



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

APR 26 2013

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 February 5, 2013, 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.

Your regular license for the period of May 18, 2013 to May 18, 2014 was issued on March 7, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky". The signature is fluid and cursive, with a long horizontal stroke at the end.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

**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: Rex Barr		Region: SOUTHEAST
Legal Entity Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC		
Legal Entity Address: 605 EAST CHELTEN AVENUE, PHILADELPHIA, PA 19144		
<b>Certificate(s) of Occupancy</b> Other 08/31/2011 Philadelphia L&I		
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 12	Waking Staff: 9
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
02/05/2013: McHale, Christine; Brewer, Roslyn		
<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: 12 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 1 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 12328 - 02/05/2013 - McHale, Christine PCH Name: CHELTEN CHRISTIAN CRUSADE II	
1. REGULATION 55 Pa.Code §2600 2600.26(a) - The home shall establish and implement a quality management plan.	
2a. DESCRIPTION OF VIOLATION The home has not implemented it's quality management plan as it has not conducted a quality management review in 2012.	
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>As of 2/15/13 the home has conducted a quality management review. The home is in the process of implementing the findings from the review. Going forward the home will conduct annual reviews that are recorded by the administrator. The Administrator will mark digital calendar for following annual review with an alarm in an effort to make sure the review happens.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Handwritten Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Diane Williams, Admin	Date 3/13/13
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>3/21/13</u> (Date)	Plan of correction implementation status as of <u>3/21/13</u> (Date)
The above plan of correction was approved by <u>[Handwritten Initials]</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 - 02/05/2013 - McHale, Christine  
PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Volunteer A, whose first day of work was 12/18/12, did not receive orientation in general fire safety and emergency preparedness.

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.

Volunteer A no longer comes to the facility because contract with facility has expired. Going forward all volunteers will be required to receive orientation in general fire safety and emergency preparedness by [redacted] (admin) before working in the home. [redacted] (admin) will make bi-monthly checks in all volunteer files to make sure orientations have been performed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Diane Williams*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Diane Williams - Admin

Date 3/13/13

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The above plan of correction is approved as of 3/11/13 (Date)

Plan of correction implementation status as of 3/11/13 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

Violation Report: 12328 - 02/05/2013 - McHale, Christine  
 PCH Name: CHELTEN CHRISTIAN CRUSADE II

**1. REGULATION 65 Pa.Code §2900**

2800.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Volunteer staff person A, hired on 12/18/12, did not receive orientation in resident rights, the home's emergency medical plan, mandatory reporting of abuse under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions.

**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.*

Volunteer A no longer comes to the facility because contract with facility has expired. Going forward all volunteers will be required to receive orientation in resident rights, the home's emergency medical plan, mandatory reporting of abuse under the Older Adult Protect by [redacted] within 24 hours of working in the home. (admin). [redacted] (admin) will make bi-monthly checks in all volunteer files to make sure orientations have been preformed.

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

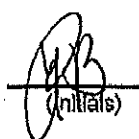
Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **Diane Williams - Admin**      Date **3/13/13**

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The above plan of correction was approved by  (Initials)

Violation Report: 12328 - 02/05/2013 - McHale, Christine  
PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 65 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There was a rug on the home's third floor that did not have a slip-resistant backing. The rug is easily movable and causes a hazard for the residents.

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.

The rug was removed from the home on 2/5/13. Resident was offered new rug but he refused. (he preferred slip resistant mat) All other rugs in the home were checked and either replaced or removed. Staff will do monthly checks to see if there are any tripping hazards. [redacted] will make sure checks are being performed by questioning Staff.

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) Diane Williams- Admin Date 3/13/13

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Violation Report: 12328 - 02/05/2013 - McHale, Christine  
PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2800

2800.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards:

2a. DESCRIPTION OF VIOLATION

The furniture in the home's designated smoking area is chained to fence. The table and two chairs are secured with one chain that goes from the fence to a chair and then through the table's legs and through another chair. The chain between the chairs and table cause a tripping hazard for the residents.

