

Department of Human Services
Bureau of Human Service Licensing

July 22, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/23/2022 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 FOR ALL PEOPLE, INC.* License #: 14167 License Expiration: 02/17/2022
Address: 3635 NORTH 22ND STREET, PHILADELPHIA, PA 19140
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: 01/19/1983 Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 10 Waking Staff: 8

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: 05/23/2022

Inspection Dates and Department Representative

05/23/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 14 Residents Served: 10

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 2
Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

05/23/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 06/13/2022

06/09/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/14/2022*

06/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/01/2022*

07/22/2022 - 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 05/23/2022, the home's license displayed in the bulletin board was dated 02/17/2020. The current licensing inspection summary dated 07/28/2021 or a copy of this chapter was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Admin will check monthly to assure the most current license and last inspection violations are posted. DCS members will check on the first of each month stating that they are hung on the bulletin board.

Completion Date: 05/23/2022

Document Submission

Implemented

Admin will check monthly to assure the most current license and last inspection violations are posted. DCS members will check on the first of each month stating that they are hung on the bulletin board.

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home did not run the criminal background check for staff A, whose first day of work was on [REDACTED], until [REDACTED]

Plan of Correction

Accept

The administrator will add the completion of criminal background checks to the "New Hire Checklist". The administrator will make sure all items on the "New Hire Checklist" is completed before hiring.

Completion Date: 05/23/2022

Document Submission

Implemented

The administrator will add the completion of criminal background checks to the "New Hire Checklist". The administrator will make sure all items on the "New Hire Checklist" is completed before hiring.

101r - Bedroom - shades/drapes/window covering

1. Requirements

2600.

- 101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The blinds on the window in bedroom #2C and #3A had broken slats.

Plan of Correction

Accept

All drapes, shades, and blinds that were in disrepair were replaced on 5/24/2022. The administrator will check monthly to assure that there are no broken slats and if so they will be replaced immediately.

Completion Date: 05/24/2022

101r - Bedroom - shades/drapes/window covering (continued)**Document Submission****Implemented**

All drapes, shades, and blinds that were in disrepair were replaced on 5/24/2022. The administrator will check monthly to assure that there are no broken slats and if so they will be replaced immediately.

132b - Safety Inspection/Fire Drill**1. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 05/19/2022. The previous one on record was conducted on 07/21/2020. The most recent fire safety inspection was held on 07/21/2020.

Plan of Correction**Directed**

Going forward home will continuously contact a Fire Safety Expert 2 months prior to the fire inspection due date, Reminder will be posted on google calendar

Directed Plan of Correction 6/15/22 CM:

By 6/30/22, the administrator shall ensure that a fire safety inspection and a supervised fire drill conducted by a fire safety expert is completed.

Completion Date: 06/09/2022

Document Submission**Implemented**

By 6/30/22, the administrator shall ensure that a fire safety inspection and a supervised fire drill conducted by a fire safety expert is completed.

132d - Evacuation**1. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills: 12/14/2021, 03/07/2022, and 04/07/2022,

Plan of Correction**Directed**

The administrator/DCS/residents will now have bi-weekly fire drills so we can practice a faster and safer evacuation. We will also have a group discussion bi-weekly on the importance of fire safety. A reminder will be posted on our google calendar.

Directed Plan of Correction 6/15/22 CM:

Immediately: The administrator shall complete the following steps to reduce the safe evacuation to a time specified

132d - Evacuation (continued)

in writing by a fire safety expert within the past year:

- Conduct at least two fire drills a month until the home can meet the safe evacuation time specified in writing by a fire safety expert within the past year, for three consecutive months.*
- If the home exceeds the safe evacuation time specified in writing by a fire safety expert within the past year, for two consecutive fire drills, the home will add additional staff to the regular schedule and maintain the staffing level at all times.*
- Relocate residents who require special assistance with evacuation closer to exits or fire safe areas.*

Completion Date: 06/09/2022

Document Submission**Implemented**

Immediately: The administrator shall complete the following steps to reduce the safe evacuation to a time specified in writing by a fire safety expert within the past year:

- Conduct at least two fire drills a month until the home can meet the safe evacuation time specified in writing by a fire safety expert within the past year, for three consecutive months.*
- If the home exceeds the safe evacuation time specified in writing by a fire safety expert within the past year, for two consecutive fire drills, the home will add additional staff to the regular schedule and maintain the staffing level at all times.*
- Relocate residents who require special assistance with evacuation closer to exits or fire-safe areas.*

141a - Medical Evaluation**1. Requirements**

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 #1 was admitted to the home on [REDACTED]. The resident did not have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department.

