

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC
LEGAL ENTITY

To operate CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.
NAME OF FACILITY OR AGENCY

Located at 3635 NORTH 22ND STREET, PHILADELPHIA, PA 19140
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 February 17, 2013 until February 17, 2014,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 05 2013

Ms. Diane Williams, 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 22nd Street
Philadelphia, Pennsylvania 19140

Dear Ms. Williams:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 7, 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 Human Services 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".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 14167 - 11/07/2012 - Grayes, Byron	
PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC	
1. REGULATION 55 Pa.Code §2800 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	
2a. DESCRIPTION OF VIOLATION On 11/7/12, the home's copy of Title 55 PA Code 2800 regulation book was not posted in a conspicuous and public place in 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.	
<p>The home obtained a copy of the regulation book and posted it on the public message board in the dining room. The homes staff will make quarterly periodic checks to make sure that the book is still on the board and accessible to residents at all times.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Date)
The above plan of correction was approved by (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14167 - 11/07/2012 - Grayes, Byron	
PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC	
1. REGULATION 55 Pa.Code §2600 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.	
2a. DESCRIPTION OF VIOLATION The residents dining table, located the furthest to the right of the room, is extremely wobbly and could fall.	
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.	
<p>The wobbly table was replaced with a longer sturdier table. The table and all other kitchen furniture will be checked for good condition once a month by staff. Staff will report any furniture that is not in good repair to administration. Administration will repair or replace any damaged furniture. Administration will ask staff if any furniture needs repair quarterly and will check furniture themselves periodically when visiting the home.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Rex Barr Jr</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rex Barr Jr	Date 12/5/12
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>12/18/12</u> (Date)	Plan of correction implementation status as of <u>1/7/13</u> (Date)
The above plan of correction was approved by <u>CPM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14167 - 11/07/2012 - Grayes, Byron
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home did not conducted a fire drill during sleep hours during the time period of 4/2012- 10/2012.

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.

A fire drill was held on December 1 2012 at 11:20 ^{pm} ~~am~~. A sleeping hour's fire drill will be held once every six months going forward. Administrator will schedule the fire drill for the next six month period in advance in order to ensure the sleeping hours drill are being held every six month. 3/12/2013 will be the next sleeping hour's fire drill.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Rex Barr Date 12/5/12

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

The above plan of correction is approved as of 12/20/12 (Date)
 The above plan of correction was approved by [Initials] (Initials)

Plan of correction implementation status as of 1/7/13 (Date)

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

Violation Report: 14167 - 11/07/2012 - Grayes, Byron PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC	
1. REGULATION 55 Pa.Code §2600 2800.141(b)(1) - A resident shall have a medical evaluation at least annually.	
2a. DESCRIPTION OF VIOLATION Resident #1's last medical evaluation was completed on 1/08/11.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Resident # 1 obtained a new medical evaluation on 11/7/2012. All resident records were checked. All Medical evaluations were up to do date. Every resident record will be checked bi annually to ensure each resident has DME filled out. All residents in the home see their primary care physician every month. Administrator will check resident records and make sure PCP fills out new DME annually. If administrator or staff see DME within one month of being, past a year administrator will call PCP to have DME form filled out immediately.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Rex Barrett Jr.</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rex Barrett Jr.</i>	Date <i>12/15/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>12/12/12</i> (Date)	Plan of correction implementation status as of <i>1/7/13</i> (Date)
The above plan of correction was approved by <i>CPM</i> (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: 14167 - 11/07/2012 - Grayes, Byron PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC	
1. REGULATION 55 Pa.Code §2600 2600.163(b) - Staff persons, volunteers and residents shall follow sanitary practices while working in the kitchen areas.	
2a. DESCRIPTION OF VIOLATION On 11/7/12 at 9:00 AM, staff person A was hand serving sausages to the residents without wearing gloves.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>All staff was retrained on best sanitary practices on 11/27/12. All staff was observed while serving meals during the following week by administration. Home also has provided staff with additional gloves and made sure there were more than three extra boxes at all times. Staff will be observed once every month for the foreseeable future.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s)
Signature of Legal Entity Representative (Required on EVERY Page) <i>Rex Barr</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rex Barr</i>	Date <i>12/5/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>12/12/12</i> (Date)	Plan of correction implementation status as of <i>12/12/12</i> (Date)
The above plan of correction was approved by <i>CBM</i> (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: 14167 - 11/07/2012 - Grayes, Byron PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC	
1. REGULATION 65 Pa.Code §2600 2600.183(b) - 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.	
2a. DESCRIPTION OF VIOLATION On 11/7/12 at 9:00 AM, 9- pre filled morning medication cups were unlocked and accessible to residents on the right side dining table. All the medications cups were labeled with residents names.	
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.	
<p>All staff was retrained on best practices of how to serve medication during morning meals. The new policy requires all staff to leave meds locked in cabinet until designated time when meds will be given out to individual residents. Med cups will still be labeled and only trained staff will have access to meds. Staff person will place med cup in each resident hand and then lock remaining meds back up. Until residents are available to receive meds. Administrator will observe the practice three times the first week and once a week for the next six months. Any corrective actions will be addressed with staff and all additional training will be addressed.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Rex Barr</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rex Barr</i>	Date <i>12/5/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>12/12/12</i> (Date)	Plan of correction implementation status as of <i>12/12/12</i> (Date)
The above plan of correction was approved by <i>CEM</i> (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: 14167 - 11/07/2012 - Grayes, Byron PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC	
1. REGULATION 65 Pa. Code §2600 2800.252 - Each resident's record must include the following information: (1) through (26) .	
2a. DESCRIPTION OF VIOLATION Resident #2's record does not include a photo that is less than 2 years old. The photo in the record was dated 9/5/10.	
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.	
<p>The record for resident #2 has been updated with a new photo on 11/10/12. Staff checked every resident record and made sure they had a photo taken within 2 years of current date. Administrator will make camera and printing software is available to staff for the purposes keeping photos updated. Administrator will also check photos bi annually to make sure all records are up to date.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Rex Barrise</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rex Barrise</i>	Date <i>12/5/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>12/12/12</i> (Date)	Plan of correction implementation status as of <i>1/7/13</i> (Date)
The above plan of correction was approved by <i>CRM</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented