



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 20 2017

Ms. Diane Williams,
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 Ms. Williams:

As a result of the Department of Human Services' Personal Care Homes annual licensing inspection on November 9, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCIJ Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC		License Number: 14167
Address: 3535 NORTH 22ND STREET, PHILADELPHIA, PA 19140		County: Philadelphia
Administrator: Rex Barr		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 Other 02/27/1982 Phila L&I		
Staffing Hours Resident Support: 8 Total Daily Staff: 17 Waking Staff: 13		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s)		
On-Site Inspections Dates and Department Representatives On-Site 11/09/2017: Parker, Shawn		
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 who:	
Number of Residents Served: 8	Receive Supplemental Security Income: 6	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 4	
Area:	Have Mental Illness: 4	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 7	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

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

PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC	License Number: 14167
Address: 3635 NORTH 22ND STREET, PHILADELPHIA, PA 19140	County: Philadelphia
Administrator: Rex Barr	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
 Other
 02/27/1982
 Phila L&I

Staffing Hours
 Resident Support: 8
 Total Daily Staff: 17
 Working Staff: 13

Type of Inspection: Full
 BHA Docket Number:
 Notice: Unannounced

Reason(s) for Inspection(s)

On-Site Inspections Dates and Department Representatives On-Site
 11/09/2017; Parker, Shawn

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details
 Partial or Full Triggers:

Resident Demographic Data as of Inspection Dates

<p>Licensed Capacity: 14</p> <p>Number of Residents Served: 8</p> <p>Secured Dementia Care Unit in Home: No</p> <p>Area:</p> <p>Secured Dementia Unit Capacity, if Applicable:</p> <p>Number of Residents Served in Secured Dementia Care Unit, if applicable:</p> <p>Number of Current Hospice Residents: 0</p> <p>Number of Hospice Residents in past year: 0</p>	<p>Random Indicators:</p> <p>Number of Residents who:</p> <ul style="list-style-type: none"> Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 4 Have Mental Illness: 4 Have an Intellectual Disability: 7 Have a Mobility Need: 1 Have a Physical Disability: 0
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Violation Report: 14167 - 11/09/2017 - Parker, Shawn
PCH Name: CHELTON CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 65 Pa. Code §2600-2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
The contract for resident # 1 was not signed by the resident. The contract was not in the residents file.

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.

We have established a documentation checklist for resident's intake. Administrator will make sure all forms on our resident intake checklist are completed, so no incomplete forms are omitted to their files. This action will take place immediately on 11/10/17.

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) *Shawn Williams* Date *11/30/17*

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

The above plan of correction is approved as of *12/1/17*
(Date)

Plan of correction implementation status as of *12/1/17*
(Date)

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

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

Violation Report: 14167 - 11/09/2017 - Parker, Shawn
PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in §2600 41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident # 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

On 11/09/17 administrator explained the Resident's Rights to resident #1. Resident #1 signed Resident's Rights Documentation stating [redacted] is understands [redacted] resident's Rights. Resident's Rights poster is posted in dining area for all resident's to review.

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) Deanne Williams Date 11/30/17

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The above plan of correction is approved as of 12/4/17 (Date)

Plan of correction implementation status as of 12/4/17 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 14167 - 11/09/2017 - Parker, Shawn
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

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
 On 11-09-17 at 7:30 am resident # 2 took their blood sugar. The reading in the glucometer was 93. The home did not document the reading from the glucometer on the MAR or the Glucose monitoring sheet at all.

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 will check that all M.A.R's and glucose monitoring sheets are signed, before locking medication cabinets after distribution of all medications starting 11/09/17.

Moving forward documentation will be noted at the time of glucose reading. The administrator will ensure all staff giving medication will follow the training process. The administrator will monitor the process of 187(b) weekly to ensure compliance . RB

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

[Handwritten Signature]

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

Margie Williams Date *11/30/17*

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 (Date)

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

PCH Name: CHELTON CHRISTIAN CRUSADE FOR ALL PEOPLE INC
1: REGULATION 55 Pa.Code 52600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The MAR for resident # 2 states blood sugar is to be taken twice a day at 9:00am and 6:00pm. Blood sugar only be taken once a day
MAR being initiated for twice a day by staff member A.

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 have reviewed staff A's errors. We retrained staff A on documentation of medications and monitored him documenting all meds for a 10 day period starting 11/9/17. Administrators will observe documentations weekly for a 3 month period.

at Violation: Yes	Date(s) of Previous Violation(s):	09/30/2016		
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Signature of Legal Entity Representative (Required on EVERY Page)

[Handwritten Signature]

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

Diane Williams

Date: 11/30/17

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above plan of correction is approved as of: 12/1/17 (Date)

Plan of correction implementation status as of: 12/4/17 (Date)

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- Not Implemented

above plan of correction was approved by: *[Handwritten Initials]* (Initials)

Violation Report: 14167 - 11/09/2017 - Parker, Shawn

PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC

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

Resident # 1 has 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 1 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 rights. If any resident refuses medication will go over their resident's Rights again at that moment.

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

Shawn Williams

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

Shawn Williams

Date 11/30/17

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(Date)

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(Date)

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(Initials)

Violation Report: 14167 - 11/09/2017 - Parker, Shawn
PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident # 1's records does not include their contract. The contract was not in the residents file.

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 will make sure we have a checklist with all forms needed prior to move in day. This checklist will include the contract. We will place contract in their file immediately following the completion of this documentation. Administrator will check all files monthly.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Daniel Williams*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Daniel Williams* Date *11/30/17*

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(Initials)