Plan of Correction**Directed**

The administrator will assure that all new resident's have an updated DME 60 prior to admittance or 30 after. If new resident does not have an updated before move in date the administrator will schedule the resident a visit with their PCP 2 weeks after move in date to assure there is an updated DME completed for new resident.

Directed Plan of Correction 6/15/22 CM:

Immediately, Resident #1 shall have an in-person medical evaluation completed by a physician, physician's assistant or certified registered nurse practitioner and documented on the Department's form.

Immediately, the administrator or designated staff person shall review all new resident documentation to ensure a current medical evaluation is completed on the Department's form and is in each resident's record.

By 6/30/22, all staff persons involved with the medical evaluation process will be educated on the required time frames of medical evaluations in accordance with regulation 2600.141(a). Documentation of education will be kept.

141a - Medical Evaluation (continued)

By 6/30/22, the administrator shall develop a new resident document tracking system implement the system to ensure all required documentation including a medical evaluation is completed on the form specified by the Department within the required timeframe.

Completion Date: 06/14/2022

Document Submission**Implemented**

Immediately, Resident #1 shall have an in-person medical evaluation completed by a physician, physician's assistant, or certified registered nurse practitioner and documented on the Department's form.

Immediately, the administrator or designated staff person shall review all new resident documentation to ensure a current medical evaluation is completed on the Department's form and is in each resident's record.

By 6/30/22, all staff persons involved with the medical evaluation process will be educated on the required time frames of medical evaluations in accordance with regulation 2600.141(a). Documentation of education will be kept.

By 6/30/22, the administrator shall develop a new resident document tracking system to implement the system to ensure all required documentation including a medical evaluation is completed on the form specified by the Department within the required timeframe.

141a 1-10 Medical Evaluation Information**1. Requirements**

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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation dated [REDACTED] did not include allergies, immunization history, medication addendum, body positioning/movement, and mobility needs assessment.

Resident #3's medical evaluation dated [REDACTED] did not include general physical examination, immunization history, allergies, ability to self-administer medications, body positioning, and medication addendum.

Plan of Correction**Directed**

The administrator will make sure going forward that the doctor does not leave our facility before we observe that all DMEs are completed entirely. Residents #2 and #3 and #4 have a doctor's appointment with PCP on [REDACTED] at 2 pm. The resident's DMEs will be sent on 06/14/2022.

Directed Plan of Correction 6/15/22 CM:

141a 1-10 Medical Evaluation Information (continued)

Immediately the administrator or designated staff person shall review all current medical evaluations to ensure that all required information is completed, including special health or dietary needs, medication list, level of care and allergies. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled.

By 6/30/22, residents' #2's and 3's medical evaluations will be sent back to the physician for completion or the home will have a new medical evaluation completed for the resident.

By 6/30/22, the administrator shall develop a new resident document tracking system implement the system to ensure all required documentation including a medical evaluation is completed on the form specified by the Department within the required timeframe.

Completion Date: 06/13/2022

Document Submission

Implemented

Immediately the administrator or designated staff person shall review all current medical evaluations to ensure that all required information is completed, including special health or dietary needs, medication list, level of care, and allergies. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled.

By 6/30/22, residents' #2's and 3's medical evaluations will be sent back to the physician for completion of the home, and will have a new medical evaluation completed for the resident.

By 6/30/22, the administrator shall develop a new resident document tracking system to implement the system to ensure all required documentation including a medical evaluation is completed on the form specified by the Department within the required timeframe.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED]. Resident #3's most recent medical evaluation was completed on [REDACTED] Resident #4's most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Directed

The administrator will make sure going forward that the doctor does not leave our facility before we observe that all DMEs are completed entirely. Residents #2 and #3 and #4 have a doctor's appointment with PCP on 06/13/2022 at 2 pm. The resident's DMEs will be sent on 06/14/2022. All DMEs will be checked by the administrator monthly.