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.

The chain was removed from around table eliminating the tripping hazard. There is no way to secure the table without it being a tripping hazard that would not compromise the structure of the cement. So until a better solution is presented the table will be unsecured leaving it exposed to thieves. Staff will perform inspections weekly of smoking area and exterior building to prevent tripping hazard. Sr. will make sure checks are being performed by questioning staff monthly and inspecting himself.

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)

Diane Williams - Admin

Date

3/13/13

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3/21/13  
(Date)

Plan of correction implementation status as of

3/21/13  
(Date)

- Fully Implemented
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- Not Implemented

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Violation Report: 12328 - 02/05/2013 - McHale, Christine  
PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2600  
2600.191 - The home shall educate the resident the right to question or refuse a medication-if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION  
Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

Resident one was educated on resident's right to refuse medication if the resident believes that there may be a medication error on 2/6/13. Notification was placed in resident #1 file. All other files were reviewed to make sure all resident had been notified of their rights. [redacted] will review every new resident has to told of their rights and it has been documented on their contract this was done by 3/2/13.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Diane Williams - Admin*      Date *3/13/13*

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The above plan of correction is approved as of *3/2/13*  
(Date)

Plan of correction implementation status as of *3/2/13*  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

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

Violation Report: 12328 - 02/05/2013 - McHale, Christine	
PCH Name: CHELTEN CHRISTIAN CRUSADE II	
1. REGULATION 55 Pa.Code §2600 2600.223(b) - The home shall develop written procedures for the delivery and management of services from admission to discharge.	
2a. DESCRIPTION OF VIOLATION The home does not have written procedures for the delivery and management of services.	
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>	
See attachment #1 for policy . The home will keep this policy in the policy book.	

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
Diane Williams		3/13/13

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## Chelten Christian Crusades for All People

4518 N Broad St. Philadelphia Pa

### Admission and Discharge Procedure

On the day the resident is admitted from [REDACTED] will meet at the home in the living room. The preadmission screening form will be reviewed with the resident/ filled out. The contract will then be reviewed and signed by the resident and put into their record [REDACTED] will do this as well and all parts of the contract will be explained. The Administrator will sign when they get there. Proof of income and insurance will be collected at this time along with any additional info (DME, MA-51, med scripts). A picture of the resident will be taken and dated on the first day and put into their record. The resident's rights will be read and explained and a copy of the home rules will be read and explained by [REDACTED]. A copy of the residents' rights and home rules will be provided upon request. Inventory of the resident's belongings will be taken by staff person on duty. A financial management system will be established wither the resident will handle their own fund or the home will do it by [REDACTED]. If the home handles the funds a financial statement will be created and all money will be accounted for and recorded on the sheet, then stored in the designated locked draw for the resident. Within 15 days a RASP will be completed based on the residents needs and both staff members and administration along with the resident will be able to go over the RASP. Resident will be asked in the participation of making the RASP. RASP will be formed by [REDACTED]. In an event of a discharged resident will be given proper time to be relocated (30days min) and be provided assistants in securing housing. All financial debts will be settled and resident will be offered copy of all medical records acquired during their stay. Upon leaving the facility administrator will make sure all financial obligations to the residents have been settled and all of the residents belongs go with the resident.

Violation Report: 12328 - 02/05/2013 - McHale, Christine  
 PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

- Resident 1's records does not include a photograph of the resident that was taking in the last 2 years.
- Resident 2's records does not include a photograph of the resident that was taking in the last 2 years.

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.

Resident #1 and #2 photos were updated on 2/5/13 which was observed by DPW agents. All resident records were reviewed and new photos were given to residents who had photos over a year old. [REDACTED] will review photos of all residents annually to ensure they are within 18 months of current date.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Diane Williams*      Date *3/13/13*

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Plan of correction implementation status as of *3/13/13*  
 (Date)

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