



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 27 2017

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 September 30, 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 that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 14-167 - 09/30/2016 - Freeman, Sabrina
PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa. Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
No fire drill was conducted during the months of November 2015 & December 2015.

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.

Fire drills in 2016 have been held monthly. Home will continue to do an awesome job and administrator will check to ensure that they are being done quarterly if not more frequently.

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)

Diane Williams

Date 11/16/16

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

The above plan of correction is approved as of 11/16/16
(Date)

Plan of correction implementation status as of 11/16/16
(Date)

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

The above plan of correction was approved by

(Initials)

Violation Report: 14167 - 09/30/2016 - Freeman, Sabrina
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #1, dated March 27, 2016, was incomplete and did not include resident #1's medical diagnoses, physical/mental; medical information pertinent to diagnoses and treatment, needs addendum and medication addendum.

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.

Every resident in the facility see's the doctor monthly this is more important than a form that does not contribute to the health or care of our resident's. But we will have the doctor fill out the form for resident #1 and check all other forms to ensure they are done correctly and the administrator will check forms twice a year to ensure they are in compliance.

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) Diane Williams Date 11/16/16

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Violation Report: 14167 - 09/30/2016 - Freeman, Sabrina
 PCH Name: CHELLEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 58 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The home failed to follow the prescribed order for resident # 4. Resident # 4, is diabetic that is prescribed medication was prescribed blood glucose monitoring twice a day. Per documentation of the home's medication administration record, an interview with a direct care worker, and a conversation with resident # 4; the home did not do blood glucose readings for resident # 4.

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 #4 has been told that we will monitor his glucose twice a day starting 11/16/16. If any other resident's are prescribed monitoring we will do that also. Administrator will check progress quarterly 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* Date *11/16/16*

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The above plan of correction is approved as of *11/16/16*
 (Date)

Plan of correction implementation status as of *11/16/16*
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 14167 - 09/30/2016 - Freeman, Sabrina
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.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 last assessment for resident #1 was completed on March 25, 2015.

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 assessment was completed on 11/14/16. Direct Care Staff checked to make sure RASP's were up to date for all residents. Administrator will check annually 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* Date *11/16/16*

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