



January 15, 2020

Ms. Diane Williams
Administrator
Chelten Christian Crusade for All People, Inc.
605 East Chelten Avenue
Philadelphia, Pennsylvania 19144

RE: Chelten Christian Crusade II
4518 Broad Street
Philadelphia, Pennsylvania 19141
License #: 123280

Dear Ms. Williams:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 5, 2019 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 (relating to Personal Care Homes) 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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *CHELTEN CHRISTIAN CRUSADE II* License Number: *12328*
 Address: *4518 NORTH BROAD STREET,, PHILADELPHIA, PA 19141*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: *Diane Williams* Phone: *2158496614* Email: *ccclpds@gmail.com*

Legal Entity

Name: *CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC*
 Address: *605 EAST CHELTEN AVENUE, PHILADELPHIA, PA, 19144*

Certificate(s) of Occupancy

Type: *Other* Date: *08/31/2011* Issued By: *Phialdelphia L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Renewal*

Inspection Dates and Department Representative

08/05/2019 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *14* Residents Served: *10*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *9* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Write X - Inspection Editor

CHELTEN CHRISTIAN CRUSADE II

88a - Surfaces

Regulations

2600. 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The ceiling in the 2nd floor bathroom is in disrepair. There is a gap measuring 12" x 6" wide.

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 date by which the steps will be completed.)

88A: Surfaces

The ceiling on the 2nd floor bathroom was repaired August 6th (the day after inspection). We will monitor the ceiling on the 2nd floor bathroom and all ceilings throughout the building; to make sure all ceilings stay in good repair. Pictures will be attached for the 2nd floor ceiling.

Legal Entity Representative

		Date
Signature	Printed Name and Title	

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The above plan of correction is approved as of 12/27/19 (Date) Plan of correction implementation status as of 12/27/19 (Date)

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

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

08/05/2019

[Handwritten Signature]

Diane Williams
Sept 5, 2019 8/28

CHELTEN CHRISTIAN CRUSADE II

12328

100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The outside fence is broken and in need of repair causing a tripping hazard for residents.

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.)

100A: Exterior Free of Hazards

The outside fence was repaired and is no longer a tripping hazard. The fence will be monitored bi-weekly to assure it stays in good condition. Picture is attached of the repaired outside fence.

Legal Entity Representative

Signature	Printed Name and Title	Date
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	(Date)		(Date)

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

08/05/2019

Dean Wilton

Diane Williams
7 of 14
Sept 5, 19

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record does not include fire drills conducted for the months of November 2018 and December 2018.

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.)

132C: Fire Drill Records

A fire drill was conducted for November 2018 and December 2018 but was not consolidated on to the main fire drill log. All documentation for a monthly fire drill logs will be documented on one paper. We will stay consistent using the same fire drill log sheet monthly. The other administrator [redacted] will check monthly to make sure all fire drills are documented on the same fire drill log sheet and a red back board will be placed behind the sheet to assure the paper is visible and returned to the proper place.

Legal Entity Representative

Signature _____ Printed Name and Title _____ Date _____

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(Date) (Date)

The above plan of correction was approved by [Signature]
(Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

08/05/2019 _____ 8 of 14

Diane Williams Sept 5 2019
Diane Williams 8/28/2019

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident#1 last medical evaluation was completed on January 6, 2015.

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.)

141B: Annual medical Evaluation

Administrator will make a checklist to monitor when the residents last annual medical evaluation was completed. This checklist will be monitored monthly. When the medical evaluation is completed a code will be placed next to the residents name indicating the medical evaluation was completed.

Attachment 141B is attached

Legal Entity Representative

Signature

Printed Name and Title

Date

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(Initials)

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08/05/2019

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Diane Williams Sept 5, 2019
Diane Williams

CHELTEN CHRISTIAN CRUSADE II

12328

185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medication: and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation


The home's procedures for the safe use of medications and medical equipment do not include documentation of the receipt of controlled substances and prescription medications. Resident#2's clonazepam 1 mg tab is included in the blister pack.

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.)

185B: Medication Procedures

Administrator will check the medication and the MAR's when they are delivered to make sure that the Clonazepam 1 mg tab and all medications match the MAR's that are documented on the MAR form as prescribed by their physician.

Immediately- Administrator or designee will develop and implement a procedure to document the receipt of controlled substances. 12/27/19 

Legal Entity Representative

Signature	Printed Name and Title	Date
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	(Initials)	

08/05/2019

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Crisis Center Sept 5, 2019
Diane Williams 8/28/2019

187a - Medication Record

Regulations

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.

Description of Violation

Resident #1 is prescribed Ketoconazole . This medication was administered on 08/04/2019; however, it is not included on resident #1's medication administration record.

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.)

187A: Medication Record

We will check all meds with the MAR's to make sure all meds are documented correctly. We will contact pharmacy immediately, if any medication is delivered and does not coincide with the MAR. We have an agreement with the pharmacy to check off all meds as they are delivered at 6:00 p.m. We have contacted the pharmacy and informed them of the medication violation for Ketoconazole and they are in agreement to allow the driver to stay to make sure all medications coincide with the MAR's.

Legal Entity Representative

Signature

Printed Name and Title

Date

08/05/2019

Diane Williams Sept 5 2019

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CHELTEN CHRISTIAN CRUSADE II

12328

187a - Medication Record (continued)

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(Date)

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(Date)

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

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

Craig Wilkins

Sept 201

CHELTEN CHRISTIAN CRUSADE II

12328

225c - Additional Assessment

Regulations

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.

Description of Violation

The most recent assessment completed for resident #1 was completed on 06/22/2018.

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.)

225C: Additional Assessments

All assessments will be checked quarterly to assure all residents have an up to date assessment in their file. All residents prior date of their last assessment will be documented and they will be seen by their physician a month prior to their annual deadline of their assessment.

Ex: If assessment was given in July 2018 their next doctor's assessment will be done for June 2019. This will be checked quarterly.

* P.S. we know this moves the assessment date up a month every year.

Legal Entity Representative

Signature

Printed Name and Title

Date

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- Not Implemented

08/05/2019

[Signature] Drano Williams
Sept 5, 2019

14 of 14

Violation Report

Facility Information

Name: *CHELTEN CHRISTIAN CRUSADE II*

License Number: 12328

Address: *4518 NORTH BROAD STREET,, PHILADELPHIA, PA 19141*

County: *PHILADELPHIA*

Region: *SOUTHEAST*

Administrator

Name: *REX BARR*

Phone: *2158496614*

Email: *CCLPDS@GMAIL.COM*

Legal Entity

Name: *CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC*

Address: *605 EAST CHELTEN AVENUE, PHILADELPHIA, PA, 19144*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff:

Total Daily Staff: 9

Waking Staff: 7

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Interim*

Inspection Dates and Department Representative

09/30/2019 - On-Site: Tahesia Thomas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 14

Residents Served: 9

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8

Are 60 Years of Age or Older: 3

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 9/30/19 the home's current license, dated May 18, 2019 - May 18, 2020, was not posted in a conspicuous and public place in the home.

License Violation

(Why did it happen) . Do to miscommunication between the DCS. DCS members are responsible to assure all mandatory licenses and trainings are properly displayed on our bulletin board in the dining area. **(What we do now to fix the problem)** Immediately following inspection the current license was hung up and displayed on the bulletin board and the previous license was taken down. Effective December 1, 2019 DCS person #1 [redacted] will be responsible to assure the license is hung up in its designated area on all odd months of the calendar year (January, March, May, July, September and November).

(How do we prevent this from happening again?) DCS person #2 will assure the license is hung up on all even months of the calendar year (February, April, June, August, October and December). DCS will have a check off sheet that will be checked off monthly stating the license was hung up in the proper place and the current date is displayed. DCS #1 will check DCS #2 and DCS #2 will check DCS #1 monthly to assure this violation does not reoccur.

[redacted]

[redacted]

[Handwritten Signature]
Signature

Diane Williams

Printed Name and Title

12/8/19

Date

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The above plan of correction is approved as of

12/27/19
(Date)

Plan of correction implementation status as of

12/27/19
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

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

09/30/2019

162c - Menus Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 9/30/19, the home did not have a current weekly menu posted. The menu posted was dated August 1 - August 31, 2019.

Menu Violation

(Why did it happen) . Do to miscommunication between the DCS. DCS members are responsible to assure all mandatory licenses and trainings are properly displayed on our bulletin board in the dining area. (What we do now to fix the problem) Immediately following inspection the current menu was hung up and displayed on the bulletin board and the previous menu was taken down. Effective December 1, 2019 DCS person #1 [REDACTED] will be responsible to assure the menu is hung up in its designated area on all odd months of the calendar year (January, March, May, July, September and November).

(How do we prevent this from happening again?) DCS person #2 will assure the menu is hung up on all even months of the calendar year (February, April, June, August, October and December). DCS will have a check off sheet that will be checked off monthly stating the menu was hung up in the proper place and the current month is displayed. DCS #1 will check DCS #2 and DCS #2 will check DCS #1 monthly to assure this violation does not reoccur.

[REDACTED]

[REDACTED]

[Handwritten Signature]
Signature

Diana Williams *10/8/19*
Printed Name and Title Date

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The above plan of correction is approved as of 12/27/19 Plan of correction implementation status as of 12/27/19
 (Date) (Date)

The above plan of correction was approved by *[Initials]* Fully Implemented
 (Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

221c - Post Activity Calendar

Regulations

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On 9/30/19, the home did not have a current monthly activity calendar posted. The activity calendar posted was dated August 1 - August 31, 2019.

Activity Calendar Violation

(Why did it happen) . Do to miscommunication between the DCS. DCS members are responsible to assure all mandatory licenses and trainings are properly displayed on our bulletin board in the dining area. **(What we do now to fix the problem)** Immediately following inspection the current activity calendar was hung up and displayed on the bulletin board and the previous calendar was taken down. Effective December 1, 2019 DCS person #1 [redacted] will be responsible to assure the calendar is hung up in its designated area on all odd months of the calendar year (January, March, May, July, September and November).

(How do we prevent this from happening again?) DCS person #2 will assure the calendar is hung up on all even months of the calendar year (February, April, June, August, October and December). DCS will have a check off sheet that will be checked off monthly stating the calendar was hung up in the proper place and the current month is displayed. DCS #1 will check DCS #2 and DCS #2 will check DCS #1 monthly to assure this violation does not reoccur.

[redacted]

[redacted]

[Handwritten Signature]
Signature

Diane Willows
Printed Name and Title

12/19
Date

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The above plan of correction is approved as of 12/27/19
(Date)

Plan of correction implementation status as of 12/27/19
(Date)

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

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