

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

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/14/2025 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] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 07/14/2025

Inspection Dates and Department Representative

07/14/2025 - 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: 7 **Are 60 Years of Age or Older:** 6
Diagnosed with Mental Illness: 7 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

07/14/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/07/2025

08/06/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/06/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/11/2025

Inspections / Reviews *(continued)*

08/08/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/11/2025

10/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/11/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

- The following items were open, unlabeled, and not dated;

- an open bag of french fries in the main freezer,
- an open tray of brownies in the dining room table.

- A half bag of hamburgers were found in the main freezer with a "Best If Used By" date of [REDACTED]

Plan of Correction

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

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/29/2025 by the The DCS to remove all expired, opened and unlabeled food from our home.

To enhance the currently compliant operations, on 07/29/2025 the administrator will have the DCS clean the cabinets, refrigerators and freezers weekly to ensure this does not re-occur, with a completion date of 07/29/2025.

Effective 07/29/2025 the the administrator will perform weekly audits through 10/29/2025 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: 08/07/2025

Implemented ([REDACTED] - 10/08/2025)

107b - Emergency Procedures

2. 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.
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, the home's plan to provide the emergency medical information for each resident that ensures confidentiality, contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents, means of transportation in the event that relocation is required , duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities

107b Emergency Procedures (continued)

shall be specific to each resident's emergency needs, alternate means of meeting resident needs in the event of a utility outage.

Plan of Correction

Accepted [REDACTED] - 08/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/29/2025 by the The administrator to write out a new Emergency Preparedness Plan so that all resident's needs are met in case of an emergency.

To enhance the currently compliant operations, on 07/29/2025 the The administrator will ensure that an Emergency Preparedness Plan is available for staff to have access to in case of emergency, with a completion date of 10/29/2027.

Effective 07/29/2025 the The administrator will perform monthly audits through 10/29/2025 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, and 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: 08/07/2025

Implemented [REDACTED] - 10/08/2025)

184b - Labeling OTC/CAM

3. 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 [REDACTED] at 10:11 AM, a package of Desitin belonging to resident [REDACTED] was in the medication cabinet and was not labeled with the resident's name.

Plan of Correction

Accepted [REDACTED] 08/08/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/29/2025 by the Administrator to ensure all medication is properly labeled, including any OTC, creams or pumps.

184b - Labeling OTC/CAM (continued)

To enhance the currently compliant operations, on 07/29/2025 the Administrator will check monthly to ensure all medication in the home is properly labeled before being stored in the medication drawers, with a completion date of 07/29/2025.

Effective 07/29/2025, the administrator will perform monthly checks through 10/29/2025 to maintain ongoing compliance with ensuring that 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: 08/07/2025

Implemented [redacted] 10/08/2025)

187b - Date/Time of Medication Admin.

4. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] Take 1 tablet by mouth 2 times a day at 08:00 AM and 08:00 PM. On [redacted] at approximately 10:10 AM, staff member A initialed the resident's July 2025 medication administration record (MAR) for the 08:00 AM and 08:00 PM administrations on [redacted].

Plan of Correction

Directed [redacted] - 08/08/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/29/2025 by the The administrator to to ensure that the med tech has only dated the time and date at which the medication was just given.

To enhance the currently compliant operations, on 07/29/2025 the Direct Care Staff will review documentation on the proper way to document all medications, with a completion date of 8/07/2025.

On 08/07/2025 the administrator will have all staff read the documentation on how to give out proper medication and then the administrator will have all residents fill out a practice MAR.

Effective 07/29/2025 the The administrator will perform quarterly audits through 10/29/2025 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.

Proposed Overall Completion Date: 08/07/2025

Directed step of POC:

Immediately: A designated staff person qualified to administer medications shall review all resident MARs at least weekly to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews will be kept.

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

Directed Completion Date: 08/09/2025

Implemented [REDACTED] - 10/08/2025)