



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 19, 2012**

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


Re: Chelten 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 August 16, 2012 and August 24, 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.

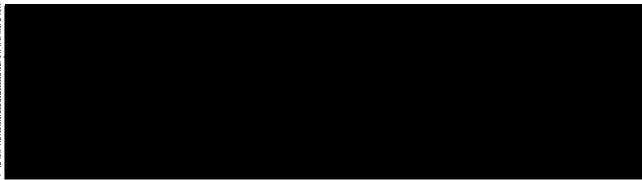

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,

  
Chevon Miller  
Regional Licensing Administrator

Enclosure(s)  
Plan of Correction

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

PCH Name: CHELTEN CHRISTIAN CRUSADE II		License Number: 123280
Address: 4518 NORTH BROAD STREET, PHILADELPHIA, PA 19141		County: Philadelphia
Administrator: Diane Williams		Region: SOUTHEAST
Legal Entity Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC		
Legal Entity Address: 605 EAST CHELTEN AVENUE, PHILADELPHIA, PA 19144		
Certificate(s) of Occupancy		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
08/16/2012: Grayes, Byron; Trupp, Justin		
08/24/2012: Grayes, Byron		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 14 Number of Residents Served: 14 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	<b>Number of Residents who:</b> 	

Violation Report: 12328 - 08/16/2012 - Grayes, Byron  
 PCH Name: CHELTEN CHRISTIAN CRUSADE II

**1. REGULATION 55 Pa.Code §2600**

2600.20(b)(1) - 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.

**2a. DESCRIPTION OF VIOLATION**

The home manages the finances for Resident #1. The home does not maintain accurate records of financial transactions. Staff person A will disburse money to the resident but does not record the transactions.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Home has come up with new form to keep track of resident's financial information. Staff has been trained on how to use form and instructed to contact administrator immediately if questions about recording information arises. Administration will review forms monthly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Rex Bar*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Rex Bar* Date *9/17/12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>9/12/12</u> (Date)	Plan of correction implementation status as of <u>9/12/12</u> (Date)
The above plan of correction was approved by <u>CPM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12328 - 08/16/2012 - Grayes, Byron  
PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2600  
2600.20(b)(8) - 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.

2a. DESCRIPTION OF VIOLATION  
The home does not complete quarterly accounts for Resident #1.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Home has come up with a form to keep track of resident's quarterly information. Staff has been trained on how to use form and instructed to contact administrator immediately if questions about recording information arises. Administration will review forms bi-annually.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Rex Barr*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rex Barr*      Date *9/7/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *9/12/12*  
(Date)

Plan of correction implementation status as of *9/12/12*  
(Date)

The above plan of correction was approved by *CRM*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12328 - 08/16/2012 - Grayes, Byron  
 PCH Name: CHELTEN CHRISTIAN CRUSADE II

**1. REGULATION 55 Pa.Code §2600**

2600.27(a) - If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.

**2a. DESCRIPTION OF VIOLATION**

Staff member A stated that Resident #1, who receives SSI, is given \$10.00 two times per week. The home's financial records for Resident #1 do not include all transactions, making it impossible to determine if Resident #1 is receiving the required personal needs allowance of \$85.00 per month.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Home has come up with new form to keep track of resident's financial information. Staff has been trained on how to use form and instructed to contact administrator immediately if questions about recording information arises. Administrator will interview 25% of all residents at random in order twice a year to insure proper amount of funds are being distributed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Rex Barr*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rex Barr</i>	Date <i>9/7/12</i>
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The above plan of correction is approved as of <u>9/12/12</u> (Date)	Plan of correction implementation status as of <u>9/12/12</u> (Date)
The above plan of correction was approved by <u>CRM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12328 - 08/16/2012 - Grayes, Byron  
 PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2600  
 2600.251(d) - Separate resident records shall be kept on the premises where the resident lives.

2a. DESCRIPTION OF VIOLATION  
 The records for Residents #2 and #3 are not kept at the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Records for residents have been moved back on premise and will not be taken off again. In the event part of records for any resident needs to be utilized off site, a copy will be made. Copier was replaced; this was witnessed by DPW agent on follow up visit. Administration will check bi-monthly to ensure all records are on site for all current residents.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Rex Barr*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Rex Barr	9/7/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 9/10/12  
 (Date)

Plan of correction implementation status as of 9/12/12  
 (Date)

The above plan of correction was approved by RB  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented