

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

April 26, 2024

[REDACTED]
CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/21/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC. License #: 14167 License Expiration: 07/30/2024
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: 8 Waking Staff: 6

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Fine Exit Conference Date: 02/21/2024

Inspection Dates and Department Representative

02/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 14	Residents Served: 8		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 7	Are 60 Years of Age or Older: 4		
Diagnosed with Mental Illness: 8	Diagnosed with Intellectual Disability: 1		
Have Mobility Need: 0	Have Physical Disability: 1		

Inspections / Reviews

02/21/2024 - Partial
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/10/2024

03/08/2024 - POC Submission
Submitted By: [REDACTED] Date Submitted: 04/26/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/01/2024

Inspections / Reviews *(continued)*

04/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/29/2024

04/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] resident [redacted] was admitted to the hospital for a diagnosis of [redacted]. Resident [redacted] reported loss of consciousness and fell in the bathroom. The home did not submit an incident report to the Department.

On [redacted] resident [redacted] was discharged from the hospital and the following medications were discontinued, [redacted] [redacted] and [redacted]. Resident [redacted] was administered [redacted] and the wrong dosage of [redacted] from [redacted], through [redacted]. These medications errors were not reported to prescriber and resident's family. The home did not submit an incident report to the Department.

Plan of Correction

Accept [redacted] - 03/08/2024)

In response to the violation on 02/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 02/21/2024 by the Administrator to inform the staff of the importance of reporting incidents to DHS, 24 hours after the incident occurred. The administrator has placed signs throughout the home stating all incident must be reported to DHS within 24 hours.
- 2. The medication administrator was notified that himself and the administrator must view all hospital discharge papers and they must be sent to the pharmacy immediately following the discharge. The medication administrator was retrained on the proper actions that must follow after a residents discharge. Staff and administrator have reread 2600 RCG's 2600:181-2600:191 to assure this incident does not reoccur.

To enhance the currently compliant operations, on 02/29/2024 the administrator will report all incidents within a 24 hour period. All medication administrators will notify the pharmacy of any changes to the medication, with a completion date of 06/30/2024.

Effective 02/21/2024 the administrator will perform monthly trainings on all the steps that must take place during and after a resident's hospital stay to maintain ongoing compliance with reporting an incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [redacted] - 04/26/2024)

132d - Evacuation

2. Requirements

2600.

132d - Evacuation (continued)

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

Residents shall be able to evacuate withing the maximum safe evacuation time designated by a fire safety expert within the last year, or within 2 minutes and 30 seconds if the home does not have an otherwise specified safe evacuation time.

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: August 25, 2023, at 11am, the evacuation time was 2 minutes and 40 seconds and December 18, 2023, at 4:30pm, the evacuation time was 2 minutes and 54 seconds.

Plan of Correction

Accept [REDACTED] - 03/08/2024)

In response to the violation on 02/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/04/2024 by the Administrator to assure all residents evacuate the home within 2 minutes and 30 seconds. Residents and staff will be retrained bi weekly on the importance of evacuating a home within the time frame the fire expert informed us is a safe evacuation time.

To enhance the currently compliant operations, on 03/04/2024 the administrator will will continue to practice monthly fire drills so residents and staff are trained to evacuate the home within 2 minutes and 30 seconds, with a completion date of 06/30/2024.

Effective 03/04/2024 the administrator will perform bi-weekly trainings through 06/30/2024 to maintain ongoing compliance with ensuring residents are 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, and for purposes of this subsection, ensure the fire safety expert is not a staff person of 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: 03/30/2024

Implemented [REDACTED] - 04/26/2024)

183d - Prescription Current

3. 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

Resident [REDACTED] was hospitalized on [REDACTED], and has not returned. The resident's medications for the month of January 2024 and February 2024 were in the home's cabinet.

Plan of Correction

Accept (MS - 03/08/2024)

In response to the violation on 02/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the Medication administrator to remove all of Resident [REDACTED] medications from the home. West Girard Health Pharmacy has refused to take back any medication once delivered therefore, the medication was destroyed properly as mandated in the 2600 RCG's.

