



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail ccclpds@gmail.com
Sent via e-mail rexbarr7801@aol.com
April 6, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on November 19, 2019 found violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On December 31, 2019 we requested that you complete a plan to correct the violations. We have not received an acceptable plan to correct the violations; therefore, we have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at 610-270-1137.

Sincerely,

Sandra Wooters

Sandra Wooters, MHS, ACG
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.*
Address: *3635 NORTH 22ND STREET,, PHILADELPHIA, PA 19140*
County: *PHILADELPHIA* Region: *SOUTHEAST*

License Number: *14167*

Administrator

Name: *Diane Williams* Phone: *2152276423* Email: *REXBARR7801@AOL.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: *01/19/1983* Issued By: *City of Phila.*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection

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

Inspection Dates and Department Representative

11/19/2019 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *14* Residents Served: *12*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *1*

CHELTON CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

14167

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 11/15/19 between 4pm and 6:30pm, Resident #1 attempted to commit suicide. The home did not report this incident to the department until 11/17/19 at 4:10pm.

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.)

2600 16:c

The home did not report the incident because the administrator stayed late at night to consult all residents until after 11 pm. on Friday night in regards to Resident #1's suicide attempt. On Saturday administrator contacted by phone all area hospitals and was unsuccessful locating Resident #1, due to the HIPPA law. The next day the administrator visited several hospitals including Friends Hospital (drug and alcohol facility) but was told Resident #1 would contact the administrator or home but they could not reveal if he was there or not do the HIPPA law. Administrator did not send report because she was trying to do a conclusion for the paperwork and locate Resident #1. Going forward all incidents that occur will be reported. We will place a reminder on the board to send in all incident reports within 24 hours.

DPOC:

The administrator will conduct a training for all staff on the importance of submitting an incident report within 24 hours of the incident, within 10 days of receipt of this Plan of Correction. Documentation of the training will be maintained for the Departments review.

The administrator will communicate with the staff daily regarding any incidents occurring at the home to ensure all incidents are reported to the Department within 24 hours of the incident, starting immediately. SLW 4.3.2020

Legal Entity Representative

Diane Williams
Signature

Diane Williams Administrator Jan 9, 2020
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/3/2020
(Date)

Plan of correction implementation status as of 4/3/2020
(Date)

Implemented
 Not Implemented

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

CHELTON CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

14167

25a - Written Contract and Review

Regulations

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident 2, admitted 10/16/19, did not have a resident-home contract completed until 10/22/19.

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.)

2600 25:a

Resident #2 did not have the funding to pay for his care and was unsure if he would reside. Going forward we will have administrator and resident complete the Home Contract prior to moving in.

if he paid or not paid

DPOC:

The administrator will review all contracts with newly admitted residents within 24 hours of admission to ensure the contract is completed within the required time frame, starting immediately.

The administrator will determine prior to admission if the resident has the funding to pay for their care so a contract can be completed upon admission, starting immediately.

The administrator will audit all resident records to ensure each resident has a completed contract, starting immediately, and bi-annually thereafter.

SLW 4.3.2020

Legal Entity Representative

[Handwritten Signature]
Signature

Jane Williams Jan. 1, 2020
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/3/2020
(Date)

Plan of correction implementation status as of 4/3/2020
(Date)

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

Implemented
 Not Implemented

CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

14167

25b - Contract Signatures

Regulations

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.

Description of Violation

The resident-home contract, dated 10/22/19, for resident # 2 was not signed by the administrator and resident.

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.)

2600 2:b

Administrator was unsure if resident was going to reside in the home because he did not have any funds to pay for his living space therefore; the contract was not signed. All contracts will be signed upon admission date. Reminders will be placed on review board.

DPOC:

The administrator will ensure all contracts are signed by the administrator, resident and designee (where necessary), starting immediately.

The administrator and resident #2 have signed the contract once the resident agreed to remit payment for care.

The administrator or designee will audit all resident records to ensure all resident contracts have been signed by both the administrator and resident, starting immediately.

SLW 4.3.2020

Legal Entity Representative

[Handwritten Signature]

Signature

Diane Williams Jang 2020

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/3/2020
(Date)

Plan of correction implementation status as of 4/3/2020
(Date)

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

Implemented
 Not Implemented

CHELTON CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

14167

65b - Rights/Abuse 40 Hours

Regulations

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:
 - 2. Emergency medical plan.
 - 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on 03/12/19. However, this staff person did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions.

Staff person B completed his/her 40th scheduled work hour on 09/17/19. However, this staff person did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions.

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.)

2600 65:b

All staff will be trained before hiring. A completed new hire package will be checked before start date. This package will include the Emergency medical Plan training and the reporting of reportable incidents and conditions trainings.

DPOC:

The administrator will review all new staff hiring training documents by the 40 hour of work to ensure the staff has completed, starting immediately.

The administrator or designee will conduct bi-annual audits of staff training documents to ensure all staff have completed required training, starting immediately. SLW 4.3.2020

Legal Entity Representative

Signature

Diane Williams Jan 9, 2020

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/3/2020
(Date)

Plan of correction implementation status as of 4/3/2020
(Date)

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

- Implemented
- Not Implemented

CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

14167

101j5 - Bedside Table/Shelf

Regulations

2600.

101j. Each resident shall have the following in the bedroom:

- 5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident 3's bed in bedroom #2 front.

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.)

2600 101:j

Administrator could not afford new bedside tables therefore was in the process of painting old bedside tables. Going forward a table will be placed there to accommodate for old tables as they are being restored.

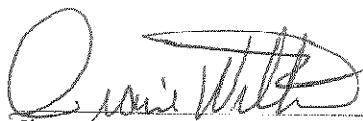
DPOC:

The #2 bedroom bedside table has been replaced. The administrator will have a spare table or shelf in the event the table becomes in disrepair, starting immediately.

The administrator or designee will conduct monthly physical site inspections of the home to ensure all resident bedrooms have a bedside table or shelf for each resident bed, starting immediately.

SLW 4.3.2020

Legal Entity Representative


Signature

Diane Williams
Printed Name and Title

Jan 9, 2020
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/3/2020
(Date)

Plan of correction implementation status as of 4/3/2020
(Date)

- Implemented
- Not Implemented

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

CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

14167

103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was expired food found in the food pantry:

Peanut Butter Exp. 2014

Town House Crackers Exp. 4/19/19

Knorr Meal Starter Exp. 5/7/19

Tuna Helper best by 2/9/13

Ryvita Rye Crisps best by 1/19/16

There were also dented cans found in the food pantry: Canned Pumpkin and Canned Manwich

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.)

2600 103:1

Expiration dates will be checked monthly to assure there are no spoiled foods or dented cans in the pantry. All old food will be placed in the front of the pantry so we can have a better view of the food's expiration date and observe any dented cans.

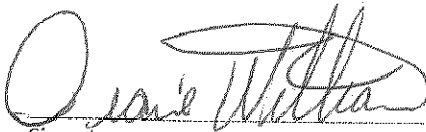
DPOC:

All food was removed that was outdated or dented by the administrator on the day of the inspection. The administrator will conduct periodic inspections of the food items in the home, starting immediately.

The administrator will conduct a training for the staff on how to determine the dates of food items and how to identify dented cans within 30 days of receipt of this plan of correction. Documentation of the training will be maintained for the Departments review.

SLW 4.3.2020

Legal Entity Representative



Signature

Diane Williams Jan 9, 2020

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/3/2020
(Date)

Plan of correction implementation status as of 4/3/2020
(Date)

- Implemented
- Not Implemented

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

CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

14167

141a - Medical Evaluation

Regulations

2600.

141.a. 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.

Description of Violation

Resident#2's medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident.

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.)

2600 141:a

Administrator will check after DCS to assure all medical evaluations are in all new resident file prior to admission.

DPOC:

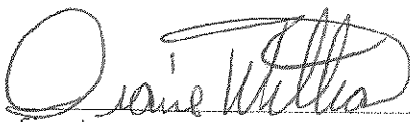
Resident #2 medical evaluation was completed by Dr.


The administrator will review all new residents medical evaluations on the 30 day following admission to ensure the medical evaluation has been completed, starting immediately.

The administrator will audit all resident records to ensure all residents have an initial medical evaluation and if not will schedule an appointment with the residents physician, starting immediately.

SLW 4.3.2020

Legal Entity Representative


Signature


Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/3/2020
(Date)

Plan of correction implementation status as of 4/3/2020
(Date)

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

Implemented
 Not Implemented

CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

14167

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 11/05/19, 11/06/19 and 11/07/19 at 6 pm, resident #3 was administered Olanzapine 20mg Tab. Staff person B did not initial the medication administration record.

On 11/19/19 at 12 pm, resident #3 was administered Lorazepam .05mgTab. Staff person B did not initial the 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.)

2600 187:b

Administrator will check all MAR's weekly to make sure all medications are initialed after dispensed.

DPOC:

The administrator will conduct a training to all staff trained to administer medications on the importance of proper documentation, within 30 days of receipt of this plan of correction. Documentation of the training will be maintained for the Departments review.

The staff of the home will be trained to review the Medication Administration Record to ensure required documentation has been completed before the end of their shift, immediately.

