Pennsylvania
Department of Human Services

Sent via e-mail [redacted]
August 7, 2026

[redacted]
Administrator
Chelten Christian Crusade II
4518 Broad Street
Philadelphia, Pennsylvania 19141

RE: Chelten Christian Crusade II
License #: 12328

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on February 19, 2025 of the above facility, we have determined that your submitted plan of corrections for the November 4, 2024 and January 13, 2025 inspections are not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[redacted]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *CHELTEN CHRISTIAN CRUSADE II* **License #**: *12328* **License Expiration**: *11/02/2024*

Address: *4518 NORTH BROAD STREET, PHILADELPHIA, PA 19141*

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**: *08/31/2011* **Issued By**: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *7* **Waking Staff**: *5*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *11/04/2024*

Inspection Dates and Department Representative

11/04/2024 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: *6* **Are 60 Years of Age or Older**: *6*

Diagnosed with Mental Illness: *7* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

11/04/2024 - Full

Lead Inspector [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *11/29/2024*

Inspections / Reviews *(continued)*

12/12/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *11/27/2024*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *12/17/2024*

12/19/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *12/17/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *01/27/2025*

08/07/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *01/27/2025*

Reviewer: [redacted] **Follow Up Type:** *Exception*

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 11/4/2024 the carbon monoxide detector in the basement was plugged into the electrical outlet attached to the gas fired boiler. Per the Care Facility Carbon Monoxide Alarms Standards Act of Jun. 23, 2016; Carbon Monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. There were no other CO monitors located in the area.

Plan of Correction ***Do Not Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the The administrator to ensure the carbon monoxide detector has been moved 15+ feet from the gas boiler. The state inspector was shown where the detector was moved to and gave [redacted] approval.

To enhance the currently compliant operations, on 11/21/2024 the The DCS will place a sign above the detector showing where it is and where it will stay to ensure we are 15+ feet from boiler, with a completion date of 02/21/2024.

Effective 11/21/2024 the the DCS will perform monthly check through 11/21/2024 to maintain ongoing compliance with complying with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *11/21/2024*

Update: *12/12/2024*

Please correct dates in POC as 2/21/24 is not a valid future date.

Plan of Correction ***Directed ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the The administrator to ensure the carbon monoxide detector has been moved 15+ feet from the gas boiler. The state inspector was shown where the detector was moved to and gave [redacted] approval.

To enhance the currently compliant operations, on 11/21/2024 the The DCS will place a sign above the detector showing where it is and where it will stay to ensure we are 15+ feet from boiler, with a completion date of 5/21/2025.

Effective 11/21/2024 the the DCS will perform monthly check through 11/21/2024 to maintain ongoing compliance with complying with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

DIRECTED POC:

In addition to the above plan of correction, the administrator or designee shall perform a monthly check of Carbon Monoxide detectors for at least 6 months. Detailed documentation of monthly checks shall be kept and made available to the Department for review upon request.

18 - Compliance With Laws *(continued)*

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Implemented (- 02/19/2025)***

See attached.

62 - Contact List

2. Requirements

2600.
62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

[redacted] *the administrator, maintains a list of staff persons that does not include ancillary staff. The home employs maintenance personnel who is not included in the staff list.*

Plan of Correction ***Accept (- 12/06/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/26/0204 by the the administrator to to add our maintenance personnel to our stafflist.

To enhance the currently compliant operations, on 11/26/2024 the the administrator will will check the staff list monthly to ensure all staff members are on the staff list, with a completion date of 11/26/2024.

Effective 11/26/2024 the The administrator will perform monthly audits through 05/26/2025 to maintain ongoing compliance with ensuring the administrator maintains a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *11/26/2024*

Evidence of Completion ***Implemented (- 02/19/2025)***

See attached.

85a - Sanitary Conditions

3. Requirements

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

Description of Violation

On 11/4/2024 at 9:12 AM the main area on the on the second floor had a very strong odor of urine.
At 11:20 AM there was evidence of roach excrement on a box of 40 sandwich bags and cabinet surfaces.

At 12:43 PM the first floor of the home had a pungent odor of rotting fish that began at the front door and was followed throughout the building. Staff person B stated it was rotting catfish and spoiled shrimp that were in the refrigerator and freezer.

85a - Sanitary Conditions *(continued)*

Plan of Correction ***Accept (- 12/06/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/27/2024 by the the administrator to ensure the home is in and free of any pungent odors and is clean thoroughly.

To enhance the currently compliant operations, on 11/27/2024 the the adminitrator will will have staff clean the home thoroughly weekly and the administrator will check to ensure there are no odors or roach excrement throughout the home, with a completion date of 05/27/2025.

Effective 11/27/2024 the the administrator will perform weekly check through 12/27/2025 to maintain ongoing compliance with maintaining sanitary conditions the administrator will check weekly to ensure the home is odor-free and there is no evidence of roach excrement. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *05/27/2025*

Evidence of Completion ***Implemented (- 02/19/2025)***

See attached.

85b - Infestation

4. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 11/4/2024 at 11:20 AM live roaches and flies were found throughout kitchen including in cabinets, on and in food packaging and crawling on prepared peanut butter and jelly sandwiches that the home was planning on serving for lunch.
At 12:52 PM Live flies and roaches were crawling around the top of the sink in the bathroom of the 3rd floor.
At 12:54 PM in a large black cabinet on the 3rd floor a large cluster of roaches and other bugs fell to the floor and scattered when the doors were opened.

Plan of Correction ***Do Not Accept (- 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the The administrator to took immediate action to get rid of all roaches and flies. The administrator contacted the home's exterminator and had come out immediately to exterminate.

To enhance the currently compliant operations, on 11/19/2024 the The administrator will had scheduled for Orkin exterminating to also come out and exterminate immediately. the administrator signed a new contract with Orkin for monthly visits. The DCS since then has gave the home a thorough cleaning and will continue to do so, with a completion date of 02/19/2024.

85b - Infestation (continued)

Effective 11/19/2024 the The administrator will perform weekly check through 11/19/2024 to maintain ongoing compliance with ensuring there is no evidence of infestation of insects or rodents in the home. The administrator will document any finds [redacted] has and contact the exterminator immediately if [redacted] notices any more infestation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *11/19/2024*

Update: *12/12/2024*

Please correct dates in POC as 2/19/24 is not a valid future date.

Plan of Correction ***Directed ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the The administrator to took immediate action to get rid of all roaches and flies. The administrator contacted the home's exterminator and had him come out immediately to exterminate.

To enhance the currently compliant operations, on 11/19/2024 the The administrator will had scheduled for Orkin exterminating to also come out and exterminate immediately. the administrator signed a new contract with Orkin for monthly visits. The DCS since then has gave the home a thorough cleaning and will continue to do so, with a completion date of 05/19/2025.

Effective 11/19/2024 the administrator will perform weekly checks through 11/19/2024 to maintain ongoing compliance with ensuring there is no evidence of infestation of insects or rodents in the home. The administrator will document any finds [redacted] has and contact the exterminator immediately if [redacted] notices any more infestation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

DIRECTED POC:

In addition to the above plan of correction, the administrator or designee shall perform a weekly check throughout the home for at least 6 months to assess for infestation. Any areas where infestation is noted shall be documented and the exterminator shall be contacted for additional services to eradicate the observed issues. Detailed documentation of weekly checks shall be kept and made available to the Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Implemented ([redacted] - 02/19/2025)***

See attached.

85d - Trash Receptacles

5. 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 11/4/2024 at 10:01 AM there was a small white uncovered trash can in the dining area with food wrappers, papers, and plastic bags.

85d - Trash Receptacles (continued)

At 11:28 AM the kitchen trash can was filled with food debris and wrappers. A lid had been placed on top of the trash can however, the lid did not match the trash can and the trash can could not be fully closed.

Plan of Correction ***Do Not Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the The DCS to ensure all trash cans have the proper lid on them and they are covered at all times.

To enhance the currently compliant operations, on 11/19/2024 the The administrator will will check weekly to ensure all trash is free of debris and is covered completely to stop infestation of flies and roaches, with a completion date of 02/19/2024.

Effective 11/19/2024 the The Administrator will perform weekly audits through 02/19/2024 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: *11/19/2024*

Update: *12/12/2024*

Please correct dates in POC as 2/19/24 is not a valid future date.

Plan of Correction ***Directed ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the The DCS to ensure all trash cans have the proper lid on them and they are covered at all times.

To enhance the currently compliant operations, on 11/19/2024, the administrator will check weekly to ensure all trash is free of debris and is covered completely to stop the infestation of flies and roaches, with a completion date of 05/19/2025.

Effective 11/19/2024 the Administrator will perform weekly audits through 02/19/2024 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.

DIRECTED POC:

In addition to the above plan of correction, the administrator or designee shall perform a weekly check throughout the home for at least 6 months to assess for appropriate covers for trashcans to prevent infestation. Detailed documentation of weekly checks shall be kept and made available to the Department for review upon request.

85d - Trash Receptacles *(continued)*

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Not Implemented ([redacted] - 02/19/2025)***

See attached.

85e - Trash Outside Home

6. 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 11/4/2024 at 9:02 AM there was a large full black trash bag on the ground next to the covered trash cans on the side of the home.

Plan of Correction ***Do Not Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the The DCS to to ensure there are no trash bags on the floor all trash must be in a sealed trash can with a lid.

To enhance the currently compliant operations, on 11/19/2024 the The DCS will will sign daily stating they have checked the area where the trash bins are and they have not found any trash outside of the trash cans, with a completion date of 02/19/2025.

Effective [ ] the [ ] will perform weekly check through 11/19/2024 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: *02/19/2025*

Update: *12/12/2024*

Please indicate who will be preforming the weekly checks and update the dates to be valid future dates in the last paragraph.

Plan of Correction ***Directed ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the DCS to to ensure there are no trash bags on the floor all trash must be in a sealed trash can with a lid.

To enhance the currently compliant operations, on 11/19/2024 the The DCS will will sign weekly stating they have checked the area where the trash bins are and they have not found any trash outside of the trash cans, with a completion date of 05/19/2025.

Effective 11/19/2024 the administrator will perform weekly checks through 05/19/2025 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.

85e - Trash Outside Home (continued)

DIRECTED POC:

In addition to the above plan of correction, detailed documentation of weekly checks shall be kept and made available to the Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Not Implemented ([redacted] - 02/19/2025)***

See attached.

86b - Bathroom

7. Requirements

2600.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 11/4/24, the second-floor powder room does not have an operable window or ventilation fan.

Plan of Correction ***Do Not Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the The Dcs to to place a ventilation fan in the second floor powder room.

To enhance the currently compliant operations, on 11/21/2024 the DCS will will check monthly to ensure all bathrooms ventilation fans are correctly working, with a completion date of 02/29/2024.

Effective 11/21/2024 the The DCS will perform monthly check through 11/21/2024 to maintain ongoing compliance with ensuring all bathrooms, that do not have an operable outside window, are equipped with an exhaust fan for ventilation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *11/21/2024*

Update: *12/12/2024*

Please correct dates in the last paragraph to a valid future date.

Plan of Correction ***Directed ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the The Dcs to to place a ventilation fan in the second floor powder room.

To enhance the currently compliant operations, on 11/21/2024 the DCS will will check monthly to ensure all bathrooms ventilation fans are correctly working, with a completion date of 02/29/2025.

Effective 11/21/2024 the The DCS will perform monthly check through 05/19/2025 to maintain ongoing compliance with ensuring all bathrooms, that do not have an operable outside window, are equipped with an exhaust fan for ventilation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

86b - Bathroom (continued)

DIRECTED POC:

In addition to the above plan of correction, detailed documentation of weekly checks shall be kept and made available to the Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Implemented (- 02/19/2025)***

See attached.

87 - Lighting

8. Requirements

2600.

87. Lighting - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 11/4/24, there was no working light in the second-floor powder room.

Plan of Correction ***Do Not Accept (- 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the The DCS to took immediate action to place a working light in the second floor powder room.

To enhance the currently compliant operations, on 11/21/2024 the the DCS will will check all light bulbs weekly to ensure all lights throughout the home are operable, with a completion date of 02/21/2024.

Effective 11/21/2024 the The DCS will perform weekly check through 11/21/2024 to maintain ongoing compliance with ensuring hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes are lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *11/21/2024*

Update: *12/12/2024*

Please correct dates in POC as 2/21/24 is not a valid future date, as well as in the last paragraph.

Plan of Correction ***Directed (- 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the The DCS to took immediate action to place a working light in the second floor powder room.

To enhance the currently compliant operations, on 11/21/2024 the the DCS will will check all light bulbs weekly to ensure all lights throughout the home are operable, with a completion date of 05/21/2025

87 - Lighting (continued)

Effective 11/21/2024 the The DCS will perform weekly check through 05/21/2025 to maintain ongoing compliance with ensuring hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes are lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

DIRECTED POC:

In addition to the above plan of correction, detailed documentation of weekly checks shall be kept and made available to the Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Implemented ([redacted] - 02/19/2025)***

See attached.

88a - Surfaces

9. 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

On 11/4/24, the floor entering the second-floor bathroom is raised approximately 1/4 inch causing a tripping hazard.

The light switch and switch plate in resident 1's room is popping out of the wall and hanging, about 1 inch from the wall surface . Black tape was used to cover wall opening behind the switch plate. The switch was operational.

Plan of Correction ***Do Not Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the The Direct Care Staff to was taken on the day of the inspection. The light switch was fixed with screws and the black tape was removed.

To enhance the currently compliant operations, on 11/21/2024 the The DCS will will do a walk through of the home monthly to make sure everything is in good repair and all light switches are mounted on correctly and operable, with a completion date of 02/21/2024.

Effective 11/21/2024 the The DCS will perform monthly check through 11/21/2024 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: *11/21/2024*

Update: *12/12/2024*

Please correct dates in POC as 2/21/24 is not a valid future date, as well as in the last paragraph.

88a - Surfaces *(continued)*

Plan of Correction ***Directed ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the The Direct Care Staff to was taken on the day of the inspection. The light switch was fixed with screws and the black tape was removed.

To enhance the currently compliant operations, on 11/21/2024 the The DCS will will do a walk through of the home monthly to make sure everything is in good repair and all light switches are mounted on correctly and operable, with a completion date of 05/21/2025.

Effective 11/21/2024 the The DCS will perform monthly check through 05/21/2025 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.

DIRECTED POC:

In addition to the above plan of correction, detailed documentation of monthly checks shall be kept and made available to the Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Implemented ([redacted] - 02/19/2025)***

See attached.

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.

Description of Violation

On 11/4/24, In the back of the home there is a pile of old blue and gray tarps covered with dirt and leaves, an old dirty wooden and cloth chair, a cigarette tower, and an old cabinet strewn about the back yard/area.

Plan of Correction ***Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/25/2024 by the The DCS to ensure the backyard was cleaned and free of all debris and unsanitary items including a a dirty wooden cloth chair, a cigarette tower and a cabinet.

To enhance the currently compliant operations, on 11/25/2024 the the DCS will will clean area once a week to ensure backyard area is clean with no unsanitary objects in the backyard. The residents have been informed that under no circumstances should anyone be smoking in the backyard area, with a completion date of 05/25/2025.

Effective 11/25/2024 the DCS will perform weekly checks through 05/25/2025 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.

100a Exterior Free of Hazards *(continued)*

Licensee's Proposed Overall Completion Date: *05/25/2025*

Evidence of Completion ***Implemented ([redacted] - 02/19/2025)***

See attached.

102i Soap Dispenser

11. 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 11/4/24, there was an unlabeled used bar of soap in 3rd floor shared bathroom.

Plan of Correction ***Do Not Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the The administrator to In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 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 11/19/2024 the The administrator will To enhance the currently compliant operations, on 11/04/2024 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 02/19/2024, with a completion date of 02/19/2024.

Effective 11/19/2024 the The administrator will perform weekly reviews through 11/19/2024 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: *11/19/2024*

Update: *12/12/2024*

Please correct the POC to read correctly and to correct the dates as needed to be valid future dates.

Plan of Correction ***Directed ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the DCS 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 11/19/2024 the The DCS will do weekly checks to enhance the current compliant operations, the Direct Care Staff will check to assure all resident's bars of soap are removed from the bathroom after showering, with a completion date of 05/19/2025.

DIRECTED POC:

102i - Soap Dispenser (continued)

In addition to the above plan of correction, detailed documentation of weekly checks shall be kept and made available to the Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Implemented ([redacted] - 02/19/2025)***

See attached.

103c - Food Protected

12. Requirements

2600.
103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 11/4/2024 at 11:37 AM there was a partially covered tray of peanut butter and jelly sandwiches prepared for the resident's lunch meal. Flies and roaches were crawling in and around the tray and on the sandwiches. The home was instructed to discard the contaminated food and not serve it.

Plan of Correction ***Do Not Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the The administrator to ensure that staff know the importance of covering all food to avoid insects, roaches and flies from contaminating the food.

To enhance the currently compliant operations, on 11/21/2024 the The administrator will will check weekly to ensure all food being prepared is properly sealed and covered and free of all insects. Our exterminator has been out twice this month to help eliminate all roaches and flies, with a completion date of 02/21/2024.

Effective 02/21/2024 the the administrator will perform weekly checks through 11/21/2024 to maintain ongoing compliance with ensuring food is protected from contamination while being stored, prepared, transported and served. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *11/21/2024*

Update: *12/12/2024*

Please correct dates in POC to be a valid future date.

Plan of Correction ***Directed ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the The administrator to ensure that staff know the importance of covering all food to avoid insects, roaches and flies from contaminating the food.

To enhance the currently compliant operations, on 11/21/2024 the administrator will will check weekly to ensure all food being prepared is properly sealed and covered and free of all insects. Our exterminator has been out twice this month to help eliminate all roaches and flies, with a completion date of 05/21/2025.

103c - Food Protected (continued)

Effective 02/21/2024 the the administrator will perform weekly checks through 11/21/2024 to maintain ongoing compliance with ensuring food is protected from contamination while being stored, prepared, transported and served. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

DIRECTED POC:

In addition to the above plan of correction, the administrator or designee shall perform a daily check of all food storage areas for at least 1 month, then conduct a weekly check of food storage for at least 5 months to assess for appropriate food storage . Detailed documentation of daily and weekly checks shall be kept and made available to the Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Not Implemented ([redacted] - 02/19/2025)***

See attached.

103d - Storing Food Off Floor

13. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation ***Withdrawn ([redacted] - 02/19/2025)***

On 11/3/2024 at 11:44 AM, a blue bin containing packages of pistachios, cereal, and rice, was stored on the floor in the emergency food storage area.

103i - Outdated Food

14. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation ***Withdrawn ([redacted] - 02/19/2025)***

There was an undated open bottle of lemon juice in the kitchen cabinet with the label indicating it must be refrigerated after opening.

There was an unopened can of Reddi Whip stored in the cabinet above the microwave. According to manufactures instructions on the can, Reddi Whip must be kept refrigerated to maintain safety.

107b - Emergency Procedures

15. Requirements

2600.
107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.

107b - Emergency Procedures *(continued)*

5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's written emergency procedures do not include contact information for each resident's designated person, and the home's plan to provide the emergency medical information for each resident that ensures confidentiality.

Plan of Correction ***Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/27/2024 by the administrator to to ensure the safety of all residents the homes emergency plan now contains emergency information for each resident including emergency contacts. The emergency plan is stored away so their information is confidential. The demographic sheets will on hand in case of an emergency.

To enhance the currently compliant operations, on 11/27/2024 the admihnistrator will will check the emergency plan monthly to ensure all information is available in case of an emergency, with a completion date of 02/27/2025.

Effective 11/27/2025 the administrator will perform monthly audits through 05/27/2025 to maintain ongoing compliance with having written emergency procedures that include, including contact information for each resident's designated person, and the plan to provide the emergency medical information for each resident that ensures confidentiality, and contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents, and means of transportation in the event that relocation is required, and duties and responsibilities of staff persons during evacuation, transportation and at the emergency location, and to ensure these duties and responsibilities are specific to each resident's emergency needs. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *02/27/2025*

Update: *12/12/2024*

Please be sure that the location of the emergency procedures is known to all staff members of the home and that the plan is easily accessible to all staff in the event of an emergency.

Evidence of Completion ***Not Implemented ([redacted] - 02/19/2025)***

See attached.

125a - Combustible Storage

16. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 11/4/2024 at 9:06 AM a radiator in the front room was on and hot to the touch with cloth curtains resting on top of it.

Plan of Correction ***Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/25/2024 by the the administrator to ensure no curtains will be touching the hot radiators throughout the home.

125a Combustible Storage (continued)

To enhance the currently compliant operations, on 11/25/2024 the Tje administrator will hired someone to place a new radiator cover on all heaters throughout the home. All curtains will be tied up on the bottom to ensure they will not be hanging, with a completion date of 05/25/2024.

Effective 11/25/2024 the DCS will perform weekly audits through 05/25/2025 to maintain ongoing compliance with locating combustible and flammable materials away from heat sources or hot water heaters. 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*

Evidence of Completion ***Not Implemented ([redacted] - 02/19/2025)***

See attached.

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 10/1/2024 at 2:20 AM. The previous sleeping hours fire drill was conducted on 1/9/2024 at 3:36 AM.

Plan of Correction ***Do Not Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the The administrator to ensure the home conducts an overnight fire drill every six months.

To enhance the currently compliant operations, on 11/20/2024 the The administrator will I will check monthly to make sure that I know whether the home needs an unannounced overnight fire drill or not, with a completion date of 02/21/2024.

Effective 11/21/2024 the The administrator will perform monthly checks through 11/20/2024 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: *11/21/2024*

Update: *12/12/2024*

Please correct dates in POC as 2/21/24 is not a valid future date, as well as in the last paragraph.

Plan of Correction ***Accept ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the The administrator to ensure the home conducts an overnight fire drill every six months.

132e Fire Drill Sleeping Hours (continued)

To enhance the currently compliant operations, on 11/20/2024 the administrator will I will check monthly to make sure that I know whether the home needs an unannounced overnight fire drill or not, with a completion date of 05/21/2025.

Effective 11/21/2024 the administrator will perform monthly checks through 05/20/2025 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: *12/16/2024*

Evidence of Completion ***Implemented ([redacted] - 02/19/2025)***

See attached.

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

The resident 1's medical evaluation completed [redacted] did not include medication regimen, contraindicated medications, and medication side effects.

The resident 2's medical evaluation completed [redacted] did not include medication regimen, contraindicated medications, and medication side effects.

Plan of Correction ***Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/26/2024 by the the administrator to to ensure resident #1 and resident #2's MAR's were attached to their Documentation of Medical Evaluation..

To enhance the currently compliant operations, on 11/26/2024 the the administrator will will check all DME's to ensure their MAR is attached which will include their medication regimen. contraindicated medications and medication side effects, with a completion date of 05/26/2025.

141a 1 10 Medical Evaluation Information (continued)

Effective 11/26/2024 the the administrator will perform weekly audits through 05/26/2025 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: *05/26/2025*

Evidence of Completion ***Implemented ([redacted] - 02/19/2025)***

See attached.

144d Smoking Outside

19. Requirements

2600.
144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 11/4/2024 at 9:18 AM , There was a smell of cigarette smoke, cigarette burns and ash on the area rug of resident 3's bedroom which is not the home's designated smoking area. The home's designated smoking area is in the covered outdoor area in front of the home.

Plan of Correction ***Do Not Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the The administrator to prevent all residents from smoking in their bedrooms. The residents were reinforced about the danger of smoking in the house. A non-smoking sign was placed in all of the resident's rooms.

To enhance the currently compliant operations, on 11/19/2024 the The administrator will will place a non-smoking sign in the resident's room. The residen't were also informed of the dangers of smoking in the house, The DCS will check daily to assure there are no cigarette butts or ashes inside the home, with a completion date of 11/19/2024.

Effective 11/19/2023 the The DCS will perform daily check through 02/19/2024 to maintain ongoing compliance with prohibiting smoking outside of the smoking 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: *11/21/2024*

Update: *12/12/2024*

Please correct dates in POC as 2/19/24 is not a valid future date.

Additionally, what steps will be taken if residents are found to continue to smoke in non smoking areas. Please

144d - Smoking Outside (continued)

list specific actions to be taken.

Plan of Correction ***Directed (- 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the administrator to prevent all residents from smoking in their bedrooms. The residents were reinforced about the danger of smoking in the house. A non-smoking sign was placed in all of the resident's rooms. Resident will be given a verbal warning the first time caught smoking, the second time caught the resident will be given a 30 day notice to evict the premises.

To enhance the currently compliant operations, on 11/19/2024 the The administrator will will place a non-smoking sign in the resident's room. The residents were also informed of the dangers of smoking in the house, The DCS will check daily to assure there are no cigarette butts or ashes inside the home, with a completion date of 05/19/2025.

Effective 11/19/2024 the The DCS will perform daily check through 05/19/2025 to maintain ongoing compliance with prohibiting smoking outside of the smoking room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

DIRECTED POC:

In addition to the above plan of correction, detailed documentation of a resident's non-compliance with smoking rules shall be maintained in resident's file . Additionally the administrator or designee shall conduct a weekly check of all resident accessible areas inside and outside the home to ensure that resident's are smoking only in the designated area. Detailed documentation of weekly checks shall be kept and made available to the Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Implemented (- 02/19/2025)***

See attached.

162e - Menu Changes

20. 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 11/4/2024, scrambled eggs, turkey ham and toast were listed on the menu for the breakfast meal. A berry cereal and pancakes were served instead. No notice was provided to the residents in advance of the meal. When interviewed staff person B stated that menu changes are completed after the meal, and substitutions are made often on Monday mornings because the home runs out of the needed supplies for the listed menu items.

Plan of Correction ***Do Not Accept (- 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the The DCS to to ensure staff was retrained on the proper way to document any meal changes.

162e Menu Changes (continued)

To enhance the currently compliant operations, on 11/19/2024 the The DCS will has been retrained on any menu changes. The DCS is now aware that all menu changes must take place early in the morning before any meals are served. All changes must be posted on the board so resident's are aware of any changes, with a completion date of 02/19/2024.

Effective 11/19/2024 the The DCS will perform weekly checks through 11/19/2024 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: *11/19/2024*

Update: *12/12/2024*

Please correct dates in POC as 2/19/24 is not a valid future date, as well as in the last paragraph (11/19/24).

Plan of Correction ***Accept ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/19/2024 by the The DCS to to ensure staff was retrained on the proper way to document any meal changes.

To enhance the currently compliant operations, on 11/19/2024 the The DCS will has been retrained on any menu changes. The DCS is now aware that all menu changes must take place early in the morning before any meals are served. All changes must be posted on the board so resident's are aware of any changes, with a completion date of 05/19/2025.

Effective 11/19/2024 the The DCS will perform weekly checks through 05/19/2025 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: *12/16/2024*

Evidence of Completion ***Implemented ([redacted] - 02/19/2025)***

See attached.

183b - Meds and Syringes Locked

21. 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 11/4/2024 at 11:28 AM, B12 gummy vitamins, and a bottle of Tylenol cold and flu

183b - Meds and Syringes Locked (continued)

was unlocked, unattended, and accessible in the kitchen cabinets above the trash can.

Plan of Correction ***Do Not Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/26/2024 by the The administrator to ensure all OTC medications are labeled and stored in a locked cabinet and are not accessible to residents.

To enhance the currently compliant operations, on 11/26/2024 the the administrator will will check monthly to ensure all cabinets are cleaned and there are no accessible OTC medications that are not locked in a medication cabinet, with a completion date of 05/26/2024.

Effective 11/26/2024 the the administrator will perform quarterly checks through 05/26/2025 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: *11/26/2024*

Update: *12/12/2024*

Please correct dates in POC as 5/26/24 is not a valid future date.

Additionally it is strongly recommended that audits of medication storage areas be completed weekly, at least initially for a designated period of time, then monthly once compliance has been established.

Plan of Correction ***Directed ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/26/2024 by the The administrator to ensure all OTC medications are labeled and stored in a locked cabinet and are not accessible to residents.

To enhance the currently compliant operations, on 11/26/2024 the the administrator will will check monthly to ensure all cabinets are cleaned and there are no accessible OTC medications that are not locked in a medication cabinet, with a completion date of 05/26/2025.

Effective 11/26/2024 the the administrator will perform quarterly checks through 05/26/2025 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.

DIRECTED POC:

In addition to the above plan of correction, the administrator or designee shall perform a daily check of all resident accessible areas for proper medication/OTC medication storage. Daily checks shall continue for at least 1 month, then a weekly check for at least 5 months to assess for continued appropriate medication storage. A follow up monthly or quarterly check may continue after the initial 5 months of weekly checks to maintain on-going compliance. Detailed documentation of daily and weekly checks shall be kept and made available to the

183b Meds and Syringes Locked (continued)

Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Not Implemented ([redacted] - 02/19/2025)***

See attached.

183d Prescription Current

22. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/4/2024, a bottle of Tylenol cold and flu was in the medication cabinet. No resident is the home has an order for Tylenol cold and flu.

Plan of Correction ***Do Not Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the DCS to remove the bottle of Tylenol Cold and Flu from the medication drawer. The med tech was made aware that all medication in the drawer must be prescribed, labeled and dated. The administrator will check med drawers weekly to ensure all medication is prescribed and labeled.

To enhance the currently compliant operations, on [ ] the [ ] will [ ] with a completion date of [ ].

Effective 11/21/2024 the the administrator will perform weekly check through 11/21/2024 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: *11/21/2024*

Update: *12/12/2024*

Please review the POC and correct any invalid dates or missing information.

Plan of Correction ***Directed ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the DCS to remove the bottle of Tylenol Cold and Flu from the medication drawer. The med tech was made aware that all medication in the drawer must be prescribed, labeled and dated. The administrator will check med drawers weekly to ensure all medication is prescribed and labeled.

Effective 11/21/2024 the the administrator will perform weekly checks through 5/21/2025 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.

DIRECTED POC:
In addition to the above plan of correction, the administrator or designee shall perform a daily check of all resident accessible areas for proper medication/OTC medication storage. Daily checks shall continue for at least 1 month,

183d - Prescription Current (continued)

then a weekly check for at least 5 months to assess for continued appropriate medication storage. A follow up monthly or quarterly check may continue after the initial 5 months of weekly checks to maintain on-going compliance. Detailed documentation of daily and weekly checks shall be kept and made available to the Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Not Implemented (- 02/19/2025)***

See attached.

184a - Resident's Meds Labeled

23. 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 outer packaging for resident 4's [redacted] that included the pharmacy label with the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber was not kept with the medication.

Plan of Correction ***Do Not Accept (- 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/25/2024 by the The administrator to to ensure that all medication labels have the resident name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name of title of the prescriber all med techs were retrained on the necessary things to look for when reading a medication label.

To enhance the currently compliant operations, on 11/25/2025 the The administrator will will check all medication labels weekly to ensure all labels contain the pharmacy label with the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber, with a completion date of 11/25/2024.

Effective [ ] the [ ] will perform weekly audits through 05/25/2025 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: *11/25/2024*

Update: *12/12/2024*

Please correct the dates listed in the POC.

184a - Resident's Meds Labeled (continued)

Please indicate who will complete the weekly audits.

Plan of Correction ***Directed (- 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/25/2024 by the The administrator to to ensure that all medication labels have the resident name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name of title of the prescriber all med techs were retrained on the necessary things to look for when reading a medication label.

To enhance the currently compliant operations, on 11/25/2024 the The administrator will will check all medication labels weekly to ensure all labels contain the pharmacy label with the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber, with a completion date of 11/25/2024.

Effective 11/25/2024 the administrator will perform weekly audits through 05/25/2025 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.

DIRECTED POC:

In addition to the above plan of correction, detailed documentation of weekly checks shall be kept and made available to the Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Not Implemented (- 02/19/2025)***

See attached.

184b - Labeling OTC/CAM

24. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 11/4/2024, [redacted] belonging to resident 4 were in the medication cabinet and were not labeled with the resident's name.

Plan of Correction ***Do Not Accept (- 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the The administrator to will have the Med Tech reread the proper way to label all medications. Med tech will go through med drawers daily to ensure all medications that are not in a bubble pack are properly labeled and dated before being placed in med drawer.

184b - Labeling OTC/CAM (continued)

To enhance the currently compliant operations, on 11/21/2024 the THE admin will will check med carts weekly to ensure all medication outside of the bubble packs are properly labeled and dated, with a completion date of 02/21/2024.

Effective 11/21/2024 the The DCS will perform weekly checks through 11/21/2024 to maintain ongoing compliance with ensuring if the OTC medications and CAM belong to the resident, they will be identified with the resident's name. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *11/21/2024*

Update: *12/12/2024*

Please correct the dates listed in the POC to be valid dates.

Plan of Correction ***Directed ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/21/2024 by the The administrator to have the Med Tech reread the proper way to label all medications. Med tech will go through med drawers daily to ensure all medications that are not in a bubble pack are properly labeled and dated before being placed in med drawer.

To enhance the currently compliant operations, on 11/21/2024 the admin will will check med carts weekly to ensure all medication outside of the bubble packs are properly labeled and dated, with a completion date of 05/21/2025.

Effective 11/21/2024 the DCS will perform weekly checks through 05/21/2025 to maintain ongoing compliance with ensuring if the OTC medications and CAM belong to the resident, they will be identified with the resident's name. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

DIRECTED POC:

In addition to the above plan of correction, detailed documentation of weekly checks shall be kept and made available to the Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Not Implemented ([redacted] - 02/19/2025)***

See attached.

187a - Medication Record

25. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.

187a Medication Record *(continued)*

6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 4 is prescribed [redacted] However, resident's 4 medication administration record for 11/2024 does not indicate diagnosis or purpose for the medication, date and time of medication administration, the name and initials of the staff person administering the medication, and the dose.

Plan of Correction ***Do Not Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/01/2024 by the the administrator to to ensure all medication administration records include the diagnosis or purpose for the medication, date and time of medication administration, the name and initials of the staff person administering the medication, and the dose.

To enhance the currently compliant operations, on 11/27/2025 the administrator will all mediation administration records weekly to ensure hey are properly documented, The administrator will document any findings and correct them if there are any, with a completion date of 05/27/0202.

Effective 11/27/2024 the administrator will perform monthly audits through 05/27/2025 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including resident's name, and drug allergies, and name of medication, and strength, and dosage form, and dose, and route of administration, and frequency of administration, and administration times, and duration of therapy, if applicable, and special precautions, if applicable, and diagnosis or purpose for the medication, including pro re nata (PRN), and date and time of medication administration, and name and initials of the staff person administering the medication. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *11/27/2024*

Update: *12/12/2024*

Please review the POC and correct any dates or missing information.

Plan of Correction ***Directed ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/04/2024 by the the administrator to to ensure all medication administration records include the diagnosis or purpose for the medication, date and time of medication administration, the name and initials of the staff person administering the medication, and the dose.

To enhance the currently compliant operations, on 11/27/2025 the administrator will review all mediation administration records weekly to ensure they are properly documented, The administrator will document any findings and correct them if there are any, with a completion date of 05/27/2025.

187a - Medication Record (continued)

Effective 11/27/2024 the administrator will perform monthly audits through 05/27/2025 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including resident's name, and drug allergies, and name of medication, and strength, and dosage form, and dose, and route of administration, and frequency of administration, and administration times, and duration of therapy, if applicable, and special precautions, if applicable, and diagnosis or purpose for the medication, including pro re nata (PRN), and date and time of medication administration, and name and initials of the staff person administering the medication. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

DIRECTED POC:
In addition to the above plan of correction, detailed documentation of weekly reviews shall be kept and made available to the Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Not Implemented (- 02/19/2025)***

See attached.

187b - Date/Time of Medication Admin.

26. 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 4 is prescribed [redacted] Resident 4's 11/2024 medication administration record does not include the initials of the staff person or date and time it had been administered from 11/1/2024-11/3/2024

Plan of Correction ***Accept (- 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/27/2024 by the The administrator to to ensure all medication is properly documented on all MAR's.

To enhance the currently compliant operations, on 11/27/2024 the administrator will will check all Mar's monthly to ensure they're properly documented for all mediation that was administered, with a completion date of 02/27/2025.

Effective 11/27/2024 the administrator will perform monthly audits through 02/27/2025 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *02/27/2025*

Evidence of Completion ***Not Implemented (- 02/19/2025)***

See attached.

190a Completion Medication Course

27. 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 C, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:
On 11/1/2024 to 11/3/2024 at 9 PM, [redacted] *to resident 2.*
On 11/1/2024 to 11/4/2024 at 6 AM, [redacted] *to resident 2.*
On 11/1/2024 to 11/4/2024 at 6 AM, [redacted] *to resident 4.*

Plan of Correction ***Do Not Accept ([redacted] - 12/12/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/25/2024 by the The administrator to ensure all staff are retrained in medication administration training and to ensure all staff are now trained to administer medication.

To enhance the currently compliant operations, on 11/25/2024 the The administrator will To prevent this from re-occuring ALL staff will take the medication administration course. The home will add med training to the new hire application form, with a completion date of 05/25/2025.

Effective 11/25/2024 the The administrator will perform monthly audits through 05/25/2025 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. The administrator will check all employees records monthly to ensure we are in compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *05/25/2025*

Update: *12/12/2024*

A completion date of 5/25/25 is not acceptable as the home needs to ensure properly trained staff are present in the home immediately to administer medications. Please indicate a date that is sooner to have medication trainings completed by.
Additionally, it is strongly recommend that due to the ongoing concerns regarding staff training and documentation for medication technicians at both of your licensed facilities, that all staff receive a new Initial Medication Administration Training by an outside certified medication trainer (someone who does not currently work for the home). Additional remediation training is also recommended for the current certified med trainer.

190a - Completion Medication Course *(continued)*

Plan of Correction ***Directed ([redacted] - 12/19/2024)***

In response to the violation on 11/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/25/2024 by the The administrator to ensure all staff are retrained in medication administration training and to ensure all staff are now trained to administer medication.

To enhance the currently compliant operations, on 11/25/2024 To prevent this from re-occuring ALL staff will take the medication administration course. The home will add med training to the new hire application form, with a completion date of 01/25/2025.

Effective 11/25/2024 the The administrator will perform monthly audits through 01/25/2025 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. The administrator will check all employees records monthly to ensure we are in compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

DIRECTED POC:

In addition to the above plan of correction, all staff responsible for medication administration shall complete the initial medication training online course prior 1/25/25. The administrator or designee shall ensure that a staff person who has the correct and valid documentation of medication training on file with the home, is scheduled on all shifts. The administrator or designee shall ensure that medication administration training is conducted in accordance with current Medication Training guidelines regarding annual practicum observations and re-certifications. The monthly audits of employee files shall be conducted for at least 6 months following the receipt of this plan of correction. Detailed documentation of monthly audits and all medication training documentation shall be kept and made available to the Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Implemented ([redacted] - 02/19/2025)***

See attached.

190c - Record of Training

28. 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 for staff person B does not include documentation of successful completion of the training.

The home's medication administration training record for staff person C does not include documentation of successful completion of the training.

190c - Record of Training *(continued)*

Plan of Correction ***Do Not Accept ([redacted] - 12/12/2024)***

See aIn response to the violation on 11/04/2024by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/25/2024 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 11/25/2024 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 05/25/2025.

Effective 11/25/2024 the the administrator will perform monthly audits through 05/25/2025 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: *11/25/2024*

Update: *12/12/2024*

A completion date of 5/25/25 is not acceptable as the home needs to ensure properly trained staff are present in the home immediately to administer medications. Please indicate a date that is sooner to have medication trainings completed by.
Additionally, it is strongly recommend that due to the ongoing concerns regarding staff training and documentation for medication technicians at both of your licensed facilities, that all staff receive a new Initial Medication Administration Training by an outside certified medication trainer (someone who does not currently work for the home). Additional remediation training is also recommended for the current certified med trainer.

Plan of Correction ***Directed ([redacted] - 12/19/2024)***

See an response to the violation on 11/04/2024by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/25/2024 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 11/25/2024 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 01/25/2025.

Effective 11/25/2024 the the administrator will perform monthly audits through 01/25/2025 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.

DIRECTED POC:
In addition to the above plan of correction, all staff responsible for medication administration shall complete the initial medication training online course prior 1/25/25. The administrator or designee shall ensure that a staff person who has the correct and valid documentation of medication training on file with the home, is scheduled on

190c - Record of Training (continued)

all shifts. The administrator or designee shall ensure that medication administration training is conducted in accordance with current Medication Training guidelines regarding annual practicum observations and re-certifications. The monthly audits of employee files shall be conducted for at least 6 months following the receipt of this plan of correction. Detailed documentation of monthly audits and all medication training documentation shall be kept and made available to the Department for review upon request.

Directed Completion Date: *12/16/2024*

Evidence of Completion ***Implemented ([redacted] 02/19/2025)***

See attached.

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

Facility Information

Name: *CHELTEN CHRISTIAN CRUSADE II* **License #**: *12328* **License Expiration**: *11/02/2024*

Address: *4518 NORTH BROAD STREET, PHILADELPHIA, PA 19141*

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**: *08/31/2011* **Issued By**: *City of Philadelphia*

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**: *01/13/2025*

Inspection Dates and Department Representative

01/13/2025 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: *6* **Are 60 Years of Age or Older**: *6*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

01/13/2025 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *01/27/2025*

Inspections / Reviews *(continued)*

02/04/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *01/23/2025*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *02/07/2025*

02/13/2025 POC Submission

Submitted By [redacted] **Date Submitted:** *02/12/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *02/20/2025*

08/07/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *02/18/2025*

Reviewer: [redacted] **Follow Up Type:** *Exception*

103f - Refrigerator/Freezer Temps

1. Requirements

2600.
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 1/13/2025 a jar of strawberry preserves with an written opened on date of 1/6/2025 was observed unrefrigerated in the kitchen cabinet with label indicating it must be refrigerated after opening.

Plan of Correction ***Do Not Accept ([redacted] - 01/29/2025)***

In response to the violation on 01/13/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/22/2025 by the The adminitrator to to ensure that all food labeled must be refrigerated were refrigerated immediately.

To enhance the currently compliant operations, on 01/22/2025 the The administrator will check weekly to ensure all food labeled must be refrigerated is refrigerated, with a completion date of 06/22/2025.

Effective 01/22/2025 the The administrator will perform weekly audits through 06/22/2025 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.

Licensee's Proposed Overall Completion Date: *06/22/2025*

Update: *01/29/2025*

Please indicate any specific trainings for staff to ensure ongoing compliance.
Include dates of training, title of who presented trainings, and topics covered.

