



Department of Human Services  
Bureau of Human Service Licensing

July 28, 2021

  
CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC  
605 EAST CHELTEN AVENUE  
PHILADELPHIA, PA 19144

RE: CHELTEN CHRISTIAN CRUSADE FOR  
ALL PEOPLE, INC.  
3635 NORTH 22ND STREET  
PHILADELPHIA, PA, 19140  
LICENSE/COC#: 14167

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/08/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  


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 FOR ALL PEOPLE, INC.* License #: *14167* License Expiration Date: *02/17/2022*  
Address: *3635 NORTH 22ND STREET, PHILADELPHIA, PA 19140*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2152276423* Email: [REDACTED]

**Legal Entity**

Name: *CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC*  
Address: *605 EAST CHELTEN AVENUE, PHILADELPHIA, PA, 19144*  
Phone: *2152276423* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *01/19/1983* Issued By: *City of Phila.*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/08/2021*

**Inspection Dates and Department Representative**

*07/08/2021 - On-Site: Sabrina Freeman*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *14* Residents Served: *11*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *11*

**Number of Residents Who:**

Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *3*  
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**07/08/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/05/2021*

Inspections / Reviews *(continued)*

7/28/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/02/2021*

## 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**

*The thermometer read 10 degrees Fahrenheit, in the freezer that was covered with ice.*

**Plan of Correction****Accept**

*The broken thermometer was removed from the freezer immediately. Direct Care Staff replaced the thermometer with a new one. The thermometer will be checked weekly to assure the temperature is 0 degrees or below Fahrenheit.*

**Completion Date:** 07/09/2020

## 252 - Record Content

**1. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:
1. Name, gender, admission date, birth date and Social Security number.
  2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
  3. A photograph of the resident that is no more than 2 years old.
  4. Language or means of communication spoken or used by the resident.
  5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
  6. The name, address and telephone number of the resident's physician or source of health care.
  7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
  8. A list of prescribed medications, OTC medications and CAM.
  9. Dietary restrictions.
  10. A record of incident reports for the individual resident.

**Description of Violation**

*Resident #1's record does not include a photo that is no more than 2 years old.*

**Plan of Correction****Accept**

*A new photo will be placed in the resident's files upon completion of a "New Resident's Application". The administrator will check all resident's files to assure that all files are completed and updated monthly.*

**Completion Date:** 07/08/2021