



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JANUARY 30, 2024

[REDACTED]
[REDACTED]
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 #: 141671

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection July 31, 2023 and October 5, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 141670 dated February 17, 2023 to February 17, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated February 17, 2023 to February 17, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from January 30, 2024 to July 30, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
3c	2	9	\$5	\$45	5 calendar days from mailing date of this letter
132b	2	9	\$5	\$45	5 calendar days from mailing date of this letter
141b	2	9	\$5	\$45	5 calendar days from mailing date of this letter
187a	2	9	\$5	\$45	5 calendar days from mailing date of this letter
187d	2	9	\$5	\$45	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

[REDACTED]

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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: 02/17/2024
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: [REDACTED]
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: 9 Waking Staff: 7

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: 07/31/2023

Inspection Dates and Department Representative

07/31/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 14 Residents Served: 9

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 7
Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

07/31/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 08/26/2023

Inspections / Reviews (*continued*)

08/25/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/24/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/30/2023

08/30/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/29/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/14/2023

01/29/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/12/2023
Reviewer: [REDACTED] Follow-Up Type: Enforcement

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 7/31/23, the home's current license, and copy of 55 Pa. Code Chapter 2600, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (████) - 08/24/2023)

The homes current license was not posted on the bulletin board. As of 07/31/2023 the license has been posted up by the Administrator. The DCS will check weekly to assure the license is posted.

Licensee's Proposed Overall Completion Date: 08/18/2023

Not Implemented (████) - 12/18/2023)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 7/31/2023, resident 1's Glucometer log was unlocked, unattended, and accessible in a cabinet in the dining area.

Plan of Correction

Accept (████) - 08/30/2023)

All DCS workers have been retrained on 08/18/2023 on the proper storage on medication and glucometers. As of 08/04/2023 a new storage box was purchased to assure his glucometer is stored in an accessible cabinet. DCS worker check daily to assure all medication boxes are locked and remain locked when not in use.

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented (████) 12/18/2023)

18 - Compliance With Laws

3. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The PA Department of Agriculture Food Employee Certification Act, 3 Pa C.S.A. 6501 – 6510, effective January 22, 2011, requires one employee per licensed food facility to obtain a nationally recognized food manager certification. National exam programs are those that have been approved by ANSI using the Conference of Food Protection certified food protection manager standards. The Food Employee Certification Act requires one supervisory employee per food

18 - Compliance With Laws (continued)

facility to obtain a food safety certification by taking an ANSI-CFP nationally recognized food safety class. Staff person A and staff person B were preparing food meals and are not serv safe certified.

Plan of Correction**Accepted** [REDACTED] - 08/24/2023)

As of 08/11/2023 The Administrator and the DSC [REDACTED] have both received their serv safe certificate. The rest of the staff are scheduled to take the training next month.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented [REDACTED] - 12/18/2023)**26a - Quality Management Plan****4. Requirements**

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home does not have a quality management plan.

Plan of Correction**Directed** [REDACTED] - 08/30/2023)

As of 08/18/2023 The Quality Management plan has been revised and placed in the facility book with the rest of the policies and procedures. Policies and Procedures will be checked monthly by the Administrator to assure that are accurate and not expired.

Directed

Within 15 calendar days of receipt of the accepted plan of correction: The administrator establish and implement a quality management plan. The plan must address the following elements: reportable incident and condition reporting procedures; compliant procedures; staff person training; licensing violations and plans of correction; resident or family councils, or both ,if applicable. It is recommended that the plan include: the date of the review; persons involved; how the review was conducted; findings of the review; follow-up action planned based on findings.
MJ

Directed Completion Date: 08/28/2023

Not Implemented [REDACTED] - 12/18/2023)**26b - Quality Management Plan Content****5. Requirements**

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.

26b - Quality Management Plan Content (continued)

5. Resident or family councils, or both, if applicable.

Description of Violation

The home does not have documentation for Resident council meetings or Quality Management meetings.

Plan of Correction

Accept [redacted] - 08/30/2023)

A new quality management plan was typed up by administrator on 08/24/2023. This plan will address the following topics: reportable incidents, complaint procedures, staff person training, violations and family council. The administrator will place a week prior to date of expiration on google calendar to assure this does not reoccur.

In addition to the above plan of correction: The administrator will schedule and conduct quarterly quality management meetings. [redacted]

Licensee's Proposed Overall Completion Date: 08/28/2023

Not Implemented [redacted] - 12/18/2023)

51 - Criminal Background Check

6. 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

Staff person B, hired on [redacted] 2019, did not have a criminal background check completed until 12/8/2022.

Plan of Correction

Directed [redacted] - 08/30/2023)

As of 08/28/2023 the administrator will check all staff forms monthly to assure all staff is in compliance. An expiration date form for all forms will be placed on google calendar to assure this violation does not reoccur.

Directed

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall review current staff records to ensure that a PA State Police criminal background check has been completed and that an FBI background check has been completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire. Documentation shall be kept in the staff records.

Within 10 calendar days of receipt of the plan of correction: The administrator and any staff person involved in the hiring and retention of staff shall review the Older Adult Protective Services Act. Documentation of the review shall be kept. [redacted]

Directed Completion Date: 08/28/2023

Not Implemented [redacted] - 12/18/2023)

54a - Direct Care Staff

7. Requirements

2600.

54a - Direct Care Staff (continued)

- 54.a. Direct care staff persons shall have the following qualifications:
 1. Be 18 years of age or older, except as permitted in subsection (b).
 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person C does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed [REDACTED] - 08/30/2023)

AS of 08/28/2023 the administrator will follow a new staff checklist prior to employment all necessary documents for employment will be submitted.

Directed

Staff persons C will not be permitted to provide direct care services in the home until they have met the educational qualifications. Staff person C will be removed from providing direct care immediately.

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee will review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a) to include a Diploma issued by the Pennsylvania Department of Education or Department of Education in another state or active registry status on the Pennsylvania nurse aide registry. Documentation will be kept in the staff records. Only those staff persons who meet the direct care staff qualifications will provide direct care services.

The administrator or designee will audit staff records monthly to ensure all staff meet the educational requirements.

[REDACTED]

Directed Completion Date: 08/28/2023

Not Implemented [REDACTED] 12/18/2023)

65a - FS Orientation 1st Day

8. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
 1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work was [REDACTED]/2019, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe

65a - FS Orientation 1st Day (continued)

area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person C, whose first day of work was [REDACTED]/2022, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction**Accept [REDACTED] - 08/30/2023)**

Staff Persons B & C were trained by the administrator on 08/22/2023 on the following topics: evacuation procedures, staff duties and responsibilities during a fire drill, emergency evacuation, transportation and emergency location. These trainings will be taught upon being hired, a reminder will be placed in new staff application.

In addition to the above plan of correction: Within 15 calendar days of receipt of the accepted plan of correction - All staff persons involved in the hiring and retention of staff will be educated on the home's policy and procedures for new staff person training including the requirements of regulation 2600.65(a). Documentation of education will be kept. Within 10 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person will review all current staff person training records to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65a. Ongoing the administrator or designee will review all training records for newly hired staff prior to placing staff on schedule to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed all training requirements for 2600.65(a) are in compliance. [REDACTED]

Licensee's Proposed Overall Completion Date: 08/28/2023

Not Implemented [REDACTED] - 12/18/2023)**65b - Rights/Abuse 40 Hours****9. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

65b - Rights/Abuse 40 Hours (*continued*)**Description of Violation**

Staff person B completed [REDACTED] 40th scheduled work hour on 3/11/2023. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Staff person C completed [REDACTED] 40th scheduled work hour on 10/7/2023. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Accept [REDACTED] - 08/30/2023)

All staff have been trained by the director on 08/22/2023 on residents rights, emergency medical plan, mandatory abuse reporting, and Older Adult Protective Services, These training topics will be taught annually and placed on google calendar as a reminder. This will be also be in the new hire checklist package.

In addition to the above plan of correction: All staff persons involved in the hiring and retention of staff will be educated on the home's policy and procedures for new staff person training including the requirements of regulation 2600.65(b). Documentation of education will be kept. Ongoing the administrator or designee will review all training records for newly hired staff prior to placing staff on schedule to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions in accordance with regulation 2600.65(b). [REDACTED]

Licensee's Proposed Overall Completion Date: 08/28/2023

Not Implemented ([REDACTED] - 12/18/2023)

65f - Training Topics

10. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, care for

65f - Training Topics (continued)

residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2022.

Direct care staff person C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2022.

Plan of Correction**Accept** [REDACTED] - 08/30/2023)

All staff have been retrained on medication administration by the administrator on 08/24/2023. This training included self-administration. The date of the new training has been updated on google calendar so a reminder will be posted before the 12 month expiration date. to assure this violation does not reoccur.

