



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

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

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

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

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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

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

Restrictions: _____

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

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

and shall remain in effect from **October 15, 2025** until **October 15, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **141670**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

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



Pennsylvania Department of Human Services

Emailing Date: October 15, 2025

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

RE: Chelten Christian Crusade for All People, Inc.
3635 North 22nd Street
Philadelphia, Pennsylvania 19140
License #: 141670

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on June 5, 2025, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

October 8, 2025

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

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/05/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE, INC.* License #: 14167 License Expiration: 08/21/2025
Address: 3635 NORTH 22ND STREET, PHILADELPHIA, PA 19140
County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: *CHELTEN CHRISTIAN CRUSADE FOR ALL PEOPLE INC*
Address: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: 06/05/2025

Inspection Dates and Department Representative

06/05/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 14	Residents Served: 6		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 6	Are 60 Years of Age or Older: 5		
Diagnosed with Mental Illness: 6	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 0	Have Physical Disability: 0		

Inspections / Reviews

06/05/2025 - Full
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 06/30/2025

07/03/2025 - POC Submission
Submitted By: [REDACTED] Date Submitted: 06/30/2025
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 07/08/2025

Inspections / Reviews (*continued*)

07/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/10/2025

10/08/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/09/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

26a - Quality Management Plan

1. Requirements

2600.

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

Description of Violation

The home does not have a quality management plan.

Plan of Correction

Do Not Accept [REDACTED] - 07/03/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/24/2025 by the The Administrator to The Administrator has placed the completed quality management plan in the Home's policy book.

To enhance the currently compliant operations, on 06/22/2025 The administrator will check monthly to ensure the homes Quality Management Plan is in the correct book and that everything on the plan is discussed every three months, with a completion date of 12/22/2025.

Effective 06/22/2025 the The administrator will perform monthly audits through 12/22/2025 to maintain ongoing compliance with establishing and implementing a quality management plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/22/2025

Update: 07/03/2025

The overall completion date is too far in the future.

The attached plan is not compliant with 2600.26a and 2600.26b. Please develop a plan that is compliant.

Plan of Correction

Accept [REDACTED] - 07/08/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/24/2025 by the The Administrator to The Administrator has placed the completed quality management plan in the Home's policy book.

To enhance the currently compliant operations, on 06/22/2025 The administrator will check monthly to ensure the homes Quality Management Plan is in the correct book and that everything on the plan is discussed every three months, with a completion date of 12/22/2025.

Effective 06/22/2025 the The administrator will perform monthly audits through 12/22/2025 to maintain ongoing compliance with establishing and implementing a quality management plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/08/2025

Evidence of Completion

Implemented [REDACTED] - 10/08/2025)

See attached.

44g - Telephone Number

2. Requirements

44g - Telephone Number (continued)

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP), the local law enforcement agency, the Commonwealth Information Center, and the personal care home complaint hotline are not posted in a conspicuous and public place in the home.

Plan of Correction**Do Not Accept** [REDACTED] - 07/03/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/22/2025 by the The administrator to has placed the important phone number sheet on the front of the bulletin board, making sure it is now visible to all residents.

To enhance the currently compliant operations, on 06/22/2025 the The administrator will will clean the bulletin board monthly to ensure the "Important Phone Number Sheet" is visible all residents at all times, with a completion date of 12/22/2025.

Effective 06/22/2025 the The administrator will perform monthly audits through 12/22/2025 to maintain ongoing compliance with posting in large print in a conspicuous and public place in the home, the telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/22/2025

Update: 07/03/2025

The overall completion date is too far in the future.

Plan of Correction**Accept** [REDACTED] - 07/08/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/22/2025 by the The administrator to has placed the important phone number sheet on the front of the bulletin board, making sure it is now visible to all residents.

To enhance the currently compliant operations, on 06/22/2025 the The administrator will will clean the bulletin board monthly to ensure the "Important Phone Number Sheet" is visible all residents at all times, with a completion date of 12/22/2025.

44g - Telephone Number (continued)

Effective 06/22/2025 the The administrator will perform monthly audits through 12/22/2025 to maintain ongoing compliance with posting in large print in a conspicuous and public place in the home, the telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/07/2025

Evidence of Completion

Implemented [redacted] - 10/08/2025)

See attached.

65a - FS Orientation 1st Day

3. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted]/2024, did not receive orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation, and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy, and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Plan of Correction

Accept [redacted] - 07/03/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/26/2025 by the the administrator to to ensure that even the maintenance [redacted] is trained in orientation in the following topics such as fire drills, as well as during emergency evacuation, transportation, and at an emergency location if applicable even though [redacted] just does maintenance.

65a - FS Orientation 1st Day (continued)

To enhance the currently compliant operations, on 06/26/2025 the The administrator will will make sure ALL employees receive the proper trainings at orientation, with a completion date of 06/26/2025.

Effective 06/26/2025 the the administrator will perform monthly audits through 12/26/2025 to maintain ongoing compliance with ensuring that prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers will have an orientation in general fire safety and emergency preparedness that include, including evacuation procedures, and staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, and the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, and smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, and the location and use of fire extinguishers, and smoke detectors and fire alarms, and telephone use and notification of emergency services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/26/2025

Evidence of Completion

Implemented [REDACTED] - 07/28/2025)

See attached.

65b - Rights/Abuse 40 Hours**4. Requirements**

2600.

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

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

Description of Violation

Staff person A completed [REDACTED] 40th scheduled work hour on [REDACTED]/2024. However, this staff person did not complete training in the following topics:

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

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction**Do Not Accept** [REDACTED] - 07/03/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/26/2025 by the The administrative to to ensure that all staff will recieve 40 hours of training in the follwoing topics: 1. Resident rights. 2. Emergency medical plan. 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102). 4. Reporting of reportable incidents and conditions. All resident, including the maintenance man.

To enhance the currently compliant operations, on 06/25/2025 the The administrator will will check monthly to ensure that all required trainings are complete and documented in the homes policy and procedure book, with a completion date of 12/25/2025.

Effective 06/25/2025 the The administrator will perform monthly audits through 12/25/2025 to maintain ongoing compliance with ensuring that within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers will have an orientation that includes, including resident rights, and emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/25/2025

Update: 07/03/2025

The overall completion date is too far in the future.

Plan of Correction**Accept** [REDACTED] - 07/08/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/26/2025 by the The administrative to to ensure that all staff will recieve 40 hours of training in the follwoing topics: 1. Resident rights. 2. Emergency medical plan. 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102). 4. Reporting of reportable incidents and conditions. All resident, including the maintenance man.

To enhance the currently compliant operations, on 06/25/2025 the The administrator will will check monthly to ensure that all required trainings are complete and documented in the homes policy and procedure book, with a completion date of 12/25/2025.

Effective 06/25/2025 the The administrator will perform monthly audits through 12/25/2025 to maintain ongoing compliance with ensuring that within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers will have an orientation that includes, including resident rights, and emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/07/2025

Evidence of Completion**Implemented** [REDACTED] - 07/28/2025)

See attached.

85b - Infestation

5. Requirements

2600.

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

Description of Violation

Mouse droppings were found in the basement on the shelf where emergency food is stored.

Plan of Correction

Do Not Accept [redacted] - 07/03/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/06/2025 by the The DCS to has cleaned out the entire basement to ensure there are no mouse droppings in the home.

To enhance the currently compliant operations, on 06/25/2025 the The adminnistrator will has hired a new exterminator to ensure the home is free of all mouse droppings, with a completion date of 12/25/2025.

Effective 06/25/2025 the The administrator will perform monthly audits through 05/25/2025 to maintain ongoing compliance with ensuring there is no evidence of infestation of insects or rodents 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: 12/25/2025

Update: 07/03/2025

The overall completion date is too far in the future.

Plan of Correction

Accept [redacted] - 07/08/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/06/2025 by the The DCS to has cleaned out the entire basement to ensure there are no mouse droppings in the home.

To enhance the currently compliant operations, on 06/25/2025 the The adminnistrator will has hired a new exterminator to ensure the home is free of all mouse droppings, with a completion date of 12/25/2025.

Effective 06/25/2025 the The administrator will perform monthly audits through 05/25/2025 to maintain ongoing compliance with ensuring there is no evidence of infestation of insects or rodents 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: 07/07/2025

Evidence of Completion

Implemented [redacted] - 07/28/2025)

See attached.

89b - Hot Water Temperature

6. Requirements

2600.

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

89b - Hot Water Temperature (continued)

Description of Violation

On 6/05/2025 at 9:40 a.m., the hot water temperature at the first-floor bathroom next to the main kitchen measured 123 degrees Fahrenheit, and at 11:26 a.m. it was 111 degrees Fahrenheit.

Repeat Violation - 5/30/2024 et al.

Plan of Correction

Do Not Accept [redacted] - 07/03/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/24/2025 by the The Direct Care Staff to has checked the water weekly to ensure the temperature did not exceed 120 degrees Fahrenheit.

