

Department of Human Services
Bureau of Human Service Licensing

February 22, 2021

[REDACTED], ADMINISTRATOR
CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC
605 EAST CHELTEN AVENUE
PHILADELPHIA, PA 19144

RE: CHELTEN CHRISTIAN CRUSADE II
4518 NORTH BROAD STREET
PHILADELPHIA, PA, 19141
LICENSE/COC#: 12328

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *CHELTEN CHRISTIAN CRUSADE II* License #: *12328* License Expiration Date: *05/18/2021*
Address: *4518 NORTH BROAD STREET, PHILADELPHIA, PA 19141*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2158496614* Email: [REDACTED]

Legal Entity

Name: *CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC*
Address: *605 EAST CHELTEN AVENUE, PHILADELPHIA, PA, 19144*
Phone: *2158496614* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *08/31/2011* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *01/15/2021*

Inspection Dates and Department Representative

01/13/2021 - On-Site: [REDACTED]

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: *5* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/13/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/03/2021*

Inspections / Reviews *(continued)*

2/11/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *02/19/2021*

2/22/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

62 - Contact List

1. Requirements

2600.

- 62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person A, a direct care worker, was not included in the home's current staff list.

Plan of Correction

Accept

Chelten Christian Crusades for All People II now had a checklist for new staff members All new staff members will be added to the staff list upon completion of hiring.

Completion Date: 01/14/2021

Update - 02/11/2021

SP 02/11/2021 - Home will ensure it maintains a current list of all staff members

Document Submission

Implemented

[Redacted] was added to the staff list on 1/14/2021. The staff list is accessible to administrators and other staff members.

Update - 02/22/2021

66a - Staff Training Plan

1. Requirements

2600.

- 66.a. A staff training plan shall be developed annually.

Description of Violation

The home's staff training plan for 10/1/2020-9/30/2021 is incomplete. The plan list only prevention of drug diversions, best practices in medicine safety, and medication administration courses. It only accounts for 8 hours of training, not the full 12 hours annual training.

Plan of Correction

Accept

The administrator will have a reminder on [Redacted] google calendar to assure that all projections will be documented on the staff training plan so this action does not reoccur. The administrator will document the adequate amount of hours needed for that fiscal year.

Completion Date: 01/14/2021

Update - 02/11/2021

SP 02/11/2021 - Homes annual training plan will be made readily available for Department review.

Document Submission

Implemented

The staff training plan was completed on 02/11/2021 and will be completed prior to October 1st of the upcoming year and will be ready and available for department review.

85a - Sanitary Conditions

1. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

Description of Violation

On 1/13/2021, the home's basement egress had spider cobwebs covering the area.

Plan of Correction

Accept

The basement was consumed with cobwebs. The area was cleaned immediately and DCS was informed that this area must be cleaned weekly. DCS must initial a checklist after every cleaning to assure this does not reoccur.

Completion Date: 01/13/2021

Update - 02/11/2021

SP 02/11/2021 - Checklist to be made available for Department review. Sanitary conditions will be maintained at all times throughout the home.

Document Submission

Implemented

All cobwebs were removed immediately. The staff will maintain sanitary conditions throughout the home at all times.

87 - Lighting

1. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The home's egress path to the exit door located in the basement has no lighting. The lack of lighting poses a safety hazard for the residents,

Plan of Correction

Accept

Chelten Christian Crusade for All People did not have a light in the basement hallway. A light was installed on 1/16/2021. The light in the basement will be kept on at all times. Directions to the lighted exit sign will be familiar to all DCS and residents to assure a safe exit if needed during an emergency.

Completion Date: 01/16/2021

Document Submission

Implemented

Lighting was installed in the basement area, near the exit sign. A light will be left on at all times and marked with a lighted exit sign in case this area has to be used for an emergency.

88a - Surfaces

1. Requirements

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 wooden door located in the basement is warped and in despair. The door serves as an emergency exit for the residents.