In addition to the above plan of correction: The administrator or designee will review all required staff training as part of the quality management review process to ensure all staff persons receive the required annual training in accordance with regulation 2600.65(f) and a record of all training is maintained in the staff records during each established training year. [REDACTED]

Licensee's Proposed Overall Completion Date: 08/28/2023

Not Implemented [REDACTED] - 12/18/2023)**65g - Annual Training Content****11. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention, new population groups that are being served at the home that were not previously

65g - Annual Training Content (continued)

served, if applicable during training year 2022.

Staff person C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention, new population groups that are being served at the home that were not previously served, if applicable during training year 2022.

Plan of Correction

Directed [redacted] - 08/30/2023)

Going forward all DCS will be trained annually on Fire Safety. Emergency Preparedness, Residents Rights, Older Adult Protection Act Falls and Accidents etc...Files will be checked quarterly by the administrator to assure this violation does not reoccur and all certifications are prior to the years before training

Directed

Within 5 calendar days of receipt of the accepted plan of correction: Direct care staff person B and C will receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness, resident rights, Older Adult Protective Services Act and falls and accident prevention. Documentation of training will be kept.

Within 15 calendar days of receipt of the accepted plan of correction: The administrator will audit all current staff training records to ensure all direct care staff have received the required training on all topics in accordance with regulation 2600.65(g) during the 2022 training year. The audit will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(g), the training will be completed within 10 days of receipt of the accepted plan of correction. Ongoing the administrator or designee will review all required staff training as part of the quality management review process to ensure all staff persons receive the required annual training in accordance with regulation 2600.65(g) and a record of all training is maintained in the staff records. [redacted]

Directed Completion Date: 08/28/2023

Not [redacted] [redacted] - 12/18/2023)

85b - Infestation

12. Requirements

2600.

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

Description of Violation

On 7/31/2023, upon arrival there were multiple roaches walking around on the walls. The home has only treated once and is not being treated regularly for the infestation.

Plan of Correction

Accept [redacted] - 08/30/2023)

The home has been exterminated on 8/22/2023 by Northern exterminators. The home will ask the exterminator to use more potent chemicals to rid of all infestations. The administrator will call the exterminator on the 20th of every month to assure comes out and exterminated to stop the spread of infestation.

85b - Infestation (continued)

In addition to the above plan of correction: Residents and all staff persons will be educated on signs of infestation and the proper storage of food. Documentation will be kept. Staff persons will be instructed to monitor the home for potential causes of infestation during regular duties. Staff persons will be instructed to report any signs of infestation to the administrator. If any signs of infestation are found, the administrator or designee will arrange for more frequent pest control.

Licensee's Proposed Overall Completion Date: 08/28/2023

Not Implemented - 12/18/2023)

88a - Surfaces

13. 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 first-floor bathroom has a damaged and partially missing ceiling tile.

Plan of Correction

Accepted - 08/30/2023)

The tile on the bathroom ceiling has been repaired on 08/21/2022. DCS will check weekly to assure all tiles are in good repair. Administrator will do a follow up check weekly to assure the home is in complete care.

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented - 12/18/2023)

102i - Soap Dispenser

14. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in first floor bathroom. The soap dispenser was empty.

There was no soap in the dispenser in the back second floor bathroom.

Plan of Correction

Directed - 08/30/2023)

As of 08/21/2023 all DCS workers must sign a sheet in the beginning of each week stating that they have observed all soap dispensers in the home are filled with soap.

Directed

Within 15 calendar days of receipt of the accepted plan of correction: All staff persons will be educated on the need to maintain soap at each bathroom sink, including the health risk involved in not providing soap for proper hand washing and the use of shared soap. Documentation of education shall be kept in the staff record. Staff will check all bathrooms during each shift to ensure there is no unlabeled bars of soap in the bathrooms and there is soap in the dispenser. The administrator will monitor the home weekly to ensure a dispenser of soap is available and bar soap is clearly labeled at each bathroom sink. Documentation of the checks shall be kept.

102i - Soap Dispenser (continued)

Directed Completion Date: 08/28/2023

Not Implemented [redacted] 12/18/2023)

132a - Monthly Fire Drill

15. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of April 2023, May 2023, June 2023, and July 2023.

Plan of Correction

Directed [redacted] - 08/30/2023)

There was fire drill conducted on the months of April, May, June and July but the fire drill log was not posted back up on the bulletin board. The administrator will check weekly to make sure the fire drill is hung up and documented properly. A fire drill was conducted on 08/15/2023. A reminder was posted on google calendar for a fire drill to be conducted on the 15th of every month.