Directed Plan of Correction 6/15/22 CM:

Immediately the administrator or designated staff person shall review all current medical evaluations to ensure that all required information is completed, including special health or dietary needs, medication list, level of care and allergies. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled.

141b1 - Annual Medical Evaluation (continued)

Starting 6/16/22, the administrator or designated staff person will review all new resident documentation to ensure a current medical evaluation is completed on the Department's form and is in each resident's record.

By 6/30/22, the administrator or designated staff person shall develop and implement a process and procedures to ensure medical evaluations are scheduled timely.

Completion Date: 06/13/2022

Document Submission**Implemented**

Immediately the administrator or designated staff person shall review all current medical evaluations to ensure that all required information is completed, including special health or dietary needs, medication list, level of care, and allergies. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled.

Starting 6/16/22, the administrator or designated staff person will review all new resident documentation to ensure a current medical evaluation is completed on the Department's form and is in each resident's record.

By 6/30/22, the administrator or designated staff person shall develop and implement a process and procedures to ensure medical evaluations are scheduled timely.

162c - Menus Posted**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home has a monthly menu posted on the bulletin board. On 05/23/2022, the menu posted was for the month of March 2022.

Plan of Correction**Accept**

All menus will be hung on the first of the month to assure the previous month, the current month and next month's menus are posted. The DCS will check on the first of each month.

Completion Date: 06/01/2024

Document Submission**Implemented**

All menus will be hung on the first of the month to assure the previous month, the current month and next month's menus are posted. The DCS will check on the first of each month.

182c - Medication Administration**1. Requirements**

2600.

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

7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 05/23/2022, staff member B poured all the residents' evening/night time medications in the morning and entered the initials on each resident's 9pm medication administration record (MAR) at that. Staff B admits that it has been an ongoing practice.

182c - Medication Administration (continued)

Plan of Correction

Directed

Staff member B has been trained for the past two weeks on medication administration. DCS B is now aware that can only pour medication one hour prior to the time prescribed by the doctor. The administrator will check on administrations daily to ensure being gone at the proper time. An alarm was set to go off at the time of all medication distributions.

Directed Plan of Correction 6/15/22 CM:

By 6/30/22, all staff persons qualified to administer medications will be educated by a medication train the trainer on the proper procedures for medication administration. Documentation of education will be kept.

Starting 6/16/22, a designated staff person qualified to administer medications will monitor the administration of medication at least twice a week to ensure the proper procedures for medication administration are followed. Documentation of observations shall be provided to the Department.

Completion Date: 05/25/2022

Document Submission

Implemented

By 6/30/22, all staff persons qualified to administer medications will be educated by a medication train the trainer on the proper procedures for medication administration. Documentation of education will be kept.

Starting 6/16/22, a designated staff person qualified to administer medications will monitor the administration of medication at least twice a week to ensure the proper procedures for medication administration are followed. Documentation of observations shall be provided to the Department.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 05/23/2022, [REDACTED] prescribed for resident #2 was in the home's medication drawer. This medication expired in 03/2022 and is not on the resident's current medication list. [REDACTED] prescribed for [REDACTED] was in the resident's medication drawer; however, the medication is not on the resident's current medication list.

Plan of Correction

Accept

All medication drawers have been cleaned out to assure medication in the drawers is not outdated and is listed on the resident's MARs. Med drawers will be checked weekly by the administrator.

Completion Date: 05/25/2022

Document Submission

Implemented

All medication drawers have been cleaned out to assure medication in the drawers is not outdated and is listed on the resident's MARs. Med drawers will be checked weekly by the administrator.

187b - Date/Time of Medication Admin.

1. Requirements

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 05/08/2022, resident #5 refused to take a scheduled 09:00 AM dose of [REDACTED] [REDACTED]. However, staff initials are present for these medications at 09:00 AM on 05/08/2022.

Resident #3's May MAR is 3 pages long. Only the 1st page of his/her MAR has staff initials and the 2nd page (standing orders for [REDACTED] [REDACTED] does not have any staff initials. The medications come prepackaged (morning pills all together in one pouch), so the medications were administered along with the meds listed on the 1st page.

