



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC**  
LEGAL ENTITY

To operate **CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.**  
NAME OF FACILITY OR AGENCY

Located at **3635 NORTH 22ND STREET, PHILADELPHIA, PA 19140**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **14**  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **February 21,** **2025** until **August 21,** **2025**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **141672**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: FEBRUARY 21, 2025**

[REDACTED]  
Administrator  
Chelten Christian Crusade for All People, Inc.

RE: Chelten Christian Crusade for All People, Inc.  
3635 North 22nd Street  
Philadelphia, Pennsylvania 19140  
License #: 14167

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection May 30, 2024, and October 28, 2024, 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 issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from February 21, 2025 to August 21, 2025.

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.

If you disagree with the decision to issue a SECOND 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 SECOND PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]

[REDACTED], Workload Manager  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
[REDACTED]

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]

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: 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: 9 Waking Staff: 7

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Provisional* Exit Conference Date: 05/30/2024

**Inspection Dates and Department Representative**

05/30/2024 - 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: 1 Are 60 Years of Age or Older: 4  
Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

**05/30/2024 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 06/17/2024

Inspections / Reviews (*continued*)

## 07/09/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/17/2024  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/14/2024

## 07/19/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/15/2024  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/19/2024

## 09/18/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 08/16/2024  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/23/2024

## 01/13/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/20/2024  
Reviewer: [REDACTED] Follow-Up Type: Enforcement

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident home contract, dated [REDACTED], for resident 1 was not signed by the payer.

Plan of Correction

Accept ([REDACTED] - 07/09/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/01/2024 by the administrator to assure resident's 1 home contract was signed by the payee.

To enhance the currently compliant operations, on 06/02/2024 the administrator will staple a reminder to all home contracts making the administrator aware that all payee's must sign the home contract, with a completion date of 12/31/2024.

Effective 06/02/2024 the administrator will perform monthly check through 12/31/2024 to maintain ongoing compliance with having contract signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Not Implemented ([REDACTED] - 01/13/2025)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Staff member [REDACTED] lives in the home. Staff member [REDACTED] bedroom can be reached by passing through Resident [REDACTED] room or via an external entrance from the back patio. Resident [REDACTED] has reported that Staff member [REDACTED] consistently uses the path through resident [REDACTED] bedroom to access [REDACTED] own room. Furthermore, Resident [REDACTED] stated that [REDACTED] lacks privacy because staff member [REDACTED] frequently enters without knocking throughout the day and night.

Plan of Correction

Accept ([REDACTED] - 07/19/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2024 by the administrator to assure staff member [REDACTED] is aware that [REDACTED] is only to exit and enter from the back entrance door in [REDACTED] room.

To enhance the currently compliant operations, on 06/02/2024 the administrator will post a sign on the resident's door reminding staff [REDACTED] may only use the entrance door to [REDACTED] room and [REDACTED] not allowed to enter thorough resident [REDACTED] room, with a completion date of 12/31/2024.

42s - Privacy (continued)

Effective 06/02/2024 the administrator will perform daily check through 12/31/2024 to maintain ongoing compliance with providing residents the right to privacy of self and possessions and to provide privacy to each resident during bathing, dressing, changing and medical procedures. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Administrator will monitor staff daily to assure the resident maintain privacy within [redacted] room.

Licensee's Proposed Overall Completion Date: 08/19/2024

Implemented ([redacted] - 08/27/2024)

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On Mondays, Tuesdays, and Fridays from [redacted] and Saturdays and Sunday [redacted] staff member B is the only staff member scheduled. Staff member B has not completed First aid and CPR training.

Plan of Correction

Directed ([redacted] - 07/19/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/12/2024 by the administrator to to assure staff person B was trained in CPR and First Aid.

To enhance the currently compliant operations, on 06/02/2024 the administrator will CPR and First Aide training will be added to the new staff hire checklist to assure this incident does not reoccur, with a completion date of 06/02/2024.

Effective 06/12/2024 the administrator will perform monthly xcheck through 12/31/2024 to maintain ongoing compliance with ensuring at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Directed Plan of Correction:

The administrator or designee shall ensure that CPR certifications are obtained through a recognized health care organization that includes a hands-on practical training and testing as an online only test is not acceptable. Documentation of certificates shall be kept in the home and made available for Department review upon request.

Directed Completion Date: 08/19/2024

Not Implemented ([redacted] - 01/13/2025)

66b - Training Plan Content

4. Requirements

2600.

66b - Training Plan Content (continued)

- 66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
  1. The name, position and duties of each direct care staff person.
  2. The required training courses for each staff person.
  3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

**Description of Violation**

*The home's staff training plan does not include the date, time and location for in person fire safety training as part of the training plan.*

**Plan of Correction**

**Accept (████ - 07/19/2024)**

*In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/06/2024 by the the administrator to to assure all up coming trainings will be added to the training plan as soon as a date is schedule.*

*To enhance the currently compliant operations, on 06/06/2024 the administrator will to make immediate action to prevent all training pans from being documented on the training plan. Administrator will place a reminder on the bulletin board reminding her to place all upcoming trainings on staff training plan, with a completion date of 10/30/2024.*

*Administrator and staff will be retrained on regulation 66b immediately.*

*Effective 06/06/2024 the administrator will perform monthly check through 10/30/2024 to maintain ongoing compliance with ensuring the plan includes training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities, and the staff training plan includes, including the name, position and duties of each direct care staff person, and the required training courses for each staff person, and the dates, times and locations of the scheduled training for each staff person for the upcoming year. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 08/19/2024**

**Implemented (████ - 01/13/2025)**

85a - Sanitary Conditions

**5. Requirements**

- 2600.
- 85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On 5/30/2024 at 1:52 pm, there was a dirty sock and dirty rag under the sink on the second floor shower bathroom.*

**Plan of Correction**

**Accept (████ - 07/09/2024)**

*In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/12/2024 by the Direct Care Staff to was taken to remove the dirty rag and sock from the second floor shower bathroom.*

85a - Sanitary Conditions (continued)

To enhance the currently compliant operations, on 06/01/2024 the Direct Care Staff will check throughout the home to assure the home is free of any unsanitary items, with a completion date of 10/30/2024.

Effective 06/01/2024 the Direct Care Staff will perform weekly check through 10/30/2024 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2024

Not Implemented ( [redacted] - 01/13/2025)

85d - Trash Receptacles

6. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 5/30/2024 at 9:02 am and 12:11 pm there was a full, uncovered, unattended trash can in the kitchen.

Plan of Correction

Accept ( [redacted] - 07/09/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/06/2024 by the The administrator to Immediate action was taken when the Administrator had purchased all new trash cans to eliminate any infestation.

To enhance the currently compliant operations, on 06/06/2024 the administrator will check all trash cans to assure they are in good repair and have lids, with a completion date of 10/30/2024.

Effective 06/06/2024 the the administrator will perform weekly check through 10/30/2024 to maintain ongoing compliance with keeping trash in kitchens and bathrooms in covered trash receptacles that prevent the penetration of insects and rodents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2024

Not Implemented ( [redacted] - 01/13/2025)

85e - Trash Outside Home

7. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

85e - Trash Outside Home (continued)

**Description of Violation**

On 5/30/2024 at 9:10am there were two large gray uncovered trash cans on the left side of the building. Both were filled with garbage and had swarms of flies around them.

**Plan of Correction**

Accept (█) - 07/09/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/06/2024 by the administrator to Immediate action was taken when the Administrator had purchased all new trash cans to eliminate any infestation.

To enhance the currently compliant operations, on 06/06/2024 the administrator will check all trash cans to assure they are in good repair and have lids, with a completion date of 10/30/2024.

Effective 06/06/2024 the The administrator will perform weekly check through 10/30/2024 to maintain ongoing compliance with keeping trash outside the home in covered receptacles that prevent the penetration of insects and rodents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2024

Not Implemented (█) - 01/13/2025)

88a - Surfaces

**8. 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 wall in the dining room above the window appears to have water damage. The paint is warping and the wall is spongy to the touch.

3rd floor fire exit door is not sealed properly. Light can be seen coming through and a draft can be felt. When the door is opened, parts of shingles from the roof fall down which hinder the closing of the door.

The door handle of the 3rd floor bedroom is loose making it difficult to open.

**Plan of Correction**

Accept (█) - 07/19/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/12/2024 by the administrator to to assure home is good repair. Dining room wall has been fixed on 06/12/2024. 3rd floor fire exit door is sealed properly (on 06/12/2024), and 3rd floor bedroom door handle is fixed (on 06/13/2024).

To enhance the currently compliant operations, on 06/12/2024 the administrator will will check monthly to assure home is in good repair, with a completion date of 10/30/2024.

88a - Surfaces (continued)

Effective 06/12/2024 the administrator will perform monthly monitor through 10/30/2024 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: 08/19/2024

Implemented (█ - 01/13/2025)

89b - Hot Water Temperature

9. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 5/30/2024 at 2:26pm, the hot water temperature at the bathroom next to the kitchen measured 123.2 degrees Fahrenheit and at 2:45pm it was 122.1 degrees Fahrenheit.

Plan of Correction

Accept (█ - 07/19/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2024 by the administrator to was taken to assure the hot water temperature does not accede 120 degrees Fahrenheit. The administrator had a repair man lower the temperature to the water heater.

To enhance the currently compliant operations, on 06/02/2024 the Direct Care Staff will monitor water temperatures and document the temperature weekly to assure the temperature is not too hot, with a completion date of 10/30/2024.

Effective 06/02/2024 the Direct Crare Staff will perform weekly check through 10/30/2024 to maintain ongoing compliance with ensuring hot water temperature in areas accessible to the resident does not exceed 120°F. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/19/2024

Implemented (█ - 01/13/2025)

100a - Exterior - Free of Hazards

10. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

100a - Exterior - Free of Hazards (continued)

**Description of Violation**

On 5/30/2024 at 9:10am, The back patio area had trash and broken items, including a stack of broken milk crates, storage tubs, a pile of items covered with a blue tarp with mop buckets overturned on top of it, a pile of PVC pipes, fluorescent light fixtures, and a Swiffer mop.

**Plan of Correction**

Accept (████) - 07/19/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/11/2024 by the Direct Care Staff to assure the backyard is clean and free of all debris. All broken crates have been discarded, all storage tubs have been disposed of, all items underneath the tarp and the mop have been disposed of, the pile of PVC pipes, fluorescent light fixture and Swiffer mop have all been disposed of on 06/11/2024.

To enhance the currently compliant operations, on 06/11/2024 the Direct Care Staff will DCS will check weekly to assure the exterior of the home is clean and in good repair, with a completion date of 10/30/2024.

Effective 06/11/2024 the Direct Care Staff will perform weekly check through 10/30/2024 to maintain ongoing compliance with ensuring the exterior of the building and the building grounds or yard are 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: 08/19/2024

Implemented (████) - 01/13/2025)

101m - Bedroom Emergency Exit

**11. Requirements**

2600.

101.m. A bedroom may not be used as a exit from or used as a passageway to another part of the home unless in an emergency situation.

**Description of Violation**

The bedroom occupied by resident █████ is used as a regular passageway to staff member █████ bedroom.

**Plan of Correction**

Directed (████) - 07/19/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/01/2024 by the administrator to has notified staff member █████ is to use only the back entrance and exit from █████ room to get to and from the living room area and all areas of the house. The administrator will ask the resident daily if there has been any staff using █████ room as a passage way to the back room.

101m - Bedroom Emergency Exit (continued)

To enhance the currently compliant operations, on 06/01/2024 the administrator will administrator has trained staff member on the proper way to get to and from the front of the house from the back bedroom. will be in compliance with using the back exit/entrance and not going through residents rooms, with a completion date of 10/30/2024.

Effective 06/01/2024 the administrator will perform weekly monitor through 10/30/2024 to maintain ongoing compliance with ensuring a bedroom is not used as an exit from or used as a passageway to another part of the home unless in an emergency situation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Directed Completion Date: 08/19/2024

Implemented - 08/27/2024

101o - Walls, Floors, Ceilings

12. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On the floor in the 3rd floor bedroom, the there is about a 1/4 inch raised transition between the bedroom floor and the bathroom floor tile. Also, about 6 inches in front of bathroom entrance, the bedroom floor is cracked and held down with tape.

Plan of Correction

Accept - 07/09/2024

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/10/2024 by the administrator to to seal all gaps in the flooring and cracked floors. All floors were sealed and fixed on 06/10/2024.

To enhance the currently compliant operations, on 06/10/2024 the administrator will check weekly to assure home is in good repair and all floors and ceilings are not cracked and sealed closed, with a completion date of 10/30/2024.

Effective 06/10/2024 the administrator will perform weekly check through 10/30/2024 to maintain ongoing compliance with ensuring the bedrooms have walls, floors and ceilings, which are finished, clean and in good repair. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2024

Not Implemented - 01/13/2025

103f - Refrigerator/Freezer Temps

13. Requirements

2600.

103f - Refrigerator/Freezer Temps (continued)

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 5/30/2024 at 9:06am the temperature in the freezer was 2 degrees Fahrenheit and at 2:03pm it was 4 degrees Fahrenheit.

Plan of Correction

Directed (████) - 07/19/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/01/2024 by the Direct Care Staff to to assure the temperature of the freezer does not surpass 0 degrees Fahrenheit.

To enhance the currently compliant operations, on 06/01/2024 the Direct Care Staff will check the refrigerator daily to assure the temperature does not pass 0degrees Fahrenheit. The Direct Care Staff member will document the temperature of the freezer daily, with a completion date of 10/30/2024. The administrator also had a technician come in On 06/01/2024 and administered Freon to the refrigerator/freezer and new thermometers were placed in the refrigerator.

Effective 06/01/2024 the Administrator will perform daily checks through 10/30/2024 to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Directed Completion Date: 08/19/2024

Implemented (████) - 01/13/2025)

132a - Monthly Fire Drill

15. Requirements

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

Description of Violation

Staff interviews confirm that staff members are aware of fire drills. Part of the staffs job duties are to plan fire drills with the administrator every 3 months. Repeat Violation: 7/31/23

Plan of Correction

Accept (████) - 07/09/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/01/2024 by the The administrator to was taken an have an unannounced fire drill on 06/01/2024 at 3:24 a.m. that the staff members were unaware of.

To enhance the currently compliant operations, on 06/01/2024 the administrator will The administrator will plan an unannounced fire drill in the middle of the night without staff members acknowledgement, with a completion date of 10/30/2024.

132a - Monthly Fire Drill (continued)

Effective 06/01/2024 the The administrator will perform quarterly monitor through 10/31/2024 to maintain ongoing compliance with holding an unannounced fire drill at least once a month. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented (█ - 01/13/2025)

132c - Fire Drill Records

16. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 7/31/23 does not include the actual time the drill was conducted. The log does not indicate if the drill was in the AM or PM. .

Plan of Correction

Accept (█ - 07/09/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2024 by the administrator to to assure all Fire Drill logs are completed in entirety.

To enhance the currently compliant operations, on 06/02/2024 the administrator will place a sign next to the fire drill log to assure whether AM or PM is documented, with a completion date of 10/30/2024.

Effective 06/02/2024 the administrator will perform monthly check through 10/30/2024 to maintain ongoing compliance with ensuring each written fire drill record includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented (█ - 01/13/2025)

132e - Fire Drill Sleeping Hours

17. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 4/26/2024 at 5:20am.

132e - Fire Drill Sleeping Hours (continued)

. The previous sleeping hours fire drill cannot be confirmed due to missing information in the fire drill log.

Plan of Correction

Accept ( [redacted] ) - 07/09/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/01/2024 by the The administrator to was taken an have an unannounced fire drill on 06/01/2024 at 3:24 a.m. that the staff members were unaware of.

To enhance the currently compliant operations, on 06/01/2024 the the administrator will The administrator will plan an unannounced fire drill in the middle of the night without staff members acknowledgement, with a completion date of 10/30/2024.