To enhance the currently compliant operations, on 06/24/2025 the The DCS will will continue to check the water temperature weekly to ensure the water is below 120 degrees and safe for all residents to use, with a completion date of 12/24/2025.

Effective 06/24/2025 the The DCS will perform weekly audits through 12/24/2025 to maintain ongoing compliance with ensuring hot water temperature in areas accessible to the resident does not exceed 120°F. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/24/2025

Update: 07/03/2025

The overall completion date is too far in the future.

Plan of Correction

Accept [redacted] - 07/08/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/24/2025 by the The Direct Care Staff to has checked the water weekly to ensure the temperature did not exceed 120 degrees Fahrenheit.

To enhance the currently compliant operations, on 06/24/2025 the The DCS will will continue to check the water temperature weekly to ensure the water is below 120 degrees and safe for all residents to use, with a completion date of 12/24/2025.

Effective 06/24/2025 the The DCS will perform weekly audits through 12/24/2025 to maintain ongoing compliance with ensuring hot water temperature in areas accessible to the resident does not exceed 120°F. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/07/2025

Evidence of Completion

Implemented [redacted] 07/28/2025)

See attached.

101j4 - Bedroom Storage Area

7. Requirements

101j4 - Bedroom Storage Area (continued)

2600.

101.j. Each resident shall have the following in the bedroom:

- 4. A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

Description of Violation

The resident in room 3b does not have access to a closet or wardrobe with clothing racks or shelves in the bedroom.

Plan of Correction

Do Not Accept [redacted] - 07/03/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/25/2024 by the The Direct Care Staff to immediately following the inspection a closet was built in room 3b. The resident did have a dresser in [redacted] room at the time of inspection.

To enhance the currently compliant operations, on 06/25/2025 the The administrator will will check all closets monthly to ensure each resident has enough wardrobe space, with a completion date of 12/25/2025.

Effective [] the [] will perform [] [] through [] to maintain ongoing compliance with [] Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/25/2025

Update: 07/03/2025

The overall completion date is too far in the future.

Plan of Correction

Accept [redacted] - 07/08/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/25/2024 by the The Direct Care Staff to immediately following the inspection a closet was built in room 3b. The resident did have a dresser in his room at the time of inspection.

To enhance the currently compliant operations, on 06/25/2025 the The administrator will will check all closets monthly to ensure each resident has enough wardrobe space, with a completion date of 12/25/2025.

Effective [] the [] will perform [] [] through [] to maintain ongoing compliance with [] Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/07/2025

Evidence of Completion

Implemented [redacted] - 07/28/2025)

See attached.

103f - Refrigerator/Freezer Temps

8. 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.

103f - Refrigerator/Freezer Temps (continued)

Description of Violation

There was no thermometer in the standalone freezer that is located in the basement.

Plan of Correction

Do Not Accept [REDACTED] - 07/03/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/25/2025 by the the DCS to has checked to ensure that all refrigerators and freezers have working and accurate thermometers.

To enhance the currently compliant operations, on 06/25/2025 the The DCS will check on a monthly to ensure all refrigerators and freezers have an accurate thermometer, with a completion date of 12/25/2025.

Effective 06/25/2025 the The DCS will perform monthly audits through 12/25/2025 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: 12/25/2025

Update: 07/03/2025

The overall completion date is too far in the future.

Plan of Correction

Accept [REDACTED] - 07/08/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/25/2025 by the the DCS to has checked to ensure that all refrigerators and freezers have working and accurate thermometers.

To enhance the currently compliant operations, on 06/25/2025 the The DCS will check on a monthly to ensure all refrigerators and freezers have an accurate thermometer, with a completion date of 12/25/2025.

Effective 06/25/2025 the The DCS will perform monthly audits through 12/25/2025 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: 07/07/2025

Evidence of Completion

Implemented [REDACTED] - 07/28/2025)

See attached.

103i - Outdated Food

9. Requirements

2600.

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

103i - Outdated Food (continued)

Description of Violation

In the main kitchen freezer, there were unlabeled and undated bags of chicken nuggets and chicken wings. There was a pack of chicken thighs with an expiration date of August 23, 2024.

There was a can of coconut milk in the main kitchen pantry with an expiration date of April 2022.

There was a bag of hamburgers in the basement freezer with an expiration date of August 24, 2024.

There were 2 dented cans of spaghetti sauce in the basement for emergency use.

Plan of Correction

Do Not Accept [REDACTED] - 07/03/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/24/2025 by the The DCS to have removed ALL outdated and dented food from the pantry, refrigerator, freezer and emergency food area.

To enhance the currently compliant operations, on 06/24/2025 the The DCS will will check everywhere that food is stored to ensure there are no outdated or dented food, with a completion date of 12/24/2025.

Effective 06/24/2025 the The DCS will perform monthly audits through 06/22/2025 to maintain ongoing compliance with ensuring outdated or spoiled food or dented cans are not be used. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/24/2025

Update: 07/03/2025

The overall completion date is too far in the future.

Plan of Correction

Accept [REDACTED] - 07/08/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/24/2025 by the The DCS to have removed ALL outdated and dented food from the pantry, refrigerator, freezer and emergency food area.

To enhance the currently compliant operations, on 06/24/2025 the The DCS will will check everywhere that food is stored to ensure there are no outdated or dented food, with a completion date of 12/24/2025.

Effective 06/24/2025 the The DCS will perform monthly audits through 06/22/2025 to maintain ongoing compliance with ensuring outdated or spoiled food or dented cans are not be used. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/07/2025

Evidence of Completion

Implemented [REDACTED] - 10/08/2025)

See attached.

107d - Procedure Emergency Management Agency Submission

10. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home does not have a record of the last time they submitted written emergency procedures to the local emergency management agency.

Plan of Correction

Do Not Accept [redacted] - 07/03/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/24/2025 by the The administrator to to ensure we continue sending the office of Emergency Management our updated Emergency Preparedness Plan. The plan has been placed in our Policy and Procedure book annually, including for the year of 2024.

To enhance the currently compliant operations, on 06/24/2025 the The administrator will will check quarterly to ensure we did not pass the deadline date for this to be submitted on time, with a completion date of 06/24/2026.

Effective 06/24/2025 the The administrator will perform quarterly audits through 06/24/2026 to maintain ongoing compliance with reviewing, updating and submitting annually, to the local emergency management agency, written emergency procedures. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/24/2026

Update: 07/03/2025

The overall completion date is too far in the future.

The attachment does not verify what was sent to OEM.

Plan of Correction

Accept [redacted] - 07/08/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/24/2025 by the The administrator to to ensure we continue sending the office of Emergency Management our updated Emergency Preparedness Plan. The plan has been placed in our Policy and Procedure book annually, including for the year of 2024.

To enhance the currently compliant operations, on 06/24/2025 the The administrator will will check quarterly to ensure we did not pass the deadline date for this to be submitted on time, with a completion date of 06/24/2026.

Effective 06/24/2025 the The administrator will perform quarterly audits through 06/24/2026 to maintain ongoing compliance with reviewing, updating and submitting annually, to the local emergency management agency, written emergency procedures. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/08/2025

Evidence of Completion

Implemented [redacted] - 10/08/2025)

See attached.

121a - Unobstructed Egress

11. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 9:12 am, a bed and a chair blocked the egress route in room 3c which has an emergency exit located at the far side of the room.

Plan of Correction

Do Not Accept ([REDACTED] - 07/03/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/24/2025 by the The DCS to removed the furniture from the room immediately.

To enhance the currently compliant operations, on 06/24/2025 the The DCS will ensure room 3c does not have any furniture blocking the emergency exits, with a completion date of 06/24/2025. The administrator is receiving estimates for possibly expanding the room in the near future.

Effective 06/24/2025 the The DCS will perform monthly audits through 06/24/2025 to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/24/2025

Update: 07/03/2025

The furniture blocking the path of egress was a bed and chair. How is the home maintaining compliance with 2600.101.j.1 and 2600.101.j.2?

Plan of Correction

Accept ([REDACTED] - 07/08/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/24/2025 by the The DCS to removed the furniture from the room immediately.

The furniture has been removed leaving an open exit route in case of an emergency. Thr room will not have any furniture in the room blocking the exit.

To enhance the currently compliant operations, on 06/24/2025 the The DCS will ensure room 3c does not have any furniture blocking the emergency exits, with a completion date of 06/24/2025. The administrator is receiving estimates for possibly expanding the room in the near future.

Effective 06/24/2025 the The DCS will perform monthly audits through 06/24/2025 to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 07/07/2025

Directed step of POC:

121a - Unobstructed Egress (continued)

Immediately: The administrator shall ensure that each resident has a bed and a chair in accordance with 2600.101(j)(1) and 2600.101(j)(2), respectively.

Licensee's Proposed Overall Completion Date: 07/07/2025

Evidence of Completion

Implemented [REDACTED] - 07/28/2025)

See attached.

126a - Furnace Inspection

12. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

There is no documentation in the home indicating when the basement furnace was last inspected by a qualified maintenance staff member or a professional furnace cleaning company.

