



Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APRIL 29, 2026

[REDACTED]

Administrator
Chelten Christian Crusade for All People, Inc.

[REDACTED]

RE: Chelten Christian Crusade II
License #: 123281

[REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection September 30, 2025, November 13, 2025 and December 11, 2025 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 123280 dated November 2, 2025 to November 2, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from APRIL 29, 2026 to October 29, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

[REDACTED]

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675
[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *CHELTEN CHRISTIAN CRUSADE II* License #: *12328* License Expiration: *11/02/2025*
 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: *12* Waking Staff: *9*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *09/30/2025*

Inspection Dates and Department Representative

09/30/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *14* Residents Served: *12*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *8*
 Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/30/2025 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *10/30/2025*

Inspections / Reviews (*continued*)

10/31/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/03/2025

03/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2025

Reviewer: [REDACTED]

Follow Up Type: Enforcement

25a - Written Contract and Review**1. Requirements**

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident [REDACTED] admitted [REDACTED], does not have a resident-home contract.

Plan of Correction**Accept [REDACTED] - 10/31/2025)**

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/21/2025 by the The home contract to a completed home contract was done for Resident [REDACTED]

To enhance the currently compliant operations, on 10/21/2025 the The administrator ensure will that all new resident's have a home contract upon moving in, with a completion date of 10/21/2025.

Effective 10/21/2025 the the administrator will perform monthly audits through 06/21/2025 to maintain ongoing compliance with putting in place a written resident-home contract between the resident and the home prior to admission, or within 24 hours after admission, and for the administrator or a designee to complete a contract review, and explaining its contents to the resident and the resident's designated person if any, prior to signature. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/21/2025

Not Implemented [REDACTED] - 03/03/2026)**65b - Rights/Abuse 40 Hours****2. 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 A completed [REDACTED] 40th scheduled work hour sometime in mid-September. However, staff A did not complete training in (2) Emergency medical plan and (4) Reporting of reportable incidents and conditions.

Plan of Correction**Accept [REDACTED] - 10/31/2025)**

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/22/2025 by the The administrator to has completed training for the Emergency Medical Plan amd Reportable Incidents and Conditions.

65b Rights/Abuse 40 Hours (continued)

To enhance the currently compliant operations, on 10/22/2025 the The Administrator will Check monthly to ensure that all residents have the proper training required for Personal Care Homes, which is completed annually, with a completion date of 10/22/2025.

Effective 10/22/2025 the The administrator will perform monthly audits through 06/22/2025 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: 10/22/2025

Not Implemented [REDACTED] - 03/03/2026)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff B did not receive training in (3) Resident rights and (4) The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102) during training year October 2023 through September 2024.

Plan of Correction

Accept [REDACTED] - 10/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2025 by the The administrator to all staff were trained in Resident's Rights and Older Adult Protective Services.

To enhance the currently compliant operations, on 10/24/2025 the The Administrator will will check monthly to ensure that all staff have completed their 12 hours of annual training, with a completion date of 10/24/2022.

65g Annual Training Content (continued)

Effective 10/24/2022 the The administrator will perform monthly audits through 06/24/2025 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/24/2025

Not Implemented [redacted] - 03/03/2026)

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 [redacted], there were flies hovering around in the dining room.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] 10/31/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/22/2025 by the the administration to to unsure the home if free of all infestation including flies.

To enhance the currently compliant operations, on 10/22/2025 the The administrator will has scheduled for Orkin Pest Control to come and spray the home on 10/23/2025. The administrator had the staff clean the house thoroughly, with a completion date of 10/22/2025.

Effective 10/22/2025 the The administrator will perform weekly audits through 06/22/2025 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: 10/22/2025

Implemented [redacted] - 03/03/2026)

101j7 - Lighting/Operable Lamp

5. Requirements

2600.

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

101j7 - Lighting/Operable Lamp (continued)

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [REDACTED] - 10/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/21/2025 by the DCS. The home had immediately placed the lamp next to resident [REDACTED]'s bedside.

To enhance the currently compliant operations, on 10/21/2025, the DCS will check weekly to ensure all residents have a lamp or source of light next to their bedside, with a completion date of 10/21/2025.

Effective 10/21/2025 the DCS will perform weekly audits through 04/21/2025 to maintain ongoing compliance with ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at bedside. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/21/2025

Implemented [REDACTED] - 03/03/2026)

102i - Soap Dispenser**6. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On [REDACTED] around 09:45 AM, the soap dispenser in the home's 3rd floor common bathroom between room [REDACTED] and [REDACTED] was empty.

