

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 FOR ALL PEOPLE, INC.

Located at 3635 NORTH 22ND STREET, PHILADELPHIA, PA 19140

ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE

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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 February 17, 2012 until February 17, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 141670

*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

FEB 28 2012

PHONE: (717) 783-3670

FAX: (717) 783-5662

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

RE: Chelten Christian Crusade For All People, Inc.  
3635 North 22<sup>nd</sup> Street  
Philadelphia, Pennsylvania 19140

Dear Mr. Barr:

As a result of the Department of Public Welfare's licensing inspection on November 14, 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 'Ronald Melusky'.

Ronald Melusky  
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 FOR ALL PEOPLE, INC, 3635 NORTH 22ND STREET PHILADELPHIA, PA 19140		CURRENT LICENSE NUMBER 141670	
INSPECTION DATES (Include all dates of the inspection) 11/14/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Amy Scharpf	
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 <i>Ry Brewer</i>	DATE 1/24/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Amy Scharpf</i>	DATE 01-26-12

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
<p>25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.</p> <p>25g A copy of the signed admission contract shall be given to the resident and a copy shall be filed in the resident's record.</p>	<p>The contract for resident #1 was not signed by the administrator or a designee.</p> <p>A copy of the contract for resident #1 was not given to the resident.</p>	<p>1/14/11</p>	<p>Violation 25b and g The contract for resident 1 was immediately signed by admin on 11/14/11. A copy of signed contract was offered to the resident and was documented as so on the contract. Going forward all contracts will be reviewed on a bi annual basis by administration. copy of current contracts will be reviewed all residents by 12/10/11.</p> <p><i>Admin or designee will double check all new admission records to insure compliance w/ regulations.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: _____ Initials (DPW): _____</p>

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		CURRENT LICENSE NUMBER 141670	
INSPECTION DATES (include all dates of the inspection) 11/14/2011	REGIONAL REPRESENTATIVE Roslyn Brewer, Amy Scharpf		
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 <i>Roslyn Brewer</i>	DATE 1/24/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Kroszka</i>	DATE 01-26-12

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
107b The home shall have written emergency procedures that include the following: (1) Contact information for each resident's designated person. (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality. (3) Contact telephone numbers of municipal and state emergency management agencies and local resources for housing and	The home's emergency procedures refer to an emergency "red book" to find the following information: -Contact information for each resident's designated person. -Means of transportation in the event that relocation is required. -Duties and responsibilities of staff persons during evacuation. -Alternate means of meeting residents needs in the event of a utility outage.  Staff at the home could not locate a "red book" with this emergency information at the time of the inspection.	1/10/12	<b>For violation 107B:</b> The required current information has been gathered and updated in a red binder. Staff will make sure it is up to date and current on a monthly basis. Administration will perform documented quarterly audits to make sure each resident has up to date required information and such information is placed in the red book. Staff training was given on proper application of emergency contact book (red book).	<i>OS</i> 01-26-12

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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
emergency care of residents. (4) Means of transportation in the event that relocation is required. (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs. (6) Alternate means of meeting resident needs in the event of a utility outage.				

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 19149		CURRENT LICENSE NUMBER 141670	
INSPECTION DATES (Include all dates of the inspection) 11/14/2011		REGIONAL REPRESENTATIVE Roslyn Brewer, Amy Scharpf	
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 <i>Rx Brewer</i>	DATE 1/24/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Amye Legend</i>	DATE 01-26-12

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
I24 The home shall notify the local fire department in writing of the address of the home; location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home has not notified the local fire department in writing of the address of the home, location of residents' bedrooms, and the assistance needed in an evacuation.	11/16/11	<b>Violation I24</b>  A letter was written to the local police and fire station chief before 11/16/11 notifying them of the population of the personal care home and the special needs residents that we have in our building. After every new resident within five days of being admitted, a new letter will be sent out as needed. Annual checks will be made by administration to ensure information fire police and fire department has is current. Current copy of the letter will be kept in policy book at all times.	<i>QZ</i> 01-26-12

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

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SIGNATURE OF LEGAL ENTITY  <i>Rx Baror</i>	DATE  1/24/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  <i>Quinn [Signature]</i>	DATE  01-26-12

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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.	The last fire inspection and drill observed by a fire safety expert was conducted on 10/7/10.	1/24/12	Violation 132b Observed fire drill and fire-safety inspection by fire safety expert has been completed on 1/24/12. Annual fire safety expert checks will be conducted and in records going forward. Administration is responsible for scheduling safety expert check, three months prior to expiration of previous inspection.	Q2 01-26-12

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SIGNATURE OF LEGAL ENTITY  <i>Rx Brewer</i>	DATE  1/24/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  <i>Amy Scharpf</i>	DATE  01-26-12

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The home did not complete an initial assessment for resident #1 admitted on 10/15/2011.	11/28/11	<p>225a violation</p> <p>Resident #1 record was updated with current RASP form on 11/28/11 and resident signed the form. All residents have been offered to look at their current assessment and support plan as of 11/28/11. Staff will make quarterly checks to make sure each RASP is up to date. Admin will audit the checks on a bi-yearly basis and document any expired RASP's and immediately show the resident and fill out the RASP.</p> <p>Admin will review quarterly checks by staff to insure timeliness and compliance. 01-26-12</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>1-26-12 Date: <i>AG</i> Initials (DPW)</p>