



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]  
Sent via e-mail [REDACTED]  
September 14, 2022

[REDACTED]  
Administrator  
Chelten Christian Crusade for All People, Inc.

[REDACTED]  
[REDACTED]

RE: Chelten Christian Crusade for All People, Inc.  
3635 North 22nd Street  
Philadelphia, Pennsylvania 19140  
License #: 14167

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 1, 2021 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Continued compliance must be maintained.

Sincerely,

*Claire Mendez*

Claire Mendez  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: *CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.* License #: *14167* License Expiration:  
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 Philadelphia*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: *11/01/2021*

**Inspection Dates and Department Representative**

11/01/2021 - 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: *3* 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: *2*

**Inspections / Reviews**

**11/01/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/08/2021*

**12/01/2021 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/06/2021*

Inspection Dates and Department Representative (*continued*)

11/01/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *12/31/2021*

25b - Contract Signatures

General Requirements

1. Requirements

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 [REDACTED] for resident #1 was not signed by the resident.

Plan of Correction

Accept

New residents must receive social security or SSI benefits upon moving in. Their price for rent will be determined by the amount they are eligible for. This amount will be documented into their home contract immediately and the resident will sign before moving in. When the contract is completed it will then be checked off in "New Resident's form checklist". All forms will be checked monthly.

Completion Date: 11/01/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/14/22 CM

42s - Privacy

Resident Rights

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 11/1/21, at 12:34 pm, the agent from the Department observed that residents' 2 and 3 occupy a shared room. The exit door displayed a sign that read: "Staff Room Do Not Enter Through This door Unless Emergency." The door leads to the room of live-in staff person A. This creates a privacy issue of residents' 2 and 3.

Plan of Correction

Accept

The Administrator has taken down the sign that was being displayed. Staff Person A will use [REDACTED] private exit in [REDACTED] room to gain access to the building through the kitchen or front door. The staff and residents will conduct a monthly drill demonstrating all exit and entrance routes.

Completion Date: 11/01/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/14/22 CM

85a - Sanitary Conditions

Physical Site

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/1/21, at 12:45 pm, the medication cabinet was covered with items that create unsanitary conditions when preparing medication, a light bulb, a remote, nail clippers, books, and pens. The surface was not clear and unsanitary for preparing medication.

85.a. (continued) Sanitary conditions shall be maintained.

The living room of the home had a strong malodorous smell of incontinence. The administrator advised this has been a concern with the incontinence issue concerning resident #4.

**Plan of Correction**

**Accept**

The medication cabinet was cleaned on 11/01/2021 to assure it maintains cleaned DCS must sign off weekly stating that they have cleaned it and that it is free of any unsanitary conditions Resident #4 will be monitored frequently for any odors due to [redacted]s incontinence throughout the day. The resident will be given a 2-hour reminder to use the bathroom to try to avoid any incontinence issues.

**Completion Date:** 11/01/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/14/22 CM

85b - Infestation

Physical Site

1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

**Description of Violation**

Roaches were observed by the Department during the exit conference.

**Plan of Correction**

**Accept**

Chelten Christian Crusades for All People will inform the exterminator to use something more effective during his monthly visit. [redacted] will now come to exterminate bi-monthly to assure there is no infestation.

**Completion Date:** 11/18/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/14/22 CM

88a - Surfaces

Physical Site

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 ceiling in the second floor bathroom was not in good repair.

**Plan of Correction**

**Accept**

The ceiling in the bathroom on the 2nd floor will be repaired by 11/28/2021. The administrator will check monthly to assure all ceilings are in good repair.

**Completion Date:** 11/15/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/14/22 CM

95 - Furniture and Equipment

Physical Site

1. Requirements

Physical Site (continued)

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The refrigerator located in the dining room was not in good repair. The front left wheel is missing and has been replaced by a wooden block.

Plan of Correction

Accept

The wheel to the refrigerator was replaced on 11/2/2021. The administrator will check all appliances weekly to assure they are in good repair.

Completion Date: 11/02/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/14/22 CM

141b1 - Annual Medical Evaluation

Resident Health

1. Requirements

2600.

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

Description of Violation

Resident #4's most recent medical evaluation was completed on [REDACTED]

Resident #5's most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Accept

The administrator has contacted the house doctor ([REDACTED]) on 11/02/21 and will continue to call the home's primary care physician weekly to assure that all DME's are completed and dated within a 12 month period from prior DME. The Primary Care Physician stated he will have all DME's completed by 12/15/2021.

Completion Date: 11/02/2021 Licensee's Proposed Date of POC Implementation

Not Implemented 9/14/22 CM

163b - Sanitary Practices

Nutrition

1. Requirements

2600.

163.b. Staff persons, volunteers and residents shall follow sanitary practices while working in the kitchen areas.

Description of Violation

On 11/1/21, at 12:22 pm, the home left Lime A-Way cleaner on the counter, while food preparation was in place for lunch.

Plan of Correction

Accept

Chelten Christian Crusades will have a training video for all staff that will train the staff on the precautions taken for poison safety control. We will have reviews monthly. The administrator will check daily to assure no poisonous material is left out effective immediately.

Completion Date: 11/07/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/14/22 CM

182c - Medication Administration

Medications

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 11/1/21 at 9:45 am, resident #4 made a request for Tylenol. Staff person B administered an unidentified pill to the resident without identifying the correct resident, and completing documentation in accordance with § 2600.187 (relating to medication records) for resident #4, who requires this assistance to take Tylenol.

Plan of Correction

Accept

Staff Person B was retrained on 11/01/2021 on the necessary steps that must take place in order to identify and administer medication correctly according to 2600:187. All medication will be documented at the time it is administered. All MARs will be reviewed daily.

Completion Date: 11/01/2021 Licensee's Proposed Date of POC Implementation

Not Implemented 9/14/22 CM

187d - Follow Prescriber's Orders

Medications

1. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed Aspirin-Low 81 mg. However, resident was administered Tylenol on 11/1/21 at 9:45 am.

Plan of Correction

Accept

Direct Care Staff will be retrained on medication administration immediately. The Administrator trained the DCS on the importance of only administering the medication that is listed on the MAR's.

Completion Date: 11/05/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/14/22 CM