Plan of Correction

Do Not Accept [REDACTED] - 07/03/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/26/2025 by the the administrator to to ensure that the receipt for furnace inspection was placed in the policies and procedures book.

To enhance the currently compliant operations, on 06/26/2025 the the administrator will will check monthly to ensure the furnace inspection receipt is placed in our policies and procedures book, with a completion date of 06/27/2025.

Effective 06/27/2025 the the administrator will perform monthly audits through 12/27/2025 to maintain ongoing compliance with having a professional furnace cleaning company or trained maintenance staff person inspect furnaces at least annually, and to keep documentation of the inspection. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/27/2025

Update: 07/03/2025

Please indicate the actions that will be taken to ensure the furnace is inspected. The attached document is for a furnace cleaning and it is not acceptable as it appears to have correction fluid and information redacted.

Plan of Correction

Accept [REDACTED] - 07/08/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/26/2025 by the the administrator to to ensure that the receipt for furnace inspection was placed in the policies and procedures book.

To enhance the currently compliant operations, on 06/26/2025 the the administrator will will check monthly to ensure the furnace inspection receipt is placed in our policies and procedures book, with a completion date of 06/27/2025.

126a - Furnace Inspection (continued)

The home will check to ensure the furnace has been inspected. The home will place a reminder on the bulletin board to check on January 1st and June 1st of every year.

Effective 06/27/2025 the the administrator will perform monthly audits through 12/27/2025 to maintain ongoing compliance with having a professional furnace cleaning company or trained maintenance staff person inspect furnaces at least annually, and to keep documentation of the inspection. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/07/2025

Evidence of Completion

Implemented [redacted] - 10/08/2025)

See attached.

131f - Fire Extinguisher Inspection

13. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the living room has not been inspected by a fire safety expert since February 2024.

Plan of Correction

Do Not Accept [redacted] - 07/03/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/25/2025 by the The administrator to to remove the fire extinguisher that was not inspected and keep the one that was inspected in the room.

To enhance the currently compliant operations, on 06/25/2025 the The administrator will check monthly to ensure all fire extinguishers are properly inspected, with a completion date of 12/25/2025.

Effective 06/25/2025 the The administrator will perform monthly audits through 12/25/2025 to maintain ongoing compliance with ensuring fire extinguishers are inspected and approved annually by a fire safety expert, and to ensure the date of the inspection is on each extinguisher. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/25/2025

Update: 07/03/2025

The overall completion date is too far in the future.

Plan of Correction

Accept [redacted] - 07/08/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/25/2025 by the The administrator to to remove the fire extinguisher that was not inspected and keep the one that was inspected in the room.

131f - Fire Extinguisher Inspection (continued)

To enhance the currently compliant operations, on 06/25/2025 the The administrator will check monthly to ensure all fire extinguishers are properly inspected, with a completion date of 12/25/2025.

Effective 06/25/2025 the The administrator will perform monthly audits through 12/25/2025 to maintain ongoing compliance with ensuring fire extinguishers are inspected and approved annually by a fire safety expert, and to ensure the date of the inspection is on each extinguisher. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/07/2025

Evidence of Completion

Implemented [REDACTED] 07/28/2025)

See attached.

184a - Resident's Meds Labeled

14. 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

Albuterol sulfate prescribed to resident 1 was in the medication cabinet and does not include a 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.

Plan of Correction

Do Not Accept (CE - 07/03/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/25/2025 by the The administrator to has went over regulation 184 a to all med techs to assure all medication is properly labeled.

To enhance the currently compliant operations, on 06/25/2025 the The administrator will will check all medication drawers monthly to ensure all medication is properly labeled, with a completion date of 12/25/2025.

Effective 06/25/2025 the The administrator will perform monthly audits through 12/25/2025 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: 12/25/2025

184a - Resident's Meds Labeled (continued)

Update: 07/03/2025

The overall completion date is too far in the future.

What was the immediate action taken to correct the violation?

Plan of Correction

Accept [redacted] - 07/08/2025)

In response to the violation on 06/05/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/25/2025 by the The administrator to has went over regulation 184 a to all med techs to assure all medication is properly labeled.

To enhance the currently compliant operations, on 06/25/2025 the The administrator will will check all medication drawers monthly to ensure all medication is properly labeled, with a completion date of 12/25/2025.

Effective 06/25/2025 the The administrator will perform monthly audits through 12/25/2025 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.

The staff/DCS will discuss this violation and reread the proper way to label all medication as stated in 2600: 184a

Licensee's Proposed Overall Completion Date: 07/07/2025

Evidence of Completion

Implemented [redacted] - 10/08/2025)

See attached.