Directed

Within 10 calendar days of receipt of the accepted plan of correction: All staff persons will be educated on the fire drill requirements of 2600.132(a) including all fire drills will be unannounced, the required documentation of fire drills in 2600.132(c) and fire drills will be held on different days of the week, at different times of the day and night in 2600.132(g). Documentation shall be kept. [redacted]

Directed Completion Date: 08/28/2023

Not Implemented [redacted] - 12/18/2023)

132b - Safety Inspection/Fire Drill

16. 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 home does not have a current fire safety inspection with a fire drill conducted by a fire safety expert.

Plan of Correction

Accept [redacted] - 08/30/2023)

The fire department came out on 08/23/2023 to conduct a fire safety inspection. The date of the inspection was placed on google r to calendar by the administrator to assure an inspection is completed within a 12 month period.

In addition to the above plan of correction: The administrator or designated staff person will develop and implement a process and procedure to ensure a fire drill and fire inspection is conducted by a fire safety expert at least

132b - Safety Inspection/Fire Drill (continued)

annually. MJ

Licensee's Proposed Overall Completion Date: 08/28/2023

Not Implemented [REDACTED] 12/18/2023)

141b1 - Annual Medical Evaluation

17. 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]/14/2022.

Resident 3's most recent medical evaluation was completed on [REDACTED]/24/2020.

Plan of Correction

Directed ([REDACTED] - 08/30/2023)

As of 08/21/2023 [REDACTED] A reminder will be placed on google calendar. Director will make the appointment 2 months prior to expiration date to assure this does not reoccur.

Directed

Within in 5 calendar days of receipt of the accepted plan of correction: The administrator or designee will schedule a medical evaluation to be completed by a physician, physician's assistant or certified registered nurse practitioner for residents 2 and 3. Also the administrator or designated staff person will review all resident records to ensure an in-person medical evaluation has been completed for all residents within the past year and the medical evaluation is completed accurately and in its entirety including all required information. Any incomplete medical evaluations will be returned to the physician for completion any residents without a current medical evaluation will be scheduled for a new in-person medical evaluation to be completed. [REDACTED]

Directed Completion Date: 08/28/2023

Not Implemented [REDACTED] - 12/18/2023)

183e - Storing Medications

18. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 7/31/2023, during the medication cart audit there were multiple loose pills in the multiple drawers.

On 7/31/2023, resident 4's Incruse Ellipta Inhaler was open with 3 doses left, this medication expires after 6 weeks but the medication did not have an open date notated. The medication also did not have the resident information label.

183e - Storing Medications (continued)

Plan of Correction

Accept [REDACTED] 08/30/2023)

All medication carts have been cleaned out to assure there are no loose medications in the drawer. If there is any medication that is not in the bubble pack the DCS will dispose of the medication immediately. DCS will sign a sheet weekly stating that the medication cart was cleaned that day. Medication carts must be cleaned out daily by the DCS worker.

In addition to the above plan of correction: The administrator will audit the medication cart weekly to ensure there are not expired medications or loose pills. [REDACTED]

Licensee's Proposed Overall Completion Date: 08/29/2023

Implemented [REDACTED] 12/18/2023)

183f - Discontinued Medications

19. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Refresh Tears 0.5% belonging to resident 1 was expired on 11/2022.

Artificial Tears belonging to resident 1 was expired on 8/26/2021.

Mupirocin 2% ointment belonging to resident 4 was expired on 10/2021, 3/2022, and 9/2021. There were 3 tubes of this medication.

Plan of Correction

Accept [REDACTED] - 08/30/2023)

The DCS workers have been retrained by the administrator on the proper way to dispose of all medication. All medication drawers were cleaned out on 08/21/2023 and all outdated medication were disposed. All medication drawers will be checked by the DCS weekly. Administrator will also check medication drawers weekly to assure this does not reoccur.

Licensee's Proposed Overall Completion Date: 08/29/2023

Not Implemented [REDACTED] - 12/18/2023)

187d - Follow Prescriber's Orders

21. Requirements

187d - Follow Prescriber's Orders (continued)

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed Losapine and Risperidone. However, resident 1 was not administered these medications on 7/14/2023, 7/15/2023, 7/16/2023, 7/26/2023, and 7/27/2023.

Plan of Correction Accept [REDACTED] - 08/30/2023)

The resident was offered these medications but refused to take them. On 08/23/2023 the DCS was retrained by the administrator on the proper way to document all refused medication administrations. The administrator will check MAR's daily to assure that are documented correctly.

