



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 04 2019

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 22<sup>nd</sup> Street  
Philadelphia, Pennsylvania 19140  
License #: 141670

Dear Ms. Williams:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 13 & 14, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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](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.

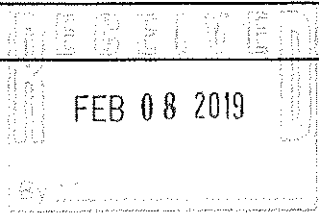
Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

**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: 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 Other - IV-B 01/19/1983 City of Philadelphia, L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/13/2018: Gray, Dean 12/14/2018: Gray, Dean		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 14 Number of Residents Served: 11 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: 5 Are 60 Years of Age or Older: 3 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 14187 - 12/13/2018 - Gray, Doan  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2600  
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION  
 On 12/13/18, the licensing representative requested access to the home's reportable incident files. The administrator was not able to provide the requested information.

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 reportable incidents will be kept in a binder along with their files. Administrator will be able to provide all reportable incidents for residents when inspectors request them. This will go into effect immediately

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) *Administrator Diane Williams*      Date *Feb 8, 2019*

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

The above plan of correction is approved as of <u>2/21/19</u> (Date)	Plan of correction implementation status as of <u>2/21/19</u> (Date)
The above plan of correction was approved by <u>AAA</u> (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: 14167 - 12/13/2018 - Gray, Dean	
PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC	
1. REGULATION 65 Pa.Code §2600 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	
2a. DESCRIPTION OF VIOLATION Personal care and assisted living homes must post the required Influenza Information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an Influenza poster anywhere.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p style="font-size: 1.2em;">Influenza poster will be posted on poster board along with activity calendars and menus where residents can view the board daily.</p>	
<p>Administrator will ensure continual compliance with the cited reg. by routinely check on the posted influenza awareness information. 2/21/19</p> <p style="text-align: right;">AAA</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Diane Williams</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diane Williams Administrator</i>	Date <i>Feb 8, 2019</i>
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Violation Report: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2800  
 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 has not had a quality management meeting since 11/09/17.

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.

Home will have a quality management plan completed and home will check quarterly to make sure we stay in compliance

Within two months of receiving this POC, the Administrator will make sure that a quality management plan is completed and that a quality management meeting is held if not already done. Administrator will ensure ongoing compliance and provides evidence of the plan completed or the meeting held on quality management to the department. 2/21/19

A-AA

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) *Diane Williams Administrator* Date *Feb 8, 2019*

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Violation Report: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

**1. REGULATION 65 Pa.Codo §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 and resident #2'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.

Resident's #1 and #2 was given a copy of their residents rights and complaint procedures. Residents #1 and #2 signed the bottom of these forms on 12/15/18 after Admin's tractor will do a follow up review asking all residents have they been informed of their residents rights and complaint procedures

Within two weeks of receiving this POC, the Administrator or a designee will audit all residents record to ensure that all have received and signed the Resident's Rights/ Complaint procedures as indicated in the cited reg. 2/21/19 AAA

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/09/2017
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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) Diane Williams, Administrator Date Feb 8, 2019

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 (Date)

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 (Initials)

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

Violation Report: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2600  
 2600.54(a) - Direct care staff persons shall have the following qualifications:  
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).  
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.  
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person A does not have a high school diploma from the United States, a GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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 checked all records of staff to ensure that 2600.54(a) is in compliance fully. Administrator will ensure that new staff have proper documents by following new staff checklist.

Administrator will ensure that staff A meets the criteria specified in the cited reg. 2/21/19

A.A.A

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Diane Williams</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diane Williams Administrator</i>			Date <i>Feb 9, 2019</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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The above plan of correction was approved by <u>A.A.A</u> (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: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 66 Pa.Code §2600

2800.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was 10/01/18, did not receive orientation in Fire Safety.

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 new employees prior to start date will have fire safety training within 30 days prior to start date. DCS will make sure to sign off stating they took the training and we will make sure they receive their certificate. DCS A received their fire safety training on 12/19/18.

Administrator shall ensure continual compliance and review training records quarterly. 2/21/19 AAA

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) *Diane Williams, Administrator* Date *Feb 8, 2019*

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Violation Report: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (36 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A completed their 40th scheduled work hour on 10/05/18. The staff person did not receive orientation in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.

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.*

DCSA did receive Older Adult Protective Act Training on 12/18/18. CCA will assure all DCS have necessary trainings that are on New Hire checklist. This checklist will be checked bi. monthly.

Within 15 days of receiving this POC, Administrator or a designee will audit all staff's training record to ensure compliance with the cited reg. 2/21/19

A-AA

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 *Feb, 8, 2019*

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 (Initials)

Plan of correction implementation status as of 2/21/19  
 (Date)

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

Violation Report: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 66 Pa.Code §2600  
 2600.86(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 The trash cans in the kitchen, dining area and 3rd floor bathroom do not have a lid.

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 DCS will check daily to stay in compliance by making all trash cans have lids. By 12:00pm they will sign off stating there are lids on all trashcans. They will monitor and sign off for 30 days and will continue to monitor daily as part of their routine.

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 *Feb 8 2019*

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The above plan of correction was approved by <u>AAA</u> (Initials)	

Violation Report: 14187 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 65 Pa.Code §2600  
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 Two trash cans next to the driveway were not covered with a lid.

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 DCS will check daily to stay in compliance by making all trash cans have lids. By 12:00 p.m. they will sign off stating there are lids on all trash cans. DCS will monitor and sign off for 30 days and will continue to monitor daily as part of their every day routine.

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: *Feb 8, 2019*

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Violation Report: 14167 - 12/13/2018 - Gray, Dean	
PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC	
1. REGULATION 56 Pa.Code §2600 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.	
2a. DESCRIPTION OF VIOLATION There were several items; 3 old chairs, an old table, an old rusty charcoal grill strewn throughout the back yard.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>All items were disposed of on 12/14/18 that were in the back yard. All furniture will be kept nice and maintained. Backyard will be checked weekly</p> <p>Administrator will ensure continual compliance by conducting a weekly check on the exterior of the building for compliance with the applicable reg. 2/21/19</p> <p style="text-align: center;">A-A-A</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Diane Williams</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diane Williams, administrator</i>	Date <i>Feb 8, 2019</i>
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Violation Report: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

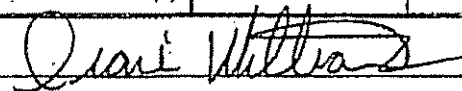
2a. DESCRIPTION OF VIOLATION  
 The bottom portion of the adjustable bed for resident #1 is not able to be raised to be equal with the upper and middle portions causing it to slope down towards the floor.

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's bed was disposed of on 12/14/18. A new bed was bought on 12/14/18. Will check all residents beds monthly to make sure they are in good condition.*

The Monthly checks on bed and foundation shall be documented. 2/21/19  
 A-A-A

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)			Date
Diane Williams, administrator			Feb 8, 2019
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Violation Report: 14167 - 12/13/2018 - Gray, Dean	
PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC	
<b>1. REGULATION 65 Pa.Code §2800</b> 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.	
<b>2a. DESCRIPTION OF VIOLATION</b> On 12/14/18, at 11:15, there was no thermometer in the basement stand up freezer.	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> 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.	
<p style="font-size: 1.2em;">Thermometer will be in clear view to make sure all food is maintained at <sup>the</sup> proper temperature, thermometer will be checked weekly</p> <p>Administrator or designee will review the documented result of the weekly check on the freezer to ensure compliance. 2/21/19</p> <p style="text-align: right;">A.A.A</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 	
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Diane Williams, Administrator	Date Feb 8, 2019
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Violation Report: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 12/14/18, a jar of Progresso Recipe starters Fire Roasted Tomato Cooking Sauce with an expiration date of 05/30/14 and a box of Pillsbury Pecan Swirl Quick Bread & Muffin Mix with a "best if used by" date of 09/10/16, was located in the home's kitchen cabinet.  
 On 12/14/18, a jar of ROI Artchoke Hearts with an expiration date of 12/21/14, was located on a shelf in the home's emergency food closet.

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 expired food that was found in kitchen cabinet and emergency food cabinet was disposed of immediately. All food will be checked weekly to check the expiration date.

Administrator will ensure continual compliance with the cited reg. by reviewing the documented weekly checks conducted by staff. 2/21/19  
 A-AA

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)		Date
Diane Williams, Administrator		Feb 8, 2019

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Violation Report: 14187 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

**1. REGULATION 55 Pa.Code §2600**  
 2800.107(b) - The home shall have written emergency procedures that include the following:  
 (1) Contact information for each resident's designated person.  
 (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.  
 (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.  
 (4) Means of transportation in the event that relocation is required.  
 (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.  
 (6) Alternate means of meeting resident needs in the event of a utility outage.

**2a. DESCRIPTION OF VIOLATION**  
 The home's written emergency procedures do not include the following:  
 Contact information for each resident's designated person,  
 The home's plan to provide the emergency medical information for each resident that ensures confidentiality,  
 Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.