183d - Prescription Current (continued)

To enhance the currently compliant operations, on 03/05/2024 the The medication administrator will destroy all medication if the resident is not in the home to take them, with a completion date of 06/30/2024.

Effective 03/05/2024 the Administrator will perform weekly check through 06/30/2024 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in 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: 03/30/2024

Implemented [redacted] - 04/26/2024)

183e - Storing Medications

4. 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 [redacted], resident [redacted] [redacted] pen was stored in a locked case; the [redacted] pen was without a date of opening. According to the manufacturer's instructions, this medication needs to be discarded after 28 days of opening.

Plan of Correction

Accept [redacted] - 03/08/2024)

In response to the violation on 02/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2024 by the resident to Resident [redacted] is able to self medicate. [redacted] had opened [redacted] [redacted] pen on [redacted] and did not label it immediately following [redacted] injection.

To enhance the currently compliant operations, on 03/05/2024 the medication administer will and the administrator will check weekly to assure all medication is labeled as soon as the medication is opened and ready for use, with a completion date of 03/05/2024.

Effective 03/05/2024 the administrator will perform weekly check through 06/30/2024 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: 03/05/2024

Implemented [redacted] - 04/26/2024)

184a - Resident's Meds Labeled

5. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident [REDACTED] does not include the current prescribed dosage and instructions for administration. On [REDACTED], resident [REDACTED] order was changed to [REDACTED] tablets by mouth every morning and [REDACTED] tablets every evening.

Plan of Correction

Accepted [REDACTED] 03/08/2024)

In response to the violation on 02/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2024 by the the medication administrator to was retrained on the proper way to administer medication once a resident is discharged from the hospital or once there is a medication change.

To enhance the currently compliant operations, on 03/05/2024 the the mediation administrator will will check all medications daily to assure the medications match the new MAR created from the the hospital discharge papers, with a completion date of 03/05/2024.

Effective 03/05/2024 the The administrator will perform weekly check through 06/30/2024 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes, including the resident's name, and the name of the medication, and the date the prescription was issued, and the prescribed dosage and instructions for administration, and the name and title of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/05/2024

Implemented [REDACTED] - 04/26/2024)

185a - Implement Storage Procedures

6. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The [REDACTED] of Resident [REDACTED] was not calibrated with the correct time. Actual time: 9:54 a.m., glucometer time: 10:19 a.m.

185a - Implement Storage Procedures (continued)

Plan of Correction**Accept** [REDACTED] - 03/08/2024)

In response to the violation on 02/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/04/2024 by the Medication administrator to assure Resident [REDACTED] on how and when to calibrate [REDACTED].

To enhance the currently compliant operations, on 03/04/2024 the administrator will Resident [REDACTED] was informed as [REDACTED] self administers [REDACTED] medication [REDACTED] must check to assure the proper time is on [REDACTED]. Resident [REDACTED] was also informed [REDACTED] must reset the [REDACTED] during day light savings time, with a completion date of 06/30/2024.

Effective 03/04/2024 the administrator will perform daily check through 06/30/2024 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [REDACTED] - 04/26/2024)

187a - Medication Record

7. 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

On [REDACTED], Resident [REDACTED] was prescribed [REDACTED] - take one tablet daily, [REDACTED] and [REDACTED] - take one by mouth at bedtime. These medications are not listed on the residents current medication administration record as of 2/21/24.

Repeat Violation: 02/15/23.

Plan of Correction**Accept** [REDACTED] - 03/08/2024)

In response to the violation on 02/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2024 by the Medication administrator to notify the pharmacy that a new MAR must be provided showing ALL of the medications that are prescribed.

To enhance the currently compliant operations, on 03/04/2024 the medication administrator will was retrained on the proper way to distribute and document all medications. The medication administrator was informed he must notify the administrator of all medication errors, with a completion date of 03/05/2024.

Effective 03/05/2024 the the administrator will perform weekly check through 06/30/2024 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.