Effective 06/01/2024 the the administrator will perform quarterly monitor through 10/30/2024 to maintain ongoing compliance with holding a fire drill during sleeping hours once every 6 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented ( [redacted] ) - 01/13/2025)

141a 1-10 Medical Evaluation Information

18. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

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

Description of Violation

Resident 1's medical evaluation did not include allergy information, and medication regimen.

Plan of Correction

Accept ( [redacted] ) - 07/09/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2024 by the administrator to assure all DME's are completed in entirety. The MAR was immediately attached to resident #1 DME and the check box stating the resident has no allergies has been checked.

To enhance the currently compliant operations, on 06/02/2024 the administrator will The administrator will reread the instructions for filling out a DME properly, with a completion date of 10/30/2024.

141a 1-10 Medical Evaluation Information (continued)

Effective 06/02/2024 the administrator will perform monthly check through 06/02/2024 to maintain ongoing compliance with ensuring each resident has a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission, and to ensure the evaluation includes a general physical examination by a physician, physician's assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department's request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2024

Not Implemented ( ) - 01/13/2025

162e - Menu Changes

19. 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 5/30/2024, nothing was listed on the menu for the breakfast meal, the area was whited out. Grits, Sausage, and toast was served. No notice of a change or what was planned to be served was provided to the residents in advance of the meal. Repeat Violation: 4/4/24

Plan of Correction

Accept ( ) - 07/09/2024

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/01/2024 by the Direct Care Staff to assure staff is retrained on the proper way to document any menu changes.

To enhance the currently compliant operations, on 06/01/2024 the the direct care staff will The Direct Care Staff will place all menu changes on the menu before the meal is served, with a completion date of 10/30/2024.

Effective 06/01/2024 the The Direct Care Staff will perform as needed check through 10/30/2024 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: 10/30/2024

162e - Menu Changes (continued)

Not Implemented ( ) - 01/13/2025)

183b - Meds and Syringes Locked

20. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 5/30/2024 at 1:57pm, Fluticasone nasal spray was unlocked, unattended, and accessible in 3rd floor bedroom.

Plan of Correction

Accept ( ) - 07/09/2024)

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/01/2024 by the Direct Care Staff to assure no medication is out and visible to any other resident, All medication whether it is prescribed or OTC will be locked away and stored with all of the residents other medication.

To enhance the currently compliant operations, on 06/01/2024 the Direct Care Staff will check daily to assure all medication is properly stored, with a completion date of 10/30/2024.

Effective 06/01/2024 the Direct Care Staff will perform daily check through 10/30/2024 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2024

Not Implemented ( ) - 01/13/2025)

183e - Storing Medications

21. 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 5/30/2024 at 1:36pm there was a loose white oblong pill in resident medication cabinet drawer and a pink round tablet, a blue and yellow capsule, and a peach oblong pill were observed loose in resident medication cabinet drawer.

Repeat Violation Date: 7/31/23, 10/5/23, 2/21/24

## 183e - Storing Medications (continued)

**Plan of Correction**

Accept (█) - 07/09/2024)

*In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2024 by the administrator to assure all medications are in their blister packs and none are spilled into the drawer.*

*To enhance the currently compliant operations, on 06/02/2024 the administrator will has reached out to the pharmacy informing them of this issue and asked if blister packs can be sealed better. The med tech will check drawers daily to assure no medication is out of the blister pack, with a completion date of 10/30/2024.*

*Effective 06/02/2024 the administrator will perform daily check through 10/30/2024 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:** 10/30/2024

Not Implemented (█) - 01/13/2025)

## 190c - Record of Training

**22. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

**Description of Violation**

*The home's medication administration training record from 8/2023 for staff person B does not include documentation of successful completion of the training.*

**Plan of Correction**

Accept (█) - 07/19/2024)

*In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/10/2024 by the administrator to assure all medication administrating trainings have all documentation needed for the completion of training. Chelten Christian Crusades has reached out to the trainer requesting all documentation to be received.*

*To enhance the currently compliant operations, on 06/10/2024 the administrator will the administrator will make sure all documentation are give following the next med admin training, with a completion date of 10/30/2024.*

*Effective 06/10/2024 the administrator will perform quarterly checks through 10/30/2024 to maintain ongoing compliance with ensuring a record of the training must be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

190c - Record of Training (continued)

Licensee's Proposed Overall Completion Date: 10/19/2024

Not Implemented ( ) - 01/13/2025

227d - Support Plan Medical/Dental

23. 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] indicates the resident has a need for assistance with laundry and transportation. The resident's support plan, dated [redacted] does not document how this need will be met.