Licensee's Proposed Overall Completion Date: 08/28/2023

Not Implemented [REDACTED] - 12/18/2023)

221c - Post Activity Calendar

22. 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 [REDACTED] - 08/30/2023)

The Administrator will assure that all activity calendars are posted on the bulletin board. There will be a calendar for the last month, the present month and the month following that. A new calendar will be posted by the administrator on the first day of every month. Google calendar will give a monthly reminder to assure this violation does not reoccur.

In addition to the above plan of correction: The administrator or designee will check daily to ensure the activities calendar is [REDACTED]

Licensee's Proposed Overall Completion Date: 08/28/2023

Implemented [REDACTED]/18/2023)

224a - Preadmission Screen Form

23. 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 2 was admitted to the home on [REDACTED]/2019; however, the resident's preadmission screening form was incomplete and did not indicate whether the resident was safe around poisons.

Plan of Correction Accept [REDACTED] - 08/30/2023)

Administrator will check all forms monthly to assure are forms are completed and up to date. All forms were checked by the administrator on 08/22/2023. Forms will checked by the administrator in entirety to assure all slots on form are filled out including the question if the resident is safe to be around poison.

224a - Preadmission Screen Form (*continued*)

Licensee's Proposed Overall Completion Date: 08/28/2023

Not Implemented [REDACTED] - 12/18/2023)

225c - Additional Assessment

24. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 2's most recent assessment was completed on [REDACTED]/2020.

Plan of Correction

Accept [REDACTED] - 08/30/2023)

An assessment will be completed on all residents annual to update any changes in health or support that is needed. The date of all RASP will be placed on google calendar by the administrator a month prior to their expiration date to assure thy will be completed before their 12 month period.

In addition to the above plan of correction: All staff persons involved with the assessment process will be educated on the requirement that each resident shall have an assessment completed at least annually. Documentation of education will be kept. The administrator or designated staff person will review all resident records to ensure all residents have a current assessment completed. Any resident found to not have a current assessment one will be completed within 5 calendar days of [REDACTED]

Licensee's Proposed Overall Completion Date: 08/28/2023

Not Implemented [REDACTED] - 12/18/2023)

252 - Record Content

25. 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.
11. A list of allergies.

252 - Record Content (continued)

- 12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
- 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
- 14. A support plan.
- 15. Applicable court order, if any.
- 16. The resident’s medical insurance information.
- 17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
- 18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
- 19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
- 20. The financial records of residents receiving assistance with financial management.
- 21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
- 22. Copies of transfer and discharge summaries from hospitals, if available.
- 23. If the resident dies in the home, a copy of the official death certificate.
- 24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
- 25. A copy of the resident-home contract.
- 26. A termination notice, if any.

Description of Violation

Resident 3's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept [REDACTED] **08/30/2023)**

A new photograph was taken of all residents and placed in their file on 08/24/2023 by the administrator. A reminder to take a new photo will placed on google calendar for 2 years from now. and placed in their files. Going forward the administrator will look at all files monthly.

Licensee's Proposed Overall Completion Date: 08/28/2023

Not Implemented [REDACTED] **- 12/18/2023)**

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: 02/17/2024
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: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: 01/19/1983 Issued By: *City of Philadelphia L&I*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 6 Waking Staff: 5

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: 10/05/2023

Inspection Dates and Department Representative

10/05/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 14 Residents Served: 6

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: 2
Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

10/05/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 10/30/2023

Inspections / Reviews (*continued*)

11/03/2023 - POC Submission

Submitted By: [REDACTED]
[REDACTED]

Date Submitted: 10/27/2023

Follow-Up Type: POC Submission

Follow-Up Date: 11/08/2023

12/06/2023 - POC Submission

Submitted By: [REDACTED]
Reviewer: [REDACTED]

Date Submitted: 11/09/2023

Follow-Up Type: Document Submission Follow-Up Date: 12/09/2023

01/29/2024 - Document Submission

Submitted By: [REDACTED]
Reviewer: [REDACTED]

Date Submitted: 12/19/2023

Follow-Up Type: Enforcement

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 10/05/23, the home's copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home.

Repeat Violation: 05/23/22.

Plan of Correction

Accept [redacted] - 11/03/2023)

In response to the violation on 10/05/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2023 by the administrator to assure the homes copy of the 55 PA. Code Chapter 2600 will placed in a public space so all residents will have access to it.