On 05/23/2022 at 03:00 PM, the May MARs for resident 2, 3, 5, and 6 had staff initials entered for 09:00 PM medications of 05/23/2022. Staff B explained that he/she prepared all the residents' evening/night time medications in the morning and kept them in the locked cabinet and that he/she entered the initials at the time the meds were prepared.

Plan of Correction**Directed**

Staff member B has been trained for the past two weeks on medication administration by the Administrator. DCS B is now aware that medication must be distributed at the time prescribed by the prescriber. DCS was retrained on administering the medication as soon as it dispensed/poured (prescriber's instructions on MAR). An alarm is set to go off as a reminder of all times that medication must be distributed.

Directed Plan of Correction 6/15/22 CM:

By 6/30/22, all staff persons qualified to administer medications will be educated by a medication train the trainer on the proper procedures for medication administration. Documentation of education will be kept.

Starting 6/16/22, a designated staff person qualified to administer medications will monitor the administration of medication at least twice a week to ensure the proper procedures for medication administration are followed. Documentation of observations shall be provided to the Department.

Completion Date: 05/25/2022

Document Submission**Implemented**

By 6/30/22, all staff persons qualified to administer medications will be educated by a medication train the trainer on the proper procedures for medication administration. Documentation of education will be kept.

Starting 6/16/22, a designated staff person qualified to administer medications will monitor the administration of medication at least twice a week to ensure the proper procedures for medication administration are followed. Documentation of observations shall be provided to the Department.

187c - Refusal of Medication**1. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

187c - Refusal of Medication (continued)

Description of Violation

On 05/08/2022, resident #5 refused to take a scheduled 09:00 AM dose of [REDACTED]. The home did not notify the prescriber of this refusal.

Plan of Correction**Accept**

DCS worker was retrained on medication administration by the Administrator. The DCS must contact the administrator if there are any refusals, at that time the administrator will contact the prescriber within 24 hours of refused medication. The administrator will check MARs for any refusals at the end of the week to assure she was notified of all refusals.

Completion Date: 05/25/2022

Document Submission**Implemented**

DCS worker was retrained on medication administration by the Administrator. The DCS must contact the administrator if there are any refusals, at that time the administrator will contact the prescriber within 24 hours of refused medication. The administrator will check MARs for any refusals at the end of the week to assure [REDACTED] was notified of all refusals.

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction**Accept**

All calendars will be hung on the first of the month to assure the previous month, the current month and next month's calendars are posted. The DCS will check on the first of each month.

Completion Date: 05/24/2022

Document Submission**Implemented**

All calendars will be hung on the first of the month to assure the previous month, the current month and next month's calendars are posted. The DCS will check on the first of each month.

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated [REDACTED], does not include the resident's ability to use poisonous materials safely. Resident #4's preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction**Accept**

The administrator will make sure that all pre-admission forms are complete in their entirety going forward. All pre-admission forms will be checked before residents move in.

Completion Date: 05/24/2022

224a - Preadmission Screen Form (continued)

Document Submission

Implemented

The administrator will make sure that all pre-admission forms are complete in their entirety going forward. All pre-admission forms will be checked before residents move in.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED].
Resident #2's most recent assessment was completed on [REDACTED].
Resident #3's most recent assessment was completed on [REDACTED].
Resident #4's most recent assessment was completed on [REDACTED].

Plan of Correction

Accept

The administrator has updated resident #1, #2,#3 and #4 on [REDACTED]. All residents annual RASP expiration dates have been placed on google calendar 2 weeks prior to expiration date to assure that the administrator completes all RASP before expiration date. The administration will check monthly to observe who is in need of an updated RASP form.

Completion Date: 06/06/0202

Document Submission

Implemented

The administrator has updated resident #1, #2,#3 and #4 on [REDACTED]. All residents annual RASP expiration dates have been placed on google calendar 2 weeks prior to expiration date to assure that the administrator completes all RASP before expiration date. The administration will check monthly to observe who is in need of an updated RASP form.

Department of Human Services
Bureau of Human Service Licensing

July 22, 2022

[REDACTED], OWNER
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/11/2022 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Administrator

Name: [REDACTED] Phone: [REDACTED] [REDACTED] [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: *01/19/1983* Issued By: *City of Philadelphia*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *07/11/2022*

Inspection Dates and Department Representative

07/11/2022 - 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: *6* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

07/11/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND