



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 24 2017

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 inspection on January 30, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over the printed name and title.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12328 - 01/30/2017 - Gray, Dean
 PCH Name: CHELTON CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2600

2600.26(c) - The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

2a. DESCRIPTION OF VIOLATION

The home's quality management plan does not include development and implementation of measures to address reportable incidents, complaint procedures, staff training, licensing violations with plans of correction and resident council as described in the home's quality management review on 10/22/14.

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.

Administrator and staff will have a review of the Quality Management Plan on Monday, February 20, 2017. We will properly make sure all procedures are addressed in the plan. Administrator will go over constantly with staff on a regular basis to make sure all trainings are up to date.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Diane Williams</i>	<i>2/15/17</i>

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

The above plan of correction is approved as of <i>2/28/17</i> (Date)	Plan of correction implementation status as of <i>2/28/17</i> (Date)
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- 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 - 01/30/2017 - Gray, Dean
PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2600

2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION

The bathroom in the third floor rear bedroom does not have sufficient hot water as it was turned off due to a leak.

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.

The bathroom on the third floor rear has been repaired and sufficient hot water is running properly. Staff will make sure daily that there is no leak and will report to administrator if something is wrong.

Staff will be trained on the importance of hot water supply in bathroom within 30 days
Receipt of approved POC @

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Diane Williams

Date

2/15/17

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[Handwritten Initials]
(Initials)

Violation Report: 12328 - 01/30/2017 - Gray, Dean

PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

- Resident #1's last medical evaluation was completed on 12/06/16. The prior medical evaluation was completed 03/31/15.

- Resident #2's last medical evaluation was completed on 12/06/16. The prior medical evaluation was completed 03/27/15.

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.

All medical evaluations are updated and properly dated by the doctor. Administrator will review all medical evaluations monthly and record any changes and have the medical eval properly dated by doctor. DCS will have a schedule posted on the wall informing them of when all medical evals should be completed before their expiration date.

Staff will be trained on the importance of timely DME per the regulation. Training to be completed within 30 days of approve POC [Signature]

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

[Signature]

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

Diane Williams

Date *2/15/17*

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Violation Report: 12328 - 01/30/2017 - Gray, Dean
 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

- On 01/30/17, resident #3's Oral Citrate Solution, located in the home's medication cabinet, 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.

All medication have been properly recorded in resident's records (M.A.R.) and will be checked by administrator periodically to make sure all medication is properly recorded. *The checked MAR's documentation will be monitored to assist in ensuring continued compliance.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/08/2016
Signature of Legal Entity Representative <i>Diane Williams</i>		
Printed Name and Title of Legal Entity Representative <i>Diane Williams</i>		Date <i>2/15/17</i>

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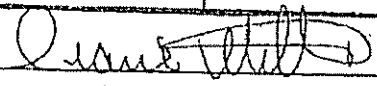
Violation Report: 12328 - 01/30/2017 - Gray, Dean
PCH Name: CHELTON CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.


2a. DESCRIPTION OF VIOLATION
- The medication administration record for resident #3 was not initialed for the administration of Calcitriol 0.5 MCG on 01/26/17.
- The medication administration record for resident #4 was not initialed for the administration of Clonazepam 0.5 MG Tab on 01/19/17.

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 medication Administration records have been properly initialed and administrator and staff have properly reviewed how to record all medications. DCS was trained again on February 13, 2017. Administrator will periodically check for proper signatures and initials. ~ Audits will be maintained by the home for signature compliance. We will assist in maintaining continued compliance.

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Violation Report: 12328 - 01/30/2017 - Gray, Dean
PCH Name: CHELTEN CHRISTIAN CRUSADE II

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
Residents #3 and #4 have not been educated to 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 was unaware of resident's Rights for refusal of medication if [REDACTED] believes there was an error with the medication we will check to make sure all resident's understand their Resident's Rights If any resident refuses medication we will explain his/her right again at that moment.

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Violation Report: 12328 - Q1/30/2017 - Gray, Dean
PCH Name: CHELTEN CHRISTIAN CRUSADE II

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, completed on 01/09/17, contains discrepancies in the assessment of the resident's mobility needs. Moderate (Immobile) is checked under the "Personal Need and Degree" field while "needs minimal assistance" is written under the description of mobility need field. The plan to meet mobility need field is blank.

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.

[REDACTED] mobility needs have been reviewed and properly recorded in her records. After all R.A.S.P. are completed administrator will check for any discrepancies in the resident's RASP within 7 days. Administrator will check all residents RASP to make sure everything coordinates.

Staff will be trained on the RASPs required and uses in providing care to the resident. Training will commence within 30 days post approval POC. (D)

Repeat Violation: No

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(Required on EVERY Page)

Diane Williams

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

Diane Williams

Date

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