To enhance the currently compliant operations, on 10/24/2023 the administrator will will assure that the 55 PA. Code Chapter 2600 is visible to all residents and staff at all times, with a completion date of 10/24/2023.

Effective 10/24/2023 the administrator will perform weekly check through 11/30/2023 to maintain ongoing compliance with posting 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/24/2023

Not Implemented [redacted] - 01/09/2024)

26a - Quality Management Plan

2. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home does not have a quality management plan.

Plan of Correction

Accept [redacted] - 11/03/2023)

In response to the violation on 10/05/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/05/2023 by the administrator to assure the home has established and implemented a Quality Management Plan.

To enhance the currently compliant operations, on 10/27/2023 the administrator will discuss all topics in the Quality Management Plan with all staff members, with a completion date of 01/27/2024.

Effective 10/26/2023 the administrator will perform quarterly discuss through 11/30/2023 to maintain ongoing compliance with establishing and implementing a quality management plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

26a - Quality Management Plan (continued)

Licensee's Proposed Overall Completion Date: 01/27/2024

Not Implemented [REDACTED] - 01/09/2024)

88a - Surfaces

3. 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 first-floor bathroom has a non-skid shower matt taped to the floor of the shower.

Plan of Correction

Accept [REDACTED] - 11/03/2023)

In response to the violation on 10/05/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2023 by the administrator to assure the floors, walls, ceilings and doors are clean, in good repair and hazard free.

To enhance the currently compliant operations, on 10/24/2023 the administrator will check daily to assure the home is clean, in good repair and hazard free, with a completion date of 11/30/2023.

Effective 10/24/2023 the administrator will perform daily check through 11/30/2023 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/30/2023

Not Implemented [REDACTED] - 01/09/2024)

102i - Soap Dispenser

4. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in the first-floor bathroom.

Plan of Correction

Accept [REDACTED] - 11/03/2023)

In response to the violation on 10/05/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/25/2023 by the administrator to assure there are no unlabeled bars of soap in the bathrooms.

To enhance the currently compliant operations, on 10/25/2023 the administrator will check daily to assure there are no unlabeled bars of soap in the bathrooms. The administrator has placed a wall soap dispenser in the bathroom to assure this does not reoccur, with a completion date of 10/25/2023.

102i - Soap Dispenser (continued)

Effective 10/25/2023 the administrator will perform weekly check through 11/30/2023 to maintain ongoing compliance with providing a dispenser with soap within reach of each bathroom sink, and to not permit bar soap unless there is a separate bar clearly labeled for each resident who shares a bathroom. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/25/2023

Not Implemented [REDACTED] - 01/09/2024)

132b - Safety Inspection/Fire Drill**5. 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 home does not have a fire safety inspection with a fire drill conducted by a fire safety expert within the past year.

Repeat Violation: 05/23/22.

Plan of Correction

Accepted [REDACTED] 11/15/2023)

In response to the violation on 11/03/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/05/2023 by the administrator to assure that the home will have a Fire Safety Expert come to the home and train the Administrator and Direct Care Staff on the importance of Fire Safety. A Fire Safety Training Instructor has trained all staff on the importance of knowing Fire Safety and conducting a fire drill with proper evacuation routes.

To enhance the currently compliant operations, on 11/06/2023 the administrator will contact the Fire Inspector 2 months prior to the expiration date of last years annual fire drill and evacuation training . This date will be placed on Google Calendar as a reminder to schedule the Fire Inspector to come out, with a completion date of 6/23/2024.

Effective 11/06/2023 the administrator will perform the review through 06/23/2024 to maintain ongoing compliance with ensuring a fire safety inspection and fire drill conducted by a fire safety expert is completed annually, and to keep documentation of each fire drill and fire safety inspection . Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/09/2023

Not Implemented [REDACTED] - 01/09/2024)

141b1 - Annual Medical Evaluation**6. Requirements**

2600.

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

141b1 - Annual Medical Evaluation (continued)

Description of Violation

Resident #1's most recent medical evaluation (DME) was completed on [REDACTED]/28/20.

Additionally, the resident records audit completed by the home shows seven records audited, there are only six residents currently in the home, with resident #2's most recent DME completed on 07/14/22. As of 10/05/23, this error had not been corrected.

Repeat Violation: 02/15/23, 05/23/22, et. al.

Plan of Correction

Accept [REDACTED] - 11/15/2023)

In response to the violation on 10/05/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/26/2023 by the administrator to assure all residents have an updated DME in their file. [REDACTED] (The [REDACTED] doctor) has come to the home on 10/26/2023 and evaluated all resident's and filled out their DME forms.