The soap dispenser in the home's 1st floor common bathroom was filled with hand sanitizer which would not lather in water. Direct care staff C confirmed that [REDACTED] filled the soap dispenser with hand sanitizer.

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/22/2025 by the The DCS to fill all soap dispenser's in every bathroom.

To enhance the currently compliant operations, on 10/22/2025 the The DCS will do weekly checks to ensure all soap dispensers are filled with soap and soap ONLY!, with a completion date of 10/22/2025.

Effective 10/22/2025 the The DCS will perform weekly audits through 06/22/2025 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: 10/22/2025

102i - Soap Dispenser (continued)

Implemented [REDACTED] 03/03/2026)

107d - Procedure Emergency Management Agency Submission

7. 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's written emergency procedures was reviewed, updated, and submitted on [REDACTED]. The previous submission was November 2023.

Plan of Correction

Accept [REDACTED] 10/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/21/2025 by the The administrator to ensure that the home will have sent the Office of Emergency Management our yearly Emergency Preparedness Plan.

To enhance the currently compliant operations, on 10/21/2025 the Administrator will will check monthly to ensure that we are in compliance and our annual Emergency Preparedness Plan is submitted to the Office of Emergency Management every 11 months, with a completion date of 10/21/2025.

Effective 10/21/2025 the Administrator will perform monthly audits through 06/21/2025 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: 10/21/2025

Implemented [REDACTED] - 03/03/2026)

126a - Furnace Inspection

8. 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

The last inspection of the furnace was conducted in January 2024.

Plan of Correction

Accept [REDACTED] 10/31/2025)

In response to the violation on 09/30/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/22/2025 by the The administrator to Ensure that our furnace inspection receipt was placed in the proper space of the book so that it is available upon request and not emailed over later that day.

To enhance the currently compliant operations, on 10/22/2025 the The admin will has placed a sign on the bulletin board stating not to forget to have the furnace inspected by November of every year, with a completion date of 10/22/2025.

[REDACTED] 4/23/26

126a Furnace Inspection (continued)

Effective 10/22/2025 the The admin will perform monthly audits through 06/22/2025 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: 10/22/2025



4/23/26

141a - Medical Evaluation

9. 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.

Description of Violation

Resident [redacted] was admitted to the home on [redacted] However, there is no medical evaluation completed within the allowed time frame of 60 days prior to or 30 days after the admission.

Plan of Correction

Accept [redacted] - 10/31/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/21/2025 by the The administrator to had taken Resident [redacted] to the doctor and had a DME filled out.

To enhance the currently compliant operations, on 10/21/2025 the The administrator will review a new resident checklist sheet upon moving into to ensure all required paperwork is completed, with a completion date of 10/21/2025.

Effective 10/21/2025 the The administrator will perform monthly audits through 06/21/2025 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/21/2025

Not Implemented [redacted] - 03/03/2026)

182b - Prescription Medication

10. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.

182b Prescription Medication (continued)

3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On [REDACTED] at 08:00 AM, staff person B administered [REDACTED] to resident [REDACTED]. Staff person B is not qualified to administer non insulin injections.

Plan of Correction

Accept [REDACTED] - 10/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/24/2025 by the The administrator to to continue to ensure that resident [REDACTED] will continue to get [REDACTED] shot from Dr. [REDACTED]

To enhance the currently compliant operations, on 10/24/2025 the The administrator will place a reminder on google calendar to call Dr. [REDACTED] on the 1st of the month to schedule a date for [REDACTED] injection, with a completion date of 10/24/2025.

Effective 10/24/2025 the The administrator will perform monthly checks through 06/24/2025 to maintain ongoing compliance with ensuring prescription medication that is not self administered by a resident shall be administered by, including a physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic, and a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home, and a student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home, and a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/24/2025

Implemented [REDACTED] - 03/03/2026)

182c - Medication Administration**11. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

182c Medication Administration (continued)

Description of Violation

On [REDACTED] at 09:15 AM, staff person B was observed administering medications to the home's residents. Staff person B poured the meds in a cup, gave the cup to a resident, turned around without observing the resident ingest the pills, and documented the medications as administered.

Plan of Correction

Accept [REDACTED] - 10/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/28/2025 by the The Administrator to to ensure that the DCS (med tech) identifies the residents before giving medication. The DCS has also been informed that [REDACTED] is not to walk away from any resident until [REDACTED] has seen them ingest their medication.

