



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JAN 28 2014

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
License #: 141670

Dear Ms. Williams:

As a result of the Department of Public Welfare's licensing inspection on December 3, 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.

Your regular license for the period February 17, 2014 to February 17, 2015 was issued on January 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

Page 1 of 6

| | | |
|---|--|-----------------------|
| PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC | | License Number: 14167 |
| Address: 3635 NORTH 22ND STREET, PHILADELPHIA, PA 19140 | | 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 Other 01/19/1983 Philadelphia L&I | | |
| Staffing Hours Resident Support: 0 Total Daily Staff: 13 Working Staff: 10 | | |
| Type of Inspection: Full BHA Docket Number: Notice: Unannounced | | |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 12/03/2013: 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: 13 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: 5 Are 60 Years of Age or Older: 1 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0 | |

Violation Report: 14167 - 12/03/2013 - McHale, Christine
PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1 was not signed by the resident.

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 contract was explained and signed. All other contracts were checked by DCS the following week. All were found to be signed. Admin will check all new contracts after DCS has resident sign within first week.

Attachment #1 has resident #1 signed contract.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rex Barr Sr. Date 10/18/13

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| | |
|---|---|
| The above plan of correction is approved as of <u>12/17/13</u> (Date) | Plan of correction implementation status as of <u>12/17/13</u> (Date) |
| The above plan of correction was approved by <u>[Signature]</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: 14167 - 12/03/2013 - McHale, Christine
PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the Information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 was informed of his rights & signed a contract that included ~~portion~~ ^{residents} rights. Admin asked all ~~staff~~ ^{residents} if they had been informed of rights. All residents have been. DCS will ensure all new arrivals are informed of their rights on or prior to first day.

See Attachment #1

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. Date 10/

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| | |
|--|---|
| The above plan of correction is approved as of <u>12/29/13</u> (Date) | Plan of correction implementation status as of <u>12/27/13</u> (Date) |
| The above plan of correction was approved by <i>[Signature]</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 - 12/03/2013 - McHale, Christine
PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

update 12/20/13
~~Staff member has signed a notarized letter stating as proof he does have a GED diploma. Diploma requested again by state. Admin checked all records of state staff to ensure 2600.54 is complied with fully. Admin will ensure staff new staff has proper qualifications by following new staff checklist~~

Attachments # 2, + 3

update staff person will use transcripts as proof Attachment # 2

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rex Barr Sr. Date 12/20/13

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The above plan of correction is approved as of 12/21/13 (Date)

Plan of correction implementation status as of 12/27/13 (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: 14167 - 12/03/2013 - McHale, Christine
PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

- On 12/3/13, resident #1's Advair Diskus, was locked in the medication cart. The medication was opened but not dated when it was opened. Per the manufacturer, this medication is to be discarded a month after it is removed from it's foil package.

- On 12/3/13, resident #2's Humulin 70/30, was locked in the home's refrigerator. The bottle was opened but not dated when it was opened. Per the manufacturer, this medication is to be discarded 28 days after being opened.

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.

All DCS was retrained by admin
ON how to read manufacture instructions
Admin will check atleast once
a week for the next 6 months
to make sure all instructions are being
followed. Pharmacist was contacted and
all medication such as advir + Humulin
will now come with an attached sticker
that indicates first day of use.
Training scheduled for Med management
for late January

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 12/18/13

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The above plan of correction is approved as of

12/27/13
(Date)

Plan of correction implementation status as of

12/27/13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
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Violation Report: 14167 - 12/03/2013 - McHale, Christine
PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on 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 on 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 #1 was im. informed
on 12/03/13 + signed contract stating
So. Admin asked all residents if
they knew their rights. They did.
DCS was advised by Admin that
all new admits should be informed of
rights + sign contract on day 1
of moving in. Admin will check all
new admits have been advised going
forward

see Attachment #4 + #1

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rex Barr Sr.

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

Rex Barr Sr

Date

12/18/13

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The above plan of correction is approved as of

12/27/13
(Date)

Plan of correction implementation status as of

12/27/13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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