SLW 4.3.2020

Legal Entity Representative

[Handwritten Signature]

Signature

Diane Williams Jan 9, 2020

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

4/3/2020
(Date)

Plan of correction implementation status as of 4/3/2020
(Date)

- Implemented
- Not Implemented

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

CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

14167

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 is prescribed glucose test reading daily. However, resident 4 did not test sugar level on 11/02/19, 11/04/19, 11/06/19, 11/09/19, 11/11/19, 11/12/19, 11/13/19, 11/14/19, 11/15/19 and 11/16/19.

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.)

2600 187:d

Staff will check after residents to assure all glucose charts are documented and initialed daily.

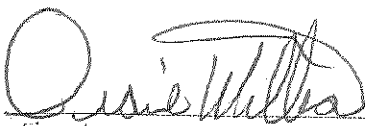
DPOC:

The administrator will conduct training on the importance of following the physician orders to all staff trained to administer medications, immediately. Documentation of the training will be maintained for the Departments review.

The administrator will conduct monthly reviews of the glucose charts to ensure all residents blood sugars are tested in accordance with the physicians orders, starting immediately.

SLW 4.3.2020

Legal Entity Representative



Signature



Printed Name and Title



Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/3/2020
(Date)

Plan of correction implementation status as of 4/3/2020
(Date)

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

Implemented
 Not Implemented

CHELTON CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

14167

227b - Support Plan Content

Regulations

2600.

227.b. A home may use its own support plan form if it includes the same information as the Department's support plan form.

Description of Violation

The RASP for Resident #2 does not include the Description of Service Need nor the Plan to Meet the Resident's need in the following areas:

- Doing Laundry
- Managing Health Care
- Securing Health Care
- Shopping
- Making and Keeping Appointments
- Writing Correspondence

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.)

2600 227:b

All RASP will be checked for completion monthly so that we can accommodate to all needs for each resident.

DPOC:

The administrator will review all resident RASP's upon their completion to ensure they are complete upon within 30 days of their completion and upon any significant change, starting immediately.

The administrator or designee will audit all resident RASP's to ensure they have been completed, starting immediately.

SLW 4.3.2020

Legal Entity Representative

Signature

Diane Williams

Printed Name and Title

Jan 9 2020

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/3/2020
(Date)

Plan of correction implementation status as of 4/3/2020
(Date)

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

Implemented
 Not Implemented

CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

14167

254a - Records Discharge/Active

Regulations

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 11/19/2019, the records for resident #1's was missing from the home.

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.)

2600 254:a

Each resident will have a one page, profile kept in a separate binder that will be released if necessary to any authorized official. This way their main official records will never leave the facility. The binder will be in a secluded place in the DCS room.

DPOC:

The administrator was able to secure resident #1's records from the enforcement officers following the incident with the resident.

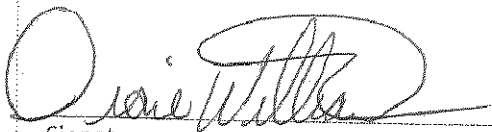
The administrator will develop a face sheet for each resident with demographic and medical information to be made available to medical and law enforcement officials for any future incidents.

The administrator will make at least five (5) copies of the face sheets and place the additional face sheets in the resident binders to be made available to medical and law enforcement officials on an immediate basis, starting immediately.

The administrator will audit all resident records to ensure they are available in the home at all times, starting immediately.

SLW 4.3.2020

Legal Entity Representative



Signature

Diane Williams

Printed Name and Title

Jan 9, 2020

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/3/2020
(Date)

Plan of correction implementation status as of 4/3/2020
(Date)

Implemented

Not Implemented

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

CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.

14167

254b - Policy and Procedures

Regulations

2600.

254.b. Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Description of Violation

The home does not have policies and procedures for managing records.

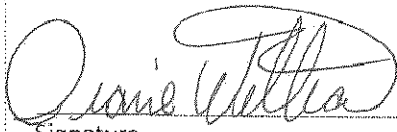
Plan of Correction (POC)

(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.)

2600 254:b

Our new policies and procedures addressing record accessibility, security and storage for our recordkeeping is to have available a single demographic sheet for each resident's so that we can keep our records secure in a secluded place; without giving any one access to our main files for our residents. DCS is responsible for all records when Administrator is not present at the facility. A binder containing all residents demographics will be in a secure place and the records will be available for any excursions, emergencies, etc... All records are stored in the staff bedrooms with a secure lock allowing only the administrator and staff to have access to the records.

Legal Entity Representative



Signature

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/3/2020
(Date)

Plan of correction implementation status as of 4/3/2020
(Date)

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

Implemented
 Not Implemented