



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUN 20 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 #: 12328

Dear Ms. Williams:

As a result of the Department of Human Services' licensing inspection on April 8, 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,



Patricia Adams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: CHELTEN CHRISTIAN CRUSADE II		License Number: 12328
Address: 4518 NORTH BROAD STREET, PHILADELPHIA, PA 19141		County: Philadelphia
Administrator: Dianne Williams		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: 0	Total Daily Staff: 13	Waking Staff: 10
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 04/08/2016: Adams, Patricia; Gray, Dean		
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: 12 Are 60 Years of Age or Older: 4 Have Mental Illness: 12 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 12328 - 04/08/2016 - Adams, Patricia
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

Resident #1's Ofloxacin 0.3% discontinued on 03/31/16 but was still available for administration, in the home's medication cart, on 04/08/16.

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 removed med. Admin
Will monitor monthly to ensure
only current meds are there,
DCS staff was retained

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/12/2016

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 *4/22/16*

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

The above plan of correction is approved as of *5/13/16*
(Date)

Plan of correction implementation status as of *5/13/16*
(Date)

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

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

Violation Report: 12328 - 04/08/2016 - Adams, Patricia
 PCH Name: CHELTON CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2600

2800.187(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

on 04/08/16, Resident #2s Gabapentin 300 mg and Risperidone 4 mg were not listed on the April 2016 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.

*Meds were added.
 Admin call pharmacist to make sure meds are placed on MAR in future. Meds list on MAR will be monitored by admin on quarterly basis*

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/12/2016

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 *4/22/16*

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