



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

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
License #: 123280

Dear Ms. Williams:

As a result of the Department of Human Services' annual licensing inspections on January 12, 2016 and April 9, 2016 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 "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 12328 - 01/12/2016 - Colon, Lissette
 PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 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
 On 1/12/16, there was a water leak from the 3rd floor bathtub dripping into the 2nd floor bathtub.
 On 1/12/16, there was a wet sagging ceiling tile, located in the 3rd floor bathroom.
 On 1/12/16, the ceiling located inside the 3rd floor back bedroom, near bed 1, is cracked.

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.

Handwritten:
 Ceiling tiles located on 3rd floor which were not in good repair are scheduled for repair on 2/16/16. Leak in tub has been sealed and repaired as of 2/14/16. going forward staff will perform weekly check of all ceiling tiles and tubs. all ~~issues~~ issues will be reported to admin for immediate repairs. admin will perform monthly checks

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 Administrator* Date *2/5/2016*

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

The above plan of correction is approved as of <i>2/16/16</i> (Date)	Plan of correction implementation status as of <i>2/16/16</i> (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: 12328 - 01/12/2016 - Colon, Lissette
 PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 1/12/16, there was an accumulation of lint in the lint trap of the dryer located in the basement.

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.

Staff immediately removed lint in dryer. Admin scheduled training for proper removal of lint on 2/10/16. Admin will perform weekly spot checks after 2/10/16 to ensure policy is being followed.

Lint in the dryer was not full at the time and the Home provides Free Laundry services

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 Date
 (Required on EVERY Page) *Diane Williams, Administrator* *2/5/16*

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The above plan of correction is approved as of <i>4/9/16</i> (Date)	Plan of correction implementation status as of <i>4/8/16</i> (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: 12328 - 01/12/2016 - Colon, Lissette
 PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 1/12/16, the home had 13 residents, but only had the following few items as their 3-day supply of emergency food.

- 30 15oz. jars of peanut butter
- 10 8oz. cans black olives
- 10 46oz. cans tomato juice
- 1 11oz. bottle mayonnaise
- 10 8oz. cans of vegetables
- 6 16oz. bottles of salad dressing

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.

Item Admin has purchased enough nonperishable supplies for ~~next~~ 3 days for all 13 of its residents. All staff will sign off on a monthly sheet starting March 1 2016 stating they have checked supply limits. Admin will perform spot checks and monitor list to ensure compliance.

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 - Administrator* Date *2/5/2016*

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Violation Report: 12328 - 01/12/2016 - Colon, Lisselle
 PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 The following medications for resident #1 were discontinued on the following listed dates, however, on 1/12/16, the medications were still inside the medication cart.

- Trazodone HCL 100 mg - 11/21/15
- Etodolac 200 mg - 12/14/15
- Divalproex 500 mg - 12/14/15
- Thiamine HCL 100 mg - 12/15/15
- Folic Acid 1 mg - 12/17/15
- Risperidone 4 mg - 12/26/15

The following medications for resident # 2 were discontinued on the following dates, however, on 1/12/16, the medications were still inside the medication cart.

- Fluticasone Spray 50 mcg - 11/30/15
- Symbicort AER - 12/4/15

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 is a United States Veteran who receives poor service by Philadelphia local VA. He cannot go to another doctor and Admin has tried making appointments to no success to receive above listed meds.

CCLPS II Admin have removed all discontinued meds from cart and designated 1 return staff was retained above immediate removal and admin will perform monthly checks for compliance.

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 / Administrator* Date *2/5/2016*

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Page # 5 cont'd

All residents medication was checked for discontinued meds + ~~any~~ any found was removed.

Violation Report: 12328 - 01/12/2016 - Colon, Lissette
 PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 Pa. Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special precautions, if applicable.
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 Resident #2's "as needed" Ibuprofen 400mg tablets was not listed on the medication administration record.

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 #2 Ibuprofen was add to MAR all residents medicines were checked to ensure compliance + Admin will perform spot checks monthly. Staff was retrained on proper documentation practices.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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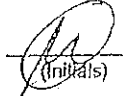
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Dorian Williams Administrator Date 2/5/2016

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

The above plan of correction was approved by  (Initials)

Violation Report: 12328 - 01/12/2016 - Colon, Lisselle
 PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 56 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 1/12/16, an error in resident # 2's medications administration occurred involving the resident's Symbicort AER medication. The medication was discontinued on 12/4/15, however as of 1/12/15, the medication was still being administered. The error was not reported to the resident, resident's designated person or prescriber.

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.

After consulting with ~~POC~~ POC of resident # 2 it was discovered no error had occurred. Going forward all staff was advised/trained on how to follow prescription order + changes Admin will be present going forward when ~~POC~~ POC make med changes to ensure orders are carried out. Admin will check med + order instructions monthly.

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) Dane Williams - Administrator Date 2/15/2016

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

Plan of correction implementation status as of 2/16/16 (Date)

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