To enhance the currently compliant operations, on 10/26/2023 the administrator will place the date the resident's DME's were signed on a cover sheet in their file, therefore as all files are reviewed monthly we will be able to notify when the resident's DME will expire, with a completion date of 05/01/2024.

Effective 10/26/2023 the administrator will perform monthly reviews through 05/01/2024 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date:

Not Implemented [REDACTED] - 01/09/2024)

181c - Self-administration Assessment

7. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #2 self-administers medications to include Lantus SoloStar pen; however, resident #2 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

181c - Self-administration Assessment (continued)

Plan of Correction

Accept [redacted] - 11/03/2023)

In response to the violation on 10/05/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/28/2023 by the administrator to assure that all residents that self administer are approved by their physician and that is documented on their documentation of medical evaluation.

To enhance the currently compliant operations, on 10/28/2023 the administrator will check monthly to assure that any resident that self medicates has the physicians approval documented in their DME, with a completion date of 10/28/2023.

Effective 10/28/2023 the administrator will perform monthly check through 11/30/2023 to maintain ongoing compliance with ensuring the resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/28/2023

Implemented [redacted] - 01/09/2024)

183c - Refrigerated Meds Locked

8. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On 10/05/23, at 1:20 PM, Lantus SoloStar insulin glargine injection pen prescribed for resident #2, was unlocked and accessible in a metal box in the home's main refrigerator in the dining room.

Plan of Correction

Accept [redacted] - 11/03/2023)

In response to the violation on 10/05/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/25/2023 by the administrator to assure all medication is placed in a locked box in a refrigerator that does contain any food. On 10/25/2023 the administrator purchased a small refrigerator for the purpose of storing medication only.

To enhance the currently compliant operations, on 10/25/2023 the Direct Care Staff will check daily to assure all medication is stored and locked away properly, with a completion date of 10/25/2023.

Effective 10/25/2023 the Direct Care Staff will perform daily check through 11/30/2023 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM stored in a refrigerator will be kept in an area or container that is locked. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/25/2023

Implemented [redacted] - 01/09/2024)

183c - Refrigerated Meds Locked (*continued*)

183e - Storing Medications

9. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 10/05/23, resident #2's Lantus SoloStar Injection Pens, was stored in the home's main refrigerator. There are multiple violations associated with how this medication was stored:

- The metal box containing the medication was not locked (see 183c above).*
- There were two open pens inside the box. According to the manufacturer's instructions the Lantus SoloStar pen should not be refrigerated after it is first used.*
- According to the manufacturer's instructions an open Lantus SoloStar pen should be discarded after 28 days. Neither of the open pens were dated to determine this time frame.*

Plan of Correction**Accept (█ - 11/03/2023)**

In response to the violation on 10/05/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/26/2023 by the administrator to assure all medication is locked and sealed in a secure storage, the medication administrator reads all regulations pertaining to medication including reading the manufacture's instruction and when and how to discard any medication when needed.

To enhance the currently compliant operations, on 10/26/2023 the medication administrator will has read over all regulations pertaining to the proper way to store and discard medications, with a completion date of 10/27/2023.

Effective 10/26/2023 the medication administrator will perform weekly reviews through 12/31/2023 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/27/2023

Implemented (█ - 01/09/2024)

183f - Discontinued Medications

10. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 10/05/23, a vial of Contour Blood Glucose Test Strips with an expiration date of 09/30/2020 was found with resident #2's diabetic supplies.

183f - Discontinued Medications (continued)

Plan of Correction**Accept** [REDACTED] - 11/03/2023)

In response to the violation on 10/05/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/26/2023 by the medication administrator to check all dates on all medications and dispose of any expired medication.

To enhance the currently compliant operations, on 10/26/2023 the medication administrator will sign off weekly, stating that he has checked all medication and discarded any expired medications, with a completion date of 11/30/2023.

Effective 10/26/2023 the medication administrator will perform weekly check through 11/30/2023 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home will be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications will be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/30/2023

Not Implemented [REDACTED] - 01/09/2024)

187a - Medication Record

11. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 is prescribed Benzotropine Mes 1 MG Tab - Take one tablet by mouth twice a day for movement. This medication was administered on 10/04/23 at 9:00 PM; however, it is not documented as administered on resident #2's medication administration record.

Repeat Violation: 02/15/23.

Plan of Correction**Accept** [REDACTED] - 11/03/2023)

In response to the violation on 10/05/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/26/2024 by the administrator to assure all medication is documented on the medication record immediately following distribution.

