

Department of Human Services
Bureau of Human Service Licensing

September 30, 2022

[REDACTED]
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 11/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *CHELTEN CHRISTIAN CRUSADE II* License #: *12328* License Expiration: *05/18/2022*
Address: *4518 NORTH BROAD STREET, PHILADELPHIA, PA 19141*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC*
Address: *605 EAST CHELTEN AVENUE, PHILADELPHIA, PA, 19144*
Phone: [REDACTED] 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: *16* Waking Staff: *12*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/23/2021*

Inspection Dates and Department Representative

11/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *14* Residents Served: *13*

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: *13* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *3* Have Physical Disability: *3*

Inspections / Reviews

11/23/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/26/2021*

01/11/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/16/2022*

09/21/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/23/2022*

09/30/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

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 11/23/21 the home's current violation report, dated 1/30/17, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

The previous year's violation report was hung up immediately. The administrator will check weekly to assure all necessary documentation is hung and visible to all

Completion Date: 11/24/2021

Document Submission

Implemented

The previous year's violation report was hung up immediately. The administrator will check weekly to assure all necessary documentation is hung and visible to all

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Plan of Correction

Accept

The administrator has contacted the house doctor ([redacted]) on [redacted] 1 and will continue to call the home PCP to assure that all DME's are completed and dated 12 months prior to the last DME. The PCP stated he ill have all DME's completed by 1/15/2021

Completion Date: 11/24/2021

Document Submission

Implemented

The administrator has contacted the house doctor ([redacted]) on [redacted] and will continue to call the home PCP to assure that all DME's are completed and dated 12 months prior to the last DME. The PCP stated he ill have all DME's completed by 1/15/2021

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2 participated in the development [redacted] support plan on [redacted] However, the resident did not sign the support plan.

Plan of Correction

Accept

The home will check all necessary documents at the time the resident is to move in. The home will check to confirm that all documentation is signed and completed and then will check off each document on the "New Resident

227g -Support Plan Signatures (continued)

Forms Checklist" after the completion of each document

Completion Date: 11/24/2021

Document Submission**Implemented**

The home will check all necessary documents at the time the resident is to move in. The home will check to confirm that all documentation is signed and completed and then will check off each document on the "New Resident Forms Checklist" after the completion of each document