Additionally, your attached audit document is not sufficient. It does not include enough specifics to verify that compliance is being maintained. The audit document should list the areas that were monitored, on what date, the name and signature of the person completing the audit, specifics items found that were non-compliant and the corrections made to bring it back into compliance. A date and a signature without more detail is not enough to verify that audits are being completed in such a way as to maintain compliance. More detail is needed.

Plan of Correction ***Accept ([redacted] - 02/13/2025)***

In response to the violation on 01/13/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/22/2025 by the The adminitrator to to ensure that all food labeled must be refrigerated were refrigerated immediately.

To enhance the currently compliant operations, on 01/22/2025 the The administrator will check weekly to ensure all food labeled must be refrigerated is refrigerated, with a completion date of 06/22/2025.

Effective 01/22/2025 the The administrator will perform weekly audits through 06/22/2025 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.

Proposed Overall Completion Date: 06/12/2025

103f - Refrigerator/Freezer Temps *(continued)*

Licensee's Proposed Overall Completion Date: *02/14/2025*

Evidence of Completion ***Implemented (- 02/19/2025)***

See attached.

141b1 - Annual Medical Evaluation

2. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1 most recent medical evaluation was completed on
Resident #2 most recent medical evaluation was completed on
Resident #3 most recent medical evaluation was completed on

Plan of Correction ***Do Not Accept (- 01/29/2025)***

In response to the violation on 01/13/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/22/2025 by the The administrator to was to ensure a medical eval was completed by a physician for all of our resident's.

To enhance the currently compliant operations, on 01/22/2025 the The administrator will will check monthly to ensure a medical eval (DME) was completed by the doctor annually. The administrator will check to ensure all DME's are current and up to date, with a completion date of 06/22/2025.

Effective 01/22/2025 the The administrator will perform weekly audits through 06/22/2025 to maintain ongoing compliance with ensuring each resident has a medical evaluation annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *06/22/2025*

Update: *01/29/2025*

Please clarify if there will be weekly or monthly audits. The POC contains both. A monthly audit of all files should be sufficient to identify who is due to a new DME.

Additionally, the audit document attached is not related to DME's. Please ensure that any audit tool used as part of your POC includes very specific information. The audit tool should include the name of the resident file that was audited, the date of the residents DME that was reviewed, the date of the actual audit, any issues of non-compliance observed and the corrects made to bring it into compliance. A date and signature is not enough to verify that audits are being completed in a way that will ensure or promote ongoing compliance. More detail is needed in audit documentation.

Plan of Correction ***Accept (- 02/13/2025)***

In response to the violation on 01/13/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/22/2025 by the The administrator to was to ensure a medical eval was completed by a physician for all of our resident's.

141b1 Annual Medical Evaluation (continued)

To enhance the currently compliant operations, on 01/22/2025 the administrator will check monthly to ensure a medical eval (DME) was completed by the doctor annually. The administrator will check to ensure all DME's are current and up to date, with a completion date of 06/22/2025.

Effective 01/22/2025 the administrator will perform monthly audits through 06/22/2025 to maintain ongoing compliance with ensuring each resident has a medical evaluation annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/12/2025

Licensee's Proposed Overall Completion Date: *02/14/2025*

Evidence of Completion ***Implemented ([redacted] - 02/19/2025)***

See attached.

187b Date/Time of Medication Admin.

3. 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 #1 is prescribed [redacted]. Resident's #1 Jan 2025 medication administration record does not include the initials of the staff person who administered this medication at 8pm on 1/12/2025.

Plan of Correction ***Accept ([redacted] - 02/04/2025)***

In response to the violation on 01/13/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/22/2025 by the The administrator to was taken by the a medication trainer to have all staff retrained on the importance of documenting all medication..

To enhance the currently compliant operations, on 01/22/2025 the The administrator will the administrator will check all MAR's weekly to ensure all MAR's are being completed daily, with a completion date of 06/22/2025.

Effective 01/22/2025 the the administrator will perform weekly audits through 06/22/2025 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *06/22/2025*

Update: *02/04/2025*

Your POC for this violation is acceptable HOWEVER, the document attached to this POC is very limited in details for what is to be audited and needs to be more specific.

187b - Date/Time of Medication Admin. (continued)

The audit documentation should include specifics as to what resident MARs were were reviewed, which medications, what issues where observed, what corrections or trainings were done in response to any areas of non-compliance.

Evidence of Completion ***Not Implemented ([redacted] - 02/19/2025)***

See attached.

225c - Additional Assessment

4. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's most recent assessment was completed on [redacted]

Plan of Correction ***Do Not Accept ([redacted] - 02/04/2025)***

In response to the violation on 01/13/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/01/2025 by the The administrator to to ensure Resident #1's residential agreement has been completed and signed.

To enhance the currently compliant operations, on 01/22/2025 the The administrator will ill check monthly to ensure al RASP are completed in entirety and signed by the resident, with a completion date of 06/22/2025.

Effective 01/22/2025 the The aministrator will perform monthly audits through 06/22/2025 to maintain ongoing compliance with ensuring each resident has additional assessments, including annually, and if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *06/22/2025*

Update: *02/04/2025*

Please correct this POC as it discusses resident AGREEMENTS-
Please indicate when the residents additional assessment was completed.

Additionally, the audit document attached does not contain enough detail and should be made more specific. THe audits should indicate which resident files were audited, the date of their current assessments, any issues of non-compliance observed, the date the audit was performed, the name and signature of person completing the audits, and any SPECIFIC corrections made to maintain compliance.

225c - Additional Assessment *(continued)*

Plan of Correction ***Accept ([redacted] - 02/13/2025)***

In response to the violation on 01/13/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/01/2025 by the The administrator to to ensure Resident #1's residential agreement has been completed and signed.

To enhance the currently compliant operations, on 01/22/2025 the The administrator will ill check monthly to ensure al RASP are completed in entirety and signed by the resident, with a completion date of 06/22/2025.

Effective 01/22/2025 the The aministrator will perform monthly audits through 06/22/2025 to maintain ongoing compliance with ensuring each resident has additional assessments, including annually, and if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/12/2025

Licensee's Proposed Overall Completion Date: *02/14/2025*

Evidence of Completion ***Implemented ([redacted] - 02/19/2025)***

See attached.