



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 18, 2014

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

RE: Chelten Christian Crusade II
4518 North Broad Street
Philadelphia, Pennsylvania 19141
Certificate/License # 123280

Dear Ms. Williams:

As a result of the Department of Public Welfare's licensing inspection on 10/17/2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Sandra Wooters".

Sandra Wooters
Acting Regional Director

Enclosure
Licensing Inspection Summary

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		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 14	Waking Staff: 11
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
10/17/2013: McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 14 Number of Residents Served: 14 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		Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 5 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 12328 - 10/17/2013 - McHale, Christina

PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 Pr.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #1 was completed on 1/2/12,

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.

RASP was completed for resident #1.
 All resident RASP were checked to ensure they are up to date. On 12/21/13, quarterly checks are scheduled to make sure they are up to date by Admin.

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 Jr DCS

Date 12/9/13

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

The above plan of correction is approved as of

12/9/13 (Date)

Plan of correction implementation status as of

12/9/13 (Date)

The above plan of correction was approved by

RB (Initials)

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