To enhance the currently compliant operations, on 10/26/2023 the administrator will initial all MAR's immediately following the administration. The medication administrator was given a written warning and must now show the administrator all initialed MAR'S weekly, with a completion date of 10/26/2023.

187a - Medication Record (continued)

Effective 10/26/2023 the administrator will perform weekly reviews through 12/31/2023 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/26/2023

Not Implemented [REDACTED] - 01/09/2024)

227d - Support Plan Medical/Dental**13. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [REDACTED]/23, is incomplete or inaccurate:

- The resident's medical diagnosis of hyperlipidemia and HTN are not listed.
- The resident's psychological diagnosis is listed as Schizophrenia instead of Psychosis as listed on resident #1's most recent DME dated 05/28/20,
- Part 3 - Section 4: Social and Recreational needs is blank except for the resident's hobbies/interests.
- Part IV: Summary and Determination is blank except for the Assessor's signature.

Plan of Correction

Accept [REDACTED] - 11/06/2023)

In response to the violation on 10/05/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/26/2023 by the administrator to assure a new RASP has been completed pertaining to the resident's medical diagnosis, psychological diagnosis, social and recreational needs, summary of determination and administrator signature.

To enhance the currently compliant operations, on 10/26/2023 the administrator will check monthly to assure the RASP has been completed entirely, with a completion date of 03/30/2024.

Effective 10/26/2023 the administrator will perform monthly reviews through 05/01/2023 to maintain ongoing compliance with regulation 227d. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [REDACTED] - 01/09/2024)

227g -Support Plan Signatures**14. Requirements**

2600.

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

227g -Support Plan Signatures (continued)

Description of Violation

Resident #1 participated in the development of [REDACTED] support plan on [REDACTED]/22/23. However, the resident did not sign the support plan.

Plan of Correction

Accept [REDACTED] - 11/03/2023)

In response to the violation on 10/05/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/26/2023 by the administrator to assure all forms are completed. Each residence book as been reviewed page by page.

To enhance the currently compliant operations, on 10/25/2023 the administrator will will check all resident's files monthly to assure they are completed, with a completion date of 10/25/2023.

Effective 10/25/2023 the administrator will perform monthly reviews through 10/25/2024 to maintain ongoing compliance with ensuring individuals, who participate in the development of the support plan, sign and date the support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/25/2023

Implemented [REDACTED] - 01/09/2024)

252 - Record Content

15. 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.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.

252 - Record Content (continued)

19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident #1's record does not include the current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms, a list of prescribed medications, OTC medications and CAM, dietary restrictions, a list of allergies, or a current version of the annual assessment and support plan.

Resident #2's record does not include the current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms, a list of prescribed medications, OTC medications and CAM, dietary restrictions, a list of allergies, or a current version of the annual assessment and support plan.

Plan of Correction

Accept [REDACTED] - 11/03/2023)

In response to the violation on 10/05/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/26/2023 by the administrator to assure all resident's files have a physician examination report done annually. This report will include resident's medications, allergies, dietary restrictions and diagnosis.

To enhance the currently compliant operations, on 10/26/2023 the administration will all resident's records contain all the information that is required in regulation 2600:252, with a completion date of 10/30/2023.

252 - Record Content (continued)

Effective 10/26/2023 the administrator will perform monthly audits through 06/30/2024 to maintain ongoing compliance with ensuring each resident's record includes, including name, gender, admission date, birth date and Social Security number, and race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks, and a photograph of the resident that is no more than 2 years old, and language or means of communication spoken or used by the resident, and the name, address, telephone number and relationship of a designated person to be contacted in case of an emergency, and the name, address and telephone number of the resident's physician or source of health care, and the current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms, and a list of prescribed medications, OTC medications and CAM, and dietary restrictions, and a record of incident reports for the individual resident, and list of allergies, and the documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies, and the preadmission screening, initial intake assessment and the most current version of the annual assessment, and a support plan, and applicable court order, if any, and the resident's medical insurance information, and the date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity, and an inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated, and an inventory of the resident's property entrusted to the administrator for safekeeping, and the financial records of residents receiving assistance with financial management, and the reason for termination of services or transfer of the resident, the date of transfer and the destination, and copies of transfer and discharge summaries from hospitals, if available, and if the resident dies in the home, a copy of the official death certificate, and signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures), and a copy of the resident-home contract, and a termination notice, if any. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2023

Implemented [REDACTED] - 01/09/2024)