laura Helmuth, Michelle Morton, Kimberli Foulkes	
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143a The home shall have a written emergency medical plan that includes the following: (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.	The home's emergency plan did not include any of the required items.	12/14/09	<i>Administrators have attached All required Items that is required in Emergency Plans. Administrators will inspect All Plans quarterly to assure this violation do not recur.</i>	1/11/10 

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144c The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	The designated smoking area of the home is on the front porch which is directly next to the front exit. Repeated Violation – 9/22/08	12/14/09	THE RESIDENTS ARE AWARE THAT THE SMOKING AREA IS IN THE REAR OF THE BUILDING IN THE YARD, POSTERS HAVE BEEN POSTED STATING WHERE THEY ARE SUPPOSE TO SMOKE AND ALSO HAD A MEETING WITH ALL RESIDENTS TELLING THEM AS WELL. ADMINISTRATION AND STAFF WILL MONITOR THIS VERY CLOSE TO ASSURE THIS VIOLATION WILL NOT RECUR.	1/11/10 do

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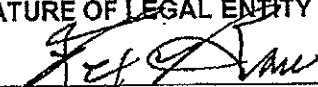

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	Administrator B transported residents in his personal vehicle. This vehicle did not have a first aid kit.	12/14/09	<p>have put a first aid kit in the automobile it will remain there permanently.</p> <p>Administrator C will check monthly to make sure the first aid kit is in tact. This should not be a recurring violation.</p>	1/11/10 <i>[Signature]</i>

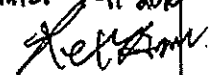

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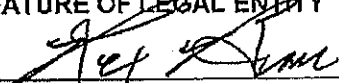
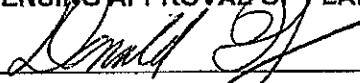
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	The following prescription medications were on the dresser behind the door in the unlocked first floor bedroom: Ammonium Lactate Lotion 12% and Terbinafine Cream 1%.	12/14/09	The lotion for resident in first floor bedroom is now kept in locked cabinet and cream was only in use until finished it. STAFF have since been making sure all prescription drugs are locked in cabinet and make sure what's out on dressers in room do not say poison or keep out of reach of children. Administrators will continue to monitor rooms and remind staff to do so daily. This will assure violation do not recur.	1/11/10 <i>[Signature]</i>

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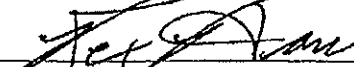
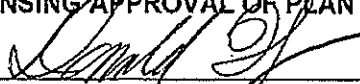
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183c Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.	On 9/30/09 at 2:00pm, there was a lock box containing insulin in the refrigerator. Neither the lock box nor the refrigerator was locked.	12/14/09	The Administrator will check lock boxes when he or she enters building periodically in the future and continue to remind staff about the medication box being locked and refrigerator. This will assure the box to be locked when not in use. This violation will not recur. STAFF will check daily and report problems to Administrator 1-11-2010 	1/11/10 


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186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	The October 2009 medication administration record (MAR) for resident #9 indicated the resident received 1mg of Lorazepam as needed up to three times per day. The medication was administered three times each day from 9/17/09 through 9/30/09. Direct care staff person A stated that the physician had verbally changed the order for Lorazepam from "as needed" to three times daily. This change in medication administration was not made in writing by the physician.	12/14/09	Resident #9's MAR and medication says how many times takes meds daily and how it's administered. Physician have now made the changes on the prescription staff follows what every prescription and medical medication bottles say. Administration will monitor monthly the way the meds are giving out. Physician have instructed pharmacy as what and how many times a day give medication. This violation should not recur. Administrator will inspect logs/label weekly to assure compliance 1-11-2010 Alex Am	1/11/10 A

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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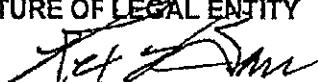

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if	-The October 2009 medication administration record (MAR) for resident #5 did not include the diagnoses for Lantus 100ml, Risperidone 2mg, Risperidone 3mg, or Benzotropine Mesyiate 1mg. -The October 2009 MAR for resident #9 did not include the diagnoses for Haloperidol Decanoate 100mg/1ml, Hydrochlorothiazide 25mg, or Amiodipine 10mg. -The October 2009 MAR for resident #1 did not include the diagnoses for Clozapine 200mg, Clozapine 50mg, or	12/14/09 12/14/09	The MAR for resident #5 have been updated and MAR's have diagnosis been recorded monthly or when needed staff checks when medication come in Resident # 9 & Resident #1 Their Diagnosis is also recorded when we receive it. Administrator in forms staff about checking for diagnosis on MAR and on medication Administrator also checks periodically to assure no recur. or errors Administrator will review logs weekly to stay in compliance 1-11-2010	1/11/10 



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applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	Clozapine 100mg. -Resident #6 receives 4mg of Risperidone at bedtime for psychosis. This medication was not listed on the October 2009 MAR.	12/14/09	Diagnosis for Resident #6 is recorded and put on MAR when received by staff Administrator in the future will make sure that staff checks MAR as they arrive Administrator call physicians to make sure of new diagnosis also periodically or when it's changes. This process will stop violations from recurring.	

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252 Each resident's record shall include the following information: (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (4) Language or means of communication spoken or used by the resident. (5) The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.	-Resident #3's record did not include hair/eye color, address or telephone number for family or designated person, or inventory of personal property. -Resident #7's record did not include the language spoken by the resident, an inventory of belongings, or an emergency contact number for the resident's designated person. -Resident #2's record did not include the telephone number or address for the designated person or the inventory of personal property.	12/14/09 12/14/09 12/14/09	Resident #3 Record have been updated and now include hair/eye color, Address AND Telephone Number for Family and designated Person, ALSO Personal Property Recorded in inventory. Resident #7 Record have been updated to include LANGUAGE spoken, inventory of resident and THE EMERGENCY contact or designated person Resident #2 record its updated with a telephone number and address for the and his inventory belonging and Personal Property Administrator and STAFF check periodically TO MAKE SURE all record in future is complete and EVERY PAGE IS ANSWERED. THIS will assure the violation do not recur, Administrator will review records monthly for Compliance 1-11-2010 	1/11/10 

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(18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.	-Resident #10's record did not include an inventory of personal belongings.	12-14-09	Resident # 10's record now includes inventory belonging and personal Administrator and staff will periodically check the record. Administrator monthly or when needed will check all records to assure the violation do not recur. Administrator will review inventory belonging monthly and will update when needed. 1-11-10 <i>[Signature]</i>	