187a - Medication Record (continued)

Licensee's Proposed Overall Completion Date: 03/05/2024

Implemented [REDACTED] 04/26/2024)

187b - Date/Time of Medication Admin.

8. 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

Resident [REDACTED] was admitted to the hospital from 1/23/24 to 1/29/24. Resident [REDACTED] January 2024 Medication Administration Record is initialed as administered for all medications during this time period even though the resident was not present at the time.

Repeat Violation Date: 2/15/23

Plan of Correction

Accept [REDACTED] - 03/08/2024)

In response to the violation on 02/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/06/2024 by the administrator to retrain the medication administrator on then proper way to document all medications.

To enhance the currently compliant operations, on 03/06/2024 the Administrator will Administrator will check all MAR's weekly for any medication errors and inform the medication administrator that he must properly document all medications that were distributed, with a completion date of 03/06/2024.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented [REDACTED] - 04/26/2024)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tabs, take four tablets [REDACTED] in the morning and two tablets [REDACTED] every evening. However, resident [REDACTED] was administered one tablet of [REDACTED] from 02/01/24 through 02/21/24 daily at 9am.

Resident [REDACTED] is prescribed [REDACTED], take one tablet daily, and [REDACTED], take [REDACTED] tablet at bedtime. However, this medication was not administered to resident [REDACTED] from February 1, 2024, through February 21, 2024, because the medication was not available in the home.

187d - Follow Prescriber's Orders (continued)

On [redacted], resident [redacted] was discharged from the hospital with new medication orders to discontinue [redacted] and [redacted] tabs. However, resident [redacted] was administered [redacted] tabs and [redacted] tabs from 02/01/24 through 02/21/24 daily at 9am.

Repeat Violation Date: 2/15/23

Plan of Correction

Accept [redacted] - 03/08/2024)

In response to the violation on 02/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/06/2024 by the administrator to to assure the medication administrator reads all discharge papers, all medication labels and all MAR's prior to distributing medication.

To enhance the currently compliant operations, on 03/06/2024 the medication administrator will medication administrator was now trained that all discharge papers must be connected to the MAR and read thoroughly, with a completion date of 06/30/2024.

Effective 03/06/2024 the administrator will perform weekly check through 06/30/2024 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [redacted] - 04/26/2024)

188b - Medication Error Reporting

10. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] tablet and [redacted] tabs, [redacted] take one daily and [redacted] take [redacted] tabs [redacted] in the morning and take [redacted] tabs [redacted] in the evening . However, resident [redacted] was not administered these medications as prescribed from February 1, 2024, through February 21, 2024. The medication error was not reported to the resident, resident's designated person, and prescriber.

188b - Medication Error Reporting (continued)

Plan of Correction**Accept** [REDACTED] - 03/08/2024)

In response to the violation on 02/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/06/2024 by the Mediation administrator to retrain the medication administrator on the proper steps that must take place after a resident's hospital discharge. The resident was retrained on the proper way to document all medication.

To enhance the currently compliant operations, on 03/06/2024 the administrator will Medication administrator will check all discharge papers immediately following a resident's discharge from a hospital, with a completion date of 06/30/2024.

Effective 03/06/2024 the administrator will perform weekly check through 06/30/2024 to maintain ongoing compliance with ensuring a medication error must be immediately reported to the resident, the resident's designated person and the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [REDACTED] - 04/26/2024)

251b - Record Entries Legible

11. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident [REDACTED] medication administration record for the month of February 2024. It is not legible and written over or scribbled out in several places.

Plan of Correction**Accept** [REDACTED] - 03/08/2024)

In response to the violation on 02/21/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/04/2024 by the administrator to assure the medication administrator knows the proper way to document medication.

To enhance the currently compliant operations, on 03/04/2024 the medication administrator will will check all MAR's daily to assure they are legible with no scribbles on the page or nothing crossed out, with a completion date of 06/30/2024.

Effective 03/04/2024 the administrator will perform daily reveiw through 06/30/2024 to maintain ongoing compliance with ensuring the entries in a resident's record are permanent, legible, dated and signed by the staff person making the entry. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [REDACTED] 04/26/2024)