To enhance the currently compliant operations, on 10/28/2025 the The DCS will will reread the proper way to administer medication and the importance of confirming the resident has ingested the medication before the DCS can initial that the medication has been administered, with a completion date of 10/28/2025.

Effective 10/28/2025 the The administrator will perform weekly checks through 04/28/2025 to maintain ongoing compliance with ensuring medication administration includes the following activities, based on the needs of the resident. This includes, including identifying the correct resident, and if indicated by the prescriber's orders, measure vital signs and administer medications accordingly, and removing the medication from the original container, and crushing or splitting the medication as ordered by the prescriber, and placing the medication in a medication cup or other appropriate container, or in the resident's hand, and placing the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4), and completing documentation in accordance with § 2600.187 (relating to medication records). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/28/2025

Not Implemented [REDACTED] - 03/03/2026)

187a - Medication Record

12. 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.
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).

187a - Medication Record (continued)

- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed [redacted] into the muscle once every 28 days. However, resident's [redacted] medication administration record does not indicate the diagnosis or purpose for this medication.
 Repeated Violation [redacted]

Plan of Correction

Accept [redacted] 10/31/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/28/2025 by the The administrator to has notified Patriot Pharmacy to ensure that we have an MAR with the resident's diagnosis and purpose for the Invega Sustenna.

To enhance the currently compliant operations, on 10/28/2025 the The administrator will will have the DCS sign off stating that [redacted] has read ever MAR before placing it in the MAR book, with a completion date of 10/28/2025.

Effective 10/28/2025 the The administrator will perform weekly audits through 04/28/2025 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: 10/28/2025

Not Implemented [redacted] - 03/03/2026)

187b - Date/Time of Medication Admin.

13. 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

On [redacted] at 09:20 AM, staff B administered medications to the home's residents including resident [redacted] Staff person B entered [redacted] initials for resident [redacted] s 08:00 AM medications such as [redacted] [redacted], and [redacted] or [redacted], not on [redacted]. The same resident is prescribed [redacted] at 08:00 PM but there is no staff initials present for this medication on [redacted]. The staff also entered [redacted] initials on resident [redacted] September medication administration record (MAR) when the resident has not been at the home to take the medications since the afternoon of [redacted] When interviewed, staff B said that [redacted] was told not to leave any blanks on residents' MARs.

Repeated Violation: [redacted]

Plan of Correction

Accept [redacted] - 10/31/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/27/2025 hv the The administrator to has had staff member B reread the proper way to

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

To enhance the currently compliant operations, on 10/28/2025 the The administrator will had had the DCS reread the way to properly document all medications, with a completion date of 10/28/2025.

Effective 10/28/2025 the The administrator will perform weekly audits through 10/28/2025 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: 10/28/2025

Not Implemented [REDACTED] - 03/03/2026)

187d - Follow Prescriber's Orders

14. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] at bedtime. 30 pills were dispensed from the pharmacy on [REDACTED] with instruction to begin taking this medication on [REDACTED]. On [REDACTED], there were 20 pills remaining in the original pharmacy package, indicating that the resident was not administered this medication as prescribed. There were no staff initials present on the medication administration record for the administration of this medication on [REDACTED] at 08:00 PM.

Plan of Correction

Accept [REDACTED] - 10/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania B of Human Service Licensing, immediate action was taken on 10/28/2025 by the The DCS to was retrained on the proper way to document medication if the resiureaudent is not in the home, and the proper way to dispose of all medication not taken.

To enhance the currently compliant operations, on 10/28/2025 the The Administrator will will check all med drawers and MAR's to ensure all medication was properly administered and documented, with a completion date of 10/28/2025.

Effective 10/28/2025 the The administrator will perform weekly checks through 04/28/2025 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/28/2025

Not Implemented [REDACTED] - 03/03/2026)

224a - Preadmission Screen Form

15. Requirements

2600.

224a - Preadmission Screen Form (continued)

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED] however, the resident's preadmission screening form was not completed.

Plan of Correction

Accept [REDACTED] - 10/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/21/2025 by the The administrator to ensure Resident [REDACTED] had a preadmission form completed immediately.

To enhance the currently compliant operations, on 10/21/2025 the The administrator will will a new resident checklist sheet filled out upon arrival. The administrator will check monthly to ensure all resident's have all the required paperwork, with a completion date of 10/21/2025.

