

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

May 29, 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 04/04/2024 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, L&I*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Provisional, Monitoring* Exit Conference Date: *04/04/2024*

Inspection Dates and Department Representative

04/04/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *14* Residents Served: *10*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *6*
 Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/04/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2024*

05/07/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/17/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/10/2024*

Inspections / Reviews (*continued*)

05/14/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/17/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/17/2024

05/29/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/17/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. 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 [REDACTED] at approximately 9:17 AM, an empty pill packet, listing four medications for resident [REDACTED], was found unattended on one of the dining room tables. Staff person A stated the medication had been administered with the resident's breakfast.

Repeat Violation: 07/31/23.

Plan of Correction

Accept [REDACTED] - 05/14/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on [REDACTED] immediate action was taken to assure the medication administrator disposes all empty medication in the garbage can immediately following distribution. All staff have been retrained on resident's confidentiality and a reminder is posted in the area in which medication is being distributed.
- 2. A reminder has been posted on the wall in the medication station to remind the medication technician to dispose of all empty medication packages. The medication technician will make sure none of the resident's information will be visible at all times.

All Medication Administrators were retrained on residents confidentiality immediately following the inspection.

To enhance the currently compliant operations, on 04/22/2024 the DCS will DCS will check daily not assure all resident's information is concealed and not visible, with a completion date of 04/22/2024.

Effective 04/06/2024 the Medication administrator will perform weekly check through 07/22/0204 to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not not allow access 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 05/09/2024

Licensee's Proposed Overall Completion Date: 05/09/2024

Implemented [REDACTED] - 05/29/2024)

65f - Training Topics

2. Requirements

2600.

65f - Training Topics (continued)

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, and safe management techniques during training year 10/01/22 to 09/30/23.

Repeat Violation: 07/31/23.

Plan of Correction

Accept [REDACTED] - 05/14/2024)

In response to the violation on 04/04/2024 by the Pennsylvania Bureau of Human Service Licensing. I Immediate action was taken on 04/07/2024 by the The administrator to to assure all staff have completed the necessary trainings described in regulation 65f. All Staff have been trained immediately in the necessary training topics for Personal Care Homes. A reminder was placed quarterly on google calenda. All trainings must be completed within the training year 10/1 - 9/30.

To enhance the currently compliant operations, on 03/07/2024 the administrator has scheduled a date for all of the mandatory trainings to be completed. These dates are placed on google calendar 2 days before training date to assure the trainings are taught at the time scheduled, with a completion date of 06/30/2024.

65f - Training Topics (continued)

Effective 04/07/2024 the The Administrator will perform weekly check through 06/30/2024 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, including medication self-administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and personal care service needs of the resident, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home, and medication self-administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and personal care service needs of the resident, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home, and medication self-administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and personal care service needs of the resident, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served 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: 05/09/2024

Implemented [REDACTED] - 05/29/2024)

65g - Annual Training Content**3. 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 during training year 10/01/22 to 09/30/23.

Repeat Violation: 07/31/23.

65g - Annual Training Content (continued)

Plan of Correction

Accept [redacted] 05/14/2024)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/07/2024 by the The administrator to to assure that all Fire Safety trainings are done within 12 months of the last training, the administrator will call the Fire expert 2 months prior to the previous years expiration date.

Immediate action was taken to place a reminder to notify the fire expert 2 months prior to last years training.

To enhance the currently compliant operations, on 04/07/2024 the The administrator will I reminder will be placed on the calendar 2 months prior to the expiration date, with a completion date of 03/30/2025.

Effective 04/07/2024 the The administrator will perform monthly check through 03/30/2025 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable, and fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/09/2024

Implemented [redacted] - 05/29/2024)

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

On [redacted], at 12:44 PM, there was an unlabeled used bar of soap in the second-floor full bathroom sink.

Repeat Violation: 07/31/23, 10/05/23, et al.

102i - Soap Dispenser (continued)

Plan of Correction**Accept** [REDACTED] - 05/14/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/05/2024 by the Direct Care Staff to remove the bar of soap from the shower and give all residents a new bar of soap that is labeled. DCS will check immediately following each residents shower to assure this does not reoccur.

To enhance the currently compliant operations, on 04/05/2024 the Direct Care Staff will check to assure all residents bars of soap are removed from the bathroom after showering, with a completion date of 05/30/2024.

Effective 04/05/2024 the Direct Care Staff will perform daily check through 05/30/2024 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: 05/09/2024

Implemented [REDACTED] - 05/29/2024)

162e - Menu Changes

5. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On [REDACTED] turkey scrapple, eggs, bagels, and coffee were listed on the menu for the breakfast meal. Cold cereal with orange or apple juice was served instead. No notice was provided to the residents in advance of the meal.

Plan of Correction**Accept** [REDACTED] - 05/14/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/05/2024 by the Direct Care Staff to assure the residents are aware of the meals that will be prepared for them throughout the day. If they're are any changes the DCS will cross out the changed meal and write the new meal on a blank calendar.

Immideate action was taken by the Administrator to retrain all DCS on the proper way to document any changes on the menu.

To enhance the currently compliant operations, on 04/05/2024 the Direct Care Staff will will assure the proper meal served is documented daily, with a completion date of 06/30/2024.

162e - Menu Changes (continued)

Effective 04/05/2024 the Direct Care Staff will perform daily check through 06/30/2024 to maintain ongoing compliance with posting a change to a menu in a conspicuous and public place in the home and is accessible to residents in advance of the meal, and to make meal substitutions in accordance with § 2600.161 (relating to nutritional adequacy). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/09/2024

Implemented [REDACTED] - 05/29/2024)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] Tab and [REDACTED] Tabs. Both medication administration orders are - take one tablet twice a day. However, these medications were not administered to resident [REDACTED] on [REDACTED] [REDACTED] and [REDACTED] at 9:00 AM because the medication was not available in the home. The same medications for the 9:00 PM administration are available and have been administered as prescribed.

Repeat Violation: 07/31/23, 02/15/23, et al.

Plan of Correction

Accept [REDACTED] - 05/14/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/07/2024 by the The administrator to assure all medication is order, delivered and distributed to the resident at the time prescribed by the doctor.

Immediate action was taken by the Administrator to contact the pharmacy and have the medication delivered immediately.

To enhance the currently compliant operations, on 04/07/2024 the The administrator will will check daily to assure all medication is labeled and stored, with a completion date of 06/30/2024.

Effective 04/07/2024 the 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: 05/09/2024

Implemented [REDACTED] 05/29/2024)