



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 06 2016

Mr. Rex Barr, 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 Mr. Barr:

As a result of the Department of Human Services' annual licensing inspection on October 28, 2015 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 that reads "Matthew Jones".

Matthew J. Jones
Director ^{SH}

Enclosure
License Inspection Summary

Violation Report: 14167 - 10/28/2015 - McIlvain, Shawn
PCH Name: Chelton Crusade

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
Eight chairs in the resident dining room had worn and frayed covers.

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.

Our Plan of Correction is to recover the chairs with a more durable fabric. this process will be completed by 12-18-15. a schedule check of covers will be made in 6 months and after that every 3 months by staff. any wear and tear covers will be replaced, immediately. we will send photo of chair newly covered not later than 12-18-15.

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, Administrator* Date *11-26-15*

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

The above plan of correction is approved as of 12/3/15
(Date)

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

Plan of correction implementation status as of 12/3/15
(Date)

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