

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

To operate CHELTEN CHRISTIAN CRUSADE II

Located at 4518 NORTH BROAD STREET, PHILADELPHIA, PA 19141

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 14
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967 P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 17, 2011 until May 17, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 123280

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

MAY 20 2011

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

Ms. Diane Williams, Administrator
Chelten Christian Crusade for All People, Inc.
605 East Chelten Avenue
Philadelphia, Pennsylvania 19144

RE: Chelten Christian Crusade II
4518 North Broad Street
Philadelphia, Pennsylvania 19141

Dear Ms. Williams:

As a result of the Department of Public Welfare's licensing inspection on April 5, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

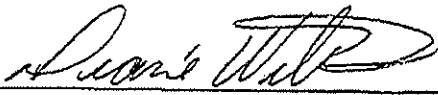

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Acting Director

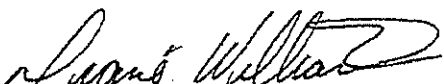

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME CHELTEN CHRISTIAN CRUSADE II, 4518 NORTH BROAD STREET PHILADELPHIA, PA 19141		CURRENT LICENSE NUMBER 123280	
INSPECTION DATES (Include all dates of the inspection) 04/05/2011		REGIONAL REPRESENTATIVE Laura Helmuth, Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 4-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/11/11

REGULATION 55 Pa.Code §2600	VIOLATION	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)	DATE COMPLIANCE VERIFIED BY
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	<p>The home employs two direct care staff persons that both reside at the home. Staff person A works from 10:00am every Tuesday to 4:00pm every Friday. Staff person B works from 4:00pm every Friday to 10:00am every Tuesday.</p> <p>Staff person A's CPR certification expired on 9/28/10. The staff person was re-certified on 2/11/11, but there is no documentation to show that he was certified from 9/27/10 through 2/10/11. Staff person A worked alone at the home during his normal shift throughout that period of time.</p> <p>Staff person B's CPR certification expired on 1/27/09 and his first aid training expired on 3/15/10. The staff person was re-certified in both CPR and first aid on 2/11/11, but there is no documentation to show that he was certified in CPR from 1/28/09 through 2/10/11 or trained in first aid from 3/16/10 through 2/10/11. Staff person B worked alone at the home during his normal shift throughout that period of time.</p>	4-27-11	63a. The home misplaced the First aid and CPR forms for the two staff members. The home has secured copies of proof of certification during the period of time in question. In the future records will be checked quarterly to make sure no documents will be misplaced. It should be pointed out proof of certification had been given for prior two years in annual inspections and incidents when home had dpw agents come out. Also attached are the copies of in question dates of certifications.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>_____ Date Initials (DPW)</p>

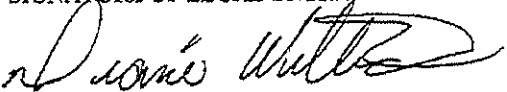

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103i Outdated or spoiled food or dented cans may not be used.	The home's emergency water supply in the basement included 2 gallons of waters that were labeled with an expiration date of 6/25/10.	4-7-11	103i. The homes staff removed the 2 gallons of expired water. The staff now reviews all water and food in home weekly to make sure it has not expired. Home also has a worksheet that staff fills out weekly regarding expired water checks. Administration monitors checks worksheet.	5/11/11


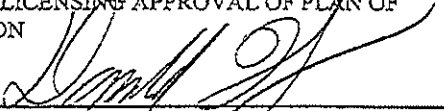
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Page 4 of 7

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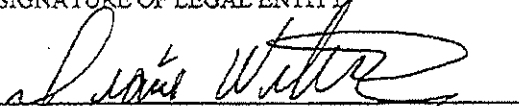
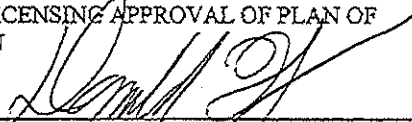
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 4/5/11, 5 packages of antacid tablets, 5 packages of Aspirin, 5 packages of acetaminophen, 3 packages of Hydrocortisone Cream, and 5 packages of burn cream were unlocked and accessible to residents in the home's first aid kit in the dining room.	4-6-11	183b. The first aid kit has been relocated to a locked area in the kitchen. Staff and residents have been made aware of the relocation. Going forward the medications in question will be inaccessible to the residents. Staff will have immediate access to first aid kit by key.	Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW)

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<p>185b</p> <p>At a minimum, the procedures must include:</p> <p>(1) Documentation of the receipt of controlled substances and prescription medications.</p> <p>(2) A process to investigate and account for missing medications and medication errors.</p> <p>(3) Limited access to medication storage areas.</p> <p>(4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive</p>	<p>The home's written procedures for the safe use of medications and medical equipment do not include a system to document the receipt of controlled substances and other prescription medications. On 4/5/11, resident #1's Thioridazine 100mg was not available in the home. The resident receives this medication at bedtime and was administered the last dose on the evening of 4/4/11. The pharmacy did not refill the medication and the home did not check the medications upon delivery from the pharmacy to ensure all current medications were present.</p>	<p>4-7-11</p>	<p>185b. The home wrote new procedures that were in compliance with DPW regulations, also staff will document every medication brought into the home and the amount. The home also switched to the, med on time program, which allows pharmacies to deliver medication 3 days in advance of its due date for the month. This will ensure medication doesn't come on date in which it expired. Also DPW agent observed pharmacist say residents #1 medication would be there on the afternoon of 4/5/11 ahead of the time the resident was due for medication. Administration will do monthly audits to make sure medication is being refilled at least 3 days in advance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/11/11</p> <p>Date: _____ Initials (DPW): _____</p>

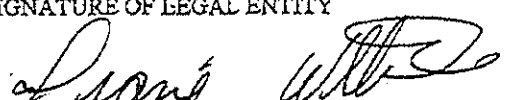
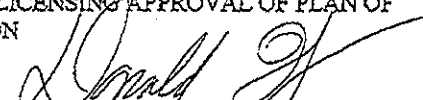
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medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.				

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Page 7 of 7

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190c A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.	The home has two medication administration training documents from 5/5/09 for staff person A and staff person B. Staff person A's training record is the original, and staff person B's training record is a photocopy that is identical to staff person A's training record except for the student's name. The trainer, whose name and signature appears on the document, was contacted by the Department and verified that staff person B's training document was not issued by her.	4-30-11	190c. The home has current and previous year copies of the training documents. In the future the home will do a better job at maintaining certification of medication administration by double checking and sign every training received by staff and administration.	Steps have been taken to correct violation; full compliance is not verifiable. Date: 5/11/11 Initials (DPA):