88a - Surfaces (continued)

Plan of Correction **Accept**

Chelten Christian crusades for All People was in the process of repairing the wooden warped door in the basement. The door was replaced on 1/18/2021. DCS will check quarterly to assure the door is still in good condition so the residents may have a safe exit in case of an emergency.

Completion Date: 01/18/2021

Document Submission **Implemented**

The wooden door in the basement has been replaced. DCS () will check quarterly to assure this serves as a safe exit route for residents and staff.

89a - Water Pressure

1. Requirements

2600.

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

Description of Violation

On 1/13/2021, the home did not have sufficient hot water to accommodate the residents' needs for hygiene and sanitation needs of the home.

Plan of Correction **Accept**

Chelten Christian Crusades had the hot water temperature on 4 on 1/13/21. Admin moved the temperature up to a 6 to assure there is enough hot water to accommodate the resident's needs for hygiene and sanitation needs. Admin will check water temperature periodically to assure the temperature is right.

Completion Date: 01/14/2021

Document Submission **Implemented**

The water temper gauge will be monitored monthly to assure there is sufficient hot water for the resident's needs for hygiene and sanitation to accommodate all residents.

Update - 02/22/2021

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the home does not include a thermometer and eye coverings.

Plan of Correction **Accept**

A thermometer and eye coverings were placed in the first aid kit immediately following the inspection. All first aid kits will be checked monthly to assure nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings, and tweezers are stored in all first aid kits.

Completion Date: 01/13/2021

Document Submission **Implemented**

All first aid kits are complete with all necessities required, including a thermometer and eye coverings. DCS staff will check monthly that all the equipment in the first aid kits is there.

101j2 - Bedroom Chairs

1. Requirements

2600.

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

- 2. A chair for each resident that meets the resident’s needs.

Description of Violation

On 01-13-2021, bedroom 1B was occupied by 2 residents. However, there was only 1 chair in this bedroom.

Plan of Correction

Accept

Resident in bedroom 1B did not have a chair on their side of the bedroom. A chair was purchased and placed on side of the room. DCS will check monthly to assure the chair is in good repair.

Completion Date: 01/20/2021

Update - 02/11/2021

SP 02/11/2021 - Home will ensure there is a bedroom chair for all residents in accordance with regulation 2600.101j2

Document Submission

Implemented

A bedroom chair was placed in resident 1B's bedroom on 1/20/2021 in accordance with regulations.

101j6 - Mirror

1. Requirements

2600.

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

- 6. A mirror.

Description of Violation

Bedroom 1B is shared by two residents and there was no mirror present in the bedroom on 1/13/2021.

Plan of Correction

Accept

Resident in bedroom 1B did not have a mirror on their side of the bedroom. A mirror was purchased and placed on side of the room. DCS will check monthly to assure the mirror is in good repair.

Completion Date: 01/20/2021

Update - 02/11/2021

SP 02/11/2021 - Home will ensure there is a mirror in each bedroom in accordance with regulation 2600.101j6

Document Submission

Implemented

A mirror was purchased and place in resident 1B's bedroom on 1/20/2021. The mirror will be checked monthly in accordance with the regulations.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

101j7 - Lighting/Operable Lamp (*continued*)**Description of Violation**

Bedroom 1A has a bed that does not have access to a source of light that can be turned on/off at bedside.

Bedroom 1B has a bed that does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction**Accept**

Resident in room 1A and 1B did not have an operable light on each side of the bedroom. A light was placed on each side of the residence bedroom to assure they have proper lighting. DCS will check weekly to assure all residents have a working lamp on their side of their room.

Completion Date: 01/14/2021

Document Submission**Implemented**

An operable lamp was purchased and place in resident 1B's bedroom on 1/20/2021 in accordance with the regulations.

103f - Refrigerator/Freezer Temps

1. Requirements

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.

Description of Violation

There was no thermometer in the freezer in the kitchen.

Plan of Correction**Accept**

Chelten Christian Crusade had two working thermometers in the freezer. One thermometer was immediately removed and placed into the refrigerator. There is also a digital thermometer located on top of the refrigerator showing the temperature inside. DCS will check weekly to assure there is a working thermometer showing under 40 degrees in the refrigerator.

Completion Date: 01/13/2021

Document Submission**Implemented**

The freezer has a stationary digital thermometer placed on the outside of the freezer door marking 0 degrees and there is also a thermometer placed inside of the freezer. The freezer will be checked weekly by DCS.

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The freezer in the kitchen had 2 pieces of meat that was opened and unsealed. The meat had freezer burn.

Plan of Correction**Accept**

DCS will seal all food in an airtight plastic bag immediately following service. DCS will check the refrigerator and freezer every night to assure all bags are sealed, labeled and dated.

Completion Date: 01/13/2021

103g - Storing Food (continued)

Document Submission

Implemented

All food will be closed and sealed to assure there is no freezer burn. DCS will monitor it daily.

103i - Outdated Food

1. Requirements

2600.

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

Description of Violation

There were cans of pork meat in the basement food pantry with faded expiration dates. The home did not have proof when the food products were purchased to measure an expiration date.

Plan of Correction

Accept

Chelten Christian Crusades for All People will no longer accept any food that does not have an expiration date on it. Chelten Christian Crusades has discarded all food that is expired or that expiration date was unclear to read.

Completion Date: 01/14/2021

Document Submission

Implemented

All expired and dented cans were immediately disposed of. All expiration dates will be checked weekly.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The wooden door located in the basement is warped and in despair. The door serves as an emergency exit for the residents. On 1/13/21 at 11:50am, the door was not easily accessible and difficult to open.

Plan of Correction

Accept

Chelten Christian crusades for All People was in the process of repairing the wooden warped door in the basement. The door was replaced on 1/18/2021. DCS will check periodically to assure the door is still in good condition so the residents may have a safe exit in case of an emergency.

Completion Date: 01/16/2022

Document Submission

Implemented

The wooden door in the basement has been replaced. DCS will check quarterly to assure this is a safe exit route for residents.

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

124 - Notice to Fire Department (continued)

Description of Violation

The home's written notification to the local fire department dated on 1/2/2021 did not have location of the bedrooms, and current census of residents.

Plan of Correction

Accept

The local fire department was notified on 1/19/2021 of each resident's name and what room in the house they reside in. Chelten Christian Crusade saved a copy of this letter to assure that each year we will follow the correct format.

Completion Date: 01/19/2021

Document Submission

Implemented

The local fire department now has a letter showing what residents reside in what room. All doors are labeled with residents name and room number

131c - Kitchen Fire Extinguisher

1. Requirements

2600.

131.c. A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

Description of Violation

The kitchen fire extinguisher rating was not 2A-10BC or higher.

Plan of Correction

Accept

The fire extinguisher located in the kitchen was replaced on 1/17/2021. Going forward, we will only use a 2A-10BC fire extinguisher or higher. Fire extinguishers will be checked immediately following placement.

Completion Date: 01/17/2021

Document Submission

Implemented

A 2A-10BC fire extinguisher now replaces the old extinguisher located in the kitchen. Admin will make sure all requirements are met of this regulation for the kitchen fire extinguisher.

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of 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.

Description of Violation

Residents #1 and #2, admitted [REDACTED], have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept

DCS has explained to all residents on 1/20/2021 that they have the right to refuse medication. The residents will sign a medication Refusal Awareness sheet upon completion of training.

Completion Date: 01/20/2021

Update - 02/11/2021

SP 02/11/2021 - Medication refusal sheets to be made available for Department review.

191 - Resident Right to Refuse (*continued*)**Document Submission****Implemented**

All residents have signed the Medication Refusal Form stating they are aware of the resident's rights to refuse medication.