



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
Norristown State Hospital  
1001 Sterigere Street  
Bldg 2 Rm. 161  
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

PHONE: (610) 270-1137  
FAX: (610) 270-1147

**MAIL CERTIFIED – RETURN RECEIPT REQUESTED**  
**MAILING DATE: March 29, 2012**

Mr. Rex Barr, Administrator  
Chelten Christian Crusade for all people  
605 East Chelten Avenue  
Philadelphia Pennsylvania, 19144

RE: Chelten Christian Crusade for all people  
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 March 13, 2012 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.

Sincerely,

A handwritten signature in cursive script that reads "Chevon Miller".

Chevon Miller  
Regional Licensing Administrator

Enclosure(s)  
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) 03/13/2012		REGIONAL REPRESENTATIVE Patricia Adams, Lori Knockstead	
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>Key Brown</i>	DATE 3/26/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Miller</i>	DATE 3/26/12

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
85b There may be no evidence of infestation of insects or rodents in the home.	On 3/13/12, clusters of dark brown spots of dried bed bug excrement, a live bed bug and one dead bed bug were found in the bedding of the bed under the window, in the bedroom located on the 2nd floor back, of the home.	3/26/12	The home has removed the mattress in question. All of the clothing items in the room for both residents were immediately gathered up and put into the dryer on high for 25 minutes. Trained Staff then sprayed the room and all other residents' rooms with commercial grade bed bug spray. Administration brought two bed bug mattress covers for the home and places them on beds of room in question. Administration will research getting more mattress covers at reasonable price in the next couple of months. Bi-weekly checks for bed bugs throughout will be conducted by staff. If evidence of bugs are found staff will immediately spray and place clothes in the dryer.	Steps have been taken to correct violation; full compliance is not verifiable <i>3/26/12</i> Date Initials (DPW)