Effective 10/21/2025 the The administrator will perform monthly audits through 06/21/2025 to maintain ongoing compliance with ensuring a determination is made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by 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: 10/21/2025

Not Implemented [REDACTED] - 03/03/2026)

225a - Assessment 15 Days**16. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident [REDACTED] who was admitted to the home on [REDACTED].

Plan of Correction

Accept [REDACTED] - 10/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/21/2025 by the The administrator to ensure that Residents have an annual RASP completed within 15 days of arrival.

To enhance the currently compliant operations, on 10/21/2025 the The administrator will will check monthly to ensure that none of the residents' required forms are not completed and filled our entirely, with a completion date of 10/21/2025.

225a - Assessment 15 Days (continued)

Effective 10/21/2025 the The administrator will perform monthly audits through 10/21/2025 to maintain ongoing compliance with ensuring each resident has a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/21/2025

Not Implemented [REDACTED] - 03/03/2026)

227a - Support Plan 30 Days

17. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED]; however, the resident's initial support plan has not been completed yet.

Plan of Correction

Accept [REDACTED] - 10/31/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/21/2025 by the The administrator to ensure that all resident's RASP are completed within 15 days of their arrival.

To enhance the currently compliant operations, on 10/21/2025 the The administrator will The administrator will check monthly to ensure all residents have an updated RASP monthly, with a completion date of 10/21/2025.

Effective 10/21/2025 the The administrator will perform monthly audits through 06/21/2025 to maintain ongoing compliance with ensuring each resident requiring personal care services has a written support plan developed and implemented within 30 days of admission to the home, and the support plan is documented on the Department's support plan form. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/21/2025

Not Implemented [REDACTED] 03/03/2026)

251b - Record Entries Legible

18. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] once every 28 days, which is injected by a pharmacist who comes to the home. The resident's September MAR was observed with staff initials for this medication on [REDACTED], which was crossed out without proper notations.

251b - Record Entries Legible (continued)

Plan of Correction

Accept [REDACTED] - 10/31/2025)

In response to the violation on 09/30/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/27/2025 by the The administrator to to have the DCS reread the proper way to document Medication Administrative Records.

To enhance the currently compliant operations, on 10/27/2025 the The administrator will will check weekly to ensure that all MAR's are marked in correctly and the handwriting is legible, with a completion date of 10/27/2025.

Effective 10/27/2025 the The administrator will perform weekly audits through 04/27/2025 to maintain ongoing compliance with ensuring the entries in a resident's record are permanent, legible, dated and signed by the staff person making the entry. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/28/2025

Not Implemented [REDACTED] - 03/03/2026)

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

Facility Information

Name: *CHELTEN CHRISTIAN CRUSADE II* License #: *12328* License Expiration: *11/02/2025*
 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: *NaN* Waking Staff: *NaN*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *12/11/2025*

Inspection Dates and Department Representative

11/13/2025 On Site [REDACTED]
 12/11/2025 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *14* Residents Served: *11*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *2*
 Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *NA*
 Have Mobility Need: *NA* Have Physical Disability: *NA*

Inspections / Reviews

11/13/2025 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *01/16/2026*

01/22/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/27/2026

01/30/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/13/2026

03/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: Enforcement

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

On [REDACTED] at 11:10am, Staff person A did not wash hands or change gloves prior to administering medications to resident [REDACTED]

Plan of Correction

Directed [REDACTED] - 01/30/2026)

In response to the violation of [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/12/2026 by the administrator to ensure staff person A was retrained on the proper way to administer medication. Staff person A was also retrained on the proper way to wash hands and why it is necessary to change gloves after each administration.

To enhance the currently compliant operations, on 01/12/2026 the The administrator will will do weekly checks to ensure staff person A is properly administering medications, washing hands and disposing of gloves, with a completion date of 03/30/2026.

Effective 01/12/2026 the The administrator will perform weekly checks through 03/30/2026 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/30/2026

Directed Plan of Correction [REDACTED] - 1/30/26):

Only the overall completion date has been directed to 2/11/26.

Directed Completion Date: 02/11/2026

Not Implemented [REDACTED] - 03/03/2026)

102i Soap Dispenser

2. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On [REDACTED] the soap dispenser in the 2nd floor bathroom was inoperable.

Repeat Violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/22/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/12/2026 by the The DCS to was taken to replace the batteries in the battery-operated soap dispenser.;

102i - Soap Dispenser (continued)

To enhance the currently compliant operations, on 01/12/2026 the The DCS will check weekly to ensure all soap dispensers are operable and batteries have been changed monthly to ensure this does not reoccur, with a completion date of 03/30/3036.

Effective 01/12/2026 the The DCS will perform weekly audits through 03/30/3036 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: 01/12/2026

Implemented [REDACTED] 03/03/2026)

141a - Medical Evaluation

3. 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.

Description of Violation

A medical evaluation for Resident [REDACTED] who was admitted on [REDACTED] was not completed within 60 days prior to admission or within 30 days after admission of the resident. No medical evaluation was present in the resident's record.

Plan of Correction

Accept [REDACTED] - 01/22/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/12/2026 by the The Administrator to ensure that resident [REDACTED] was seen by [REDACTED] primary care physician and a DME was filled out immediately.

To enhance the currently compliant operations, on 01/12/2026 the The administrator will check the resident's records monthly to ensure that all DME's are done annually and are placed in each resident's files, with a completion date of 01/12/2026.

Effective 01/12/2026 the The administrator will perform monthly audits through 03/31/2026 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/12/2026

Not Implemented [REDACTED] - 03/03/2026)

141b1 - Annual Medical Evaluation

4. Requirements

141b1 - Annual Medical Evaluation (continued)

2600.

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

Description of Violation

Resident [redacted]s most recent medical evaluation was completed on [redacted]

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 01/22/2026)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/12/2026 by the The administrator to was taken to ensure that resident [redacted] was seen by [redacted] primary care physician immediately and that an annual DME was filled out.

To enhance the currently compliant operations, on 01/12/2026 the The administrator will check monthly to ensure that none of the residents' DMEs are older than a year old and that all resident's have a DME within a year time frame, with a completion date of 01/12/2026.

Effective 01/12/2026 the The administrator will perform monthly audits through 06/30/2026 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least 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: 01/12/2026

Not Implemented [redacted] - 03/03/2026)

187a - Medication Record

5. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident [redacted] is prescribed [redacted] tablet " Take 1 tablet orally in the morning". However, Resident [redacted] November 2025 medication administration record does not include this medication, which was present in the home's medication cart, filled on [redacted] for a quantity of 28 pills. 26 of the pills were removed from the blister pack.

Resident [redacted] is prescribed [redacted] However, Resident [redacted]s December 2025 medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).

Repeat Violation: [redacted]

187a - Medication Record (continued)

Plan of Correction

Directed (████ - 01/30/2026)

In response to the violation on █████ by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/13/2026 by the the asministrator to to ensure that the med tech is aware that █████ must check all medication with their MARs to ensure the residents are given the proper medication, and if █████ has any questions pertaining to the medication, █████ contacts the pharmacy immediately.

To enhance the currently compliant operations, on 01/13/2026 the administrator will check weekly to ensure all MARs and medications match. The administrator will do weekly record reviews and medication observations to ensure all medication is properly administered and documented

Effective 01/13/2026 the the administrator will perform weekly audits through 06/20/2026 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including diagnosis or purpose for the medication, including pro re nata (PRN). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/30/3036

Directed Plan of Correction █████ - 1/30/26):

Only the overall completion date has been directed to 2/11/26.

Directed Completion Date: 02/11/2026

Not Implemented (████ - 03/03/2026)

187b - Date/Time of Medication Admin.

6. 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

On █████ at 11:10am, staff person A administered resident 4's medications scheduled for 8am, to include █████, █████, and █████ The staff person could not initial the medication administration record after the resident consumed the medications because the initials were previously entered for the █████ 8am time block.

Repeat Violation: █████

Plan of Correction

Directed █████ - 01/30/2026)

In response to the violation on █████ by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/12/2026 by the administrator to ensure that staff person A was retrained on the proper way to document medication and that medication may ONLY be documented immediately following the administration.

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

To enhance the currently compliant operations, on 01/12/2026 the The administrator will continue to evaluate staff person A's administrations and documentations for all of the residents' medication, with a completion date of 01/12/2026.

Effective 01/12/2026 the The administrator will perform weekly checks through 06/20/2025 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. The administrator will do weekly monitoring of the med tech administering medication and documenting the MAR's.

Proposed Overall Completion Date: 06/30/2026

Directed Plan of Correction [REDACTED] - 1/30/26):

In addition to the above plan of correction, and to clarify the steps, beginning immediately, the administrator or designee shall observe at least one medication pass per week for two months, then monthly for three months.

The overall completion date has been directed