Plan of Correction

Accept ( ) - 07/09/2024

In response to the violation on 05/30/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/02/2024 by the administrator to to assure all of the residents needs and diagnosis are documented on [redacted] assessment. A new assessment was done on 06/02/2024.

To enhance the currently compliant operations, on 06/02/2024 the administrator will administrator will check all DME's before completing any assessments, with a completion date of 10/30/2024.

Effective 06/02/2024 the administrator will perform monthly check through 10/30/2024 to maintain ongoing compliance with documenting 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2024

Not Implemented ( ) - 01/13/2025

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: 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: 7 Waking Staff: 5

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: 10/28/2024

**Inspection Dates and Department Representative**

10/28/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 14 Residents Served: 7

**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: 5  
Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

**10/28/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 11/14/2024

Inspections / Reviews (*continued*)

## 11/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/14/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/26/2024

## 12/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/24/2024

## 01/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2024

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

27a - SSI Benefits

1. Requirements

2600.

27.a. If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.

Description of Violation

Resident [redacted] monthly rent charge is [redacted] for room and services. However, the resident's monthly income is [redacted]

Plan of Correction

Accept ([redacted] - 12/04/2024)

In response to the violation on 10/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/22/2024 by the The admininstror to to ensure resident [redacted] was charged the correct amount of rent. A new home contract was completed on 11/01/2024 stating that the resident is to pay [redacted] a month , leaving [redacted] with an allowance of [redacted] per month.

To enhance the currently compliant operations, on 11/22/2024 the the administrator will only accept a resident after they have contacted Social Security to confirm their Social Security SSI benefit amount, after they have contacted Social Security they then will be issued a new contract that should be signed by the resident in agreeance to everything stated on the contract, with a completion date of 05/22/2025.

Effective 11/22/2024 the The administrator will perform monthly audits through 05/22/2025 to maintain ongoing compliance with charging for actual rent and other services, and not to exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance, if a resident is eligible for SSI benefits and is admitted. A monthly audit was completed on 11/01/204 of all resident's home contracts and a monthly audit will be conducted from 11/01/2024 to 5/22/2025. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/04/2024

Implemented ([redacted] - 01/13/2025)

63a - First Aid/CPR Training

3. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 10/28/2024, there were no staff members in the home who had completed hands on CPR or first aid training conducted by a recognized health care organization. There are 7 residents residing in the home.

Plan of Correction

Accept ([redacted] - 12/04/2024)

In response to the violation on 10/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/22/2024 by the The administrator to ensure all staff are CPR/first aide certified we had a certified trainer come and train the staff on 11/01/2024.

63a - First Aid/CPR Training (continued)

To enhance the currently compliant operations, on 11/22/2024 the The administrator will will check quarterly to ensure all staff are in compliance. There will be a sign posted on bulletin board as a reminder to call CPR trainer in September of 2026, with a completion date of 05/22/2024.

Effective 11/22/2024 the The asministrator will perform quarterly audits through 05/22/2025 to maintain ongoing compliance with ensuring at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/22/2024

Not Implemented (█) - 01/13/2025)

65i - Training Record

4. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include staff person trained, date, source, content, length of each course and copies of any certificates received.

Plan of Correction

Accept (█) - 12/04/2024)

In response to the violation on 10/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/07/2024 by the The administrator to ensure all direct care staff training plans include staff person trained, date, source, content, length of each course and copies of any certificates received.

To enhance the currently compliant operations, on 11/07/2024 the administrator will train all direct care staff, with the administrator or a credited instructor only. Will no longer use you tube to train the direct care staff. The trainer will then document the record training plan in entirety including the staff person trained, date, source, content, length of each course and copies of each certificate, with a completion date of 11/07/2024. The home will use the training record provided on DHS website

Effective 11/07/2024 the administrator will perform monthly audits through 05/30/2025 to maintain ongoing compliance with ensuring a record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, are kept. The Administrator will do monthly audits to confirm all record training plans are filled out correctly immediately following the training. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented (█) - 01/13/2025)

85e - Trash Outside Home

**5. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*On 10/28/2024 at 9:00 AM there was a full uncovered trash can outside of the home with flies swarming around it.*

*On 10/28/2024 at 1:38 PM two additional black trash bags were placed next to the trash cans on the ground.*

**Plan of Correction**

**Accept ( [REDACTED] - 12/04/2024)**

*In response to the violation on 10/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/06/2024 by the Direct Care Staff to ensure that the Direct Care Staff that all trash is placed in a lid covered trash can and that all perimeters of the home are free of any trash that may cause insects and rodents.*

*To enhance the currently compliant operations, on 11/07/2024 the Direct Care Staff will will monitor the entire outside of the home weekly to ensure the outside of the home is free of all trash, insects and rodents, with a completion date of 05/22/2025.*

*Effective 11/07/2024 the Direct Care Staff will perform weeekly checks through 11/07/2024 to maintain ongoing compliance with keeping trash outside the home in covered receptacles that prevent the penetration of insects and rodents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 11/22/2024**

**Not Implemented ( [REDACTED] - 01/13/2025)**

**183e - Storing Medications**

**6. 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 10/28/2024 at 1:20 PM there was a loose pink oblong pill in the medication drawer of resident*

*2. Repeat Violation Date: 7/31/23, 10/5/23, 2/21/24*

**Plan of Correction**

**Accept ( [REDACTED] - 12/04/2024)**

*In response to the violation on 10/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/22/2024 by the the administrator to ensure there are no loose pills in any of the medication drawers.*

*To enhance the currently compliant operations, on 11/22/2024 the administrator will will check weekly to assure all medications are properly sealed in there bubble pack and no loose pills are in the resident drawers, with a completion date of 05/30/2025.*

183e - Storing Medications (continued)

Effective 11/22/2024 the administrator will perform weekly audits through 05/22/2025 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: 11/22/2024

Not Implemented ( ) - 01/13/2025)

190a - Completion Medication Course

7. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to include the following:

On 10/27/2024 at 9 PM, atorvastatin calcium 40 mg to resident 3

On 10/27/2024 at 9 PM, risperidone 4 mg tablet to resident 3

On 10/28/2024 at 9 AM, risperidone 4 mg tablet to resident 3

Plan of Correction

Accept ( ) - 12/04/2024)

In response to the violation on 10/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/12/2024 by the The administrator to ensure that all med techs are fully trained by certified med trainer on the proper way to administer medications.

To enhance the currently compliant operations, on 11/12/2024 the the administrator will will check monthly to ensure all med administrators are fully trained and certified to administrate all medications that are prescribed including any over the counter medications, with a completion date of 05/12/2025. The staff and administer will have a new medication administrator training them effective 12/02/2024.

Effective 11/12/2024 the the administrator will perform monthly check through 05/12/2024 to maintain ongoing compliance with ensuring that A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/22/2024

Not Implemented ( ) - 01/13/2025)

190c - Record of Training

8. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training records for staff person B, C, and D do not include documentation of successful completion of the training.

Plan of Correction

Accept ( [REDACTED] - 12/04/2024)

In response to the violation on 10/28/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/12/2024 by the the administrator to will not allow anyone who has not completed the medication administration program in entirety to administer any medication including any , prescribed medications, OTC medications, eye drops or nasal spray.

To enhance the currently compliant operations, on 11/12/2024 the the administrator will will ensure that all med techs are properly trained and certified before they can administer any and all medications. The administrator will do monthly audits to ensure the time frame of all medication documents have not expired, with a completion date of 05/22/2025.

Effective 11/12/2024 the the administrator will perform monthly audits through 11/12/2024 to maintain ongoing compliance with ensuring A record of the training must be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/22/2024

Not Implemented ( [REDACTED] - 01/13/2025)