**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.

Emergency designated contact info. was approved to all residents files on 12/19/18 and to emergency preparedness bag. cca has an agreement with our home pharmacy that will supply MAR's and medication for each resident. Staff will divide residents DCS# 1 will take first names from A-M and DSC # 2 will take first names from N-Z. Home will use Merry Ambulance for transportation. Shelter in place will have P.A.S.P. in hand to accompany needs to all individual residents

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: *Feb 8, 2019*

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

The above plan of correction is approved as of <u>2/21/19</u> (Date)	Plan of correction implementation status as of <u>2/21/19</u> (Date)
The above plan of correction was approved by <u>A-AA</u> (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: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 65 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 12/14/18, the home had 11 residents, but only 25 gallons of emergency drinking water.

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.

Home has purchased 8 gallons of water plus 2 extra gallons to assure that all residents have the adequate amount of water necessary in case of an emergency. Will check monthly to make sure we have the adequate amount of water.

Administrator will create a checklist to audit/track the available gallons of water at the residence and ensure continual compliance with the cited reg. 2/21/19

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, administrator      Date Feb 8, 2019

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

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The above plan of correction was approved by <u>AAA</u> (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: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 05/08/18. The resident's medical evaluation was completed on 08/27/18.

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 DME's will be checked monthly to assure all residents have one. All DME's will be submitted prior to start date. This will be checked off on New Resident form.

The monthly audit of DME/resident's record shall be documented. Administrator will develop a checklist, to routinely track the due dates for DME in accordance with the referenced reg; and to ensure continual compliance. 2/21/19

A.A.A

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Dean Williams</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Diane Williams, Administrator		Feb 8, 2019	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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The above plan of correction was approved by <u>A.A.A</u> (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: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

**1. REGULATION 55 Pa.Code §2600**  
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**  
 The home's designated smoking area in front of the patio has a steel chair with a padded seat and back.

**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.*

Padded seat and back<sup>yard</sup> was removed immediately. There is no cushion on the steel chair. We will monitor to make sure no hazardous cushions are in the outside smoking area.

Administrator or a designee will ensure compliance daily. 2/21/19

AAA

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: *Feb 8, 2019*

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Violation Report: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

**1. REGULATION 55 Pa.Code §2600**  
 2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

**2a. DESCRIPTION OF VIOLATION**  
 On 12/13/18, oatmeal with raisins, apple sauce, toast and milk were listed on the menu for breakfast. Scrambled eggs, bacon and sausage was served instead. No notice was provided to the residents in advance of the meal.

**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.

Will make sure all staff follow menu if there is a change on menu we will notify all residents of change on menu or substitutes starting 12/15/18.

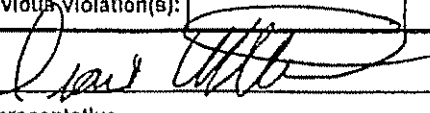
Repeat Violation: No      Date(s) of Previous Violation(s):

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 *Feb, 8, 2019*

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

The above plan of correction is approved as of <u>2/21/19</u> (Date)	Plan of correction implementation status as of <u>2/21/19</u> (Date) <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully Implemented</li> <li><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</li> <li><input type="checkbox"/> Partially Implemented - Inadequate Progress</li> <li><input type="checkbox"/> Not Implemented</li> </ul>
The above plan of correction was approved by <u>AAA</u> (Initials)	

Violation Report: 14167 - 12/13/2018 - Gray, Dean PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	
<b>2a. DESCRIPTION OF VIOLATION</b> On 12/13/18, at 8:00 PM and 9:00PM, resident #3's blood sugar was checked. Staff person B did not initial or record the date and time of administration. On 12/14/18, at 9:00AM, resident #3's blood sugar was checked. Staff person B did not initial or record the date and time of administration.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
Administrator will retrain staff on recording and documenting of all administered medications that are listed on their M.A.R's. We will check every 2 days to assure staff recorded, initialed and dated after all medications were given.	
On receiving this POC and for a two consecutive months period, Administrator will provide oversight to staff during med. administration; to train staff and ensure proper documentation of administered blood glucose checks in adherence to the cited reg. 2/21/19	
A.A.A	
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, Administrator	
Date Feb 8, 2019	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>2/21/19</u> (Date)	Plan of correction implementation status as of <u>2/21/19</u> (Date)
The above plan of correction was approved by <u>A.A.A</u> (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: 14187 - 12/13/2018 - Gray, Dean  
 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 12/13/18, at 9:00 PM resident #3 was administered Carvedilol 6.25 MG tab, Pravastatin 80 MG tab and Tamsulosin 0.4 MG tab were administered. Staff person B did not initial or record the date and time of administration.  
 On 12/14/18, at 9:00 AM, resident #3 was administered 8 medications. Staff person B did not initial or record the date and time of administration.  
 On 12/13/18, at noon, resident #4's Lorazepam 0.5 MG tab was administered. Staff person B did not initial or record the date and time of administration.  
 On 12/13/18, at 6:00 PM resident #4 had 6 medications administered; Ketoconazole 2% Cream, Lorazepam 0.5mg, Nitacin ER 500 MG, Olanzapine 20 MG, Pravastatin 20 MG and Pravastatin 40 MG. Staff person B did not initial or record the date and time of administration. On 12/14/18, at 9:00 AM, resident #4 had 6 medications administered; Allopurinol 300 MG, Amitriptyline 100 MG, Ketoconazole 2% cream, Lorazepam 0.5 MG, Nitacin ER 500 MG and Omeprazole 20 MG. Staff person B did not initial or record the date and time of administration.  
 Resident #5's Medication Administration Record was not initiated after administering medications for the following dates, times and medications; 12/12/18 at 6:00 PM, Benzotropine 1 MG tab, 12/12/18 at 9:00 PM, Lanlus Solostar Inj, 12/13/18 at 9:00 AM, Lisinopril 5 MG tab and Metoprol Tar 25 MG tab, 12/13/18 at 6:00 PM, Benzotropine 1 MG tab, Metoprol Tar 25 MG tab, 12/13/18 at 9:00 PM, Atorvastatin 10 MG tab, Lanlus Solostar Inj and Risperidone 4 MG tab and 12/14/18 at 9:00 AM, Benzotropine 1 MG tab, Cilfelpram 10 MG tab, Lisinopril 5MG tab and Metoprol Tar 25 MG.

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 retrain staff B on recording and documenting of all administered medications that are listed on their M.A.R's. We will check every 2 days to assure staff recorded, initialed and dated after all medications were given.

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: *Feb 8, 2019*

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

The above plan of correction is approved as of 2/21/19 (Date)

Plan of correction implementation status as of 2/21/19 (Date)

The above plan of correction was approved by AAA (Initials)

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

Within a month period of receiving this POC, Administrator or a designee will re-train all staff on medication administration's documentation. On receiving this POC and for a two consecutive months period, Administrator will provide oversight to staff during med. administration time to train staff and ensure proper documentation of administered medication in adherence to the cited reg. The training provided to staff and the routine audit of MARS shall be documented. 2/21/19

A-A.A

Violation Report: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 56 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 and resident #2 have not been educated on 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 and #2 was informed on 12/15/18 and signed contract stating so. Admin. asked all residents if they knew their rights. They did. DCS was advised by Administrator that all new admits should be informed of rights and sign contract on day 1 of moving in. Administrator will check all new admits have been advised going forward.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 11/09/2017

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 *FEB 8, 2019*

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The above plan of correction is approved as of <u>2/21/19</u> (Date)	Plan of correction implementation status as of <u>2/21/19</u> (Date)
The above plan of correction was approved by <u>AAA</u> (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: 14187 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 66 Pa.Code §2600  
 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
 The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

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.

DCS will make sure daily that all activity calendars are pinned to wall and not taken down for any reasons starting 12/15/18

Administrator will ensure continual compliance with the cited regulation by conducting a daily check on the posted activity calendar. 2/21/19

AAA

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

Signature of Legal Entity Representative (Required on EVERY Page) *Quana Wellman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Diana Williams, Administrator*      Date *Feb 8, 2019*

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

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Violation Report: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

1. REGULATION 56 Pa.Code §2800  
 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 most recent assessment for resident #6 was completed on 05/18/17.  
 The most recent assessment for resident #7 was completed on 05/11/17.

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 RASP will be checked monthly to ensure no resident is out of compliance. This will go into effect on 12/15/18

The routine monthly audit of RASP shall be documented, while the Administrator equally develop a checklist to track dues dates and ensures continual compliance with the cited reg. 2/21/19

Repeat Violation: No      Data(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 *Feb. 8, 2019*

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The above plan of correction was approved by <u>AAA</u> (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: 14167 - 12/13/2018 - Gray, Dean  
 PCH Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC

**1. REGULATION 55 Pa.Code §2600**  
 2800.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services. If the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**  
 The assessment for resident #6 indicates the resident has a need for supervision when outside the home. The home did not provide the necessary supervision on 07/05/18, the resident disappeared and was not found until 07/07/18.

**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 #6 will be monitored and given supervision when leaving the facility. DCS will accompany Resident #6 on all outside walks starting immediately.

Within 15 days of receiving this POC, the Administrator or designee will review all resident's support plan to ensure that the requisites mentioned in the plan to support the residents are being implemented. Administrator will create a schedule indicating the outings for resident #6 and the staff who will accompany the resident. 2/21/19

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, Administrator*      Date *Feb 8, 2019*

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

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The above plan of correction was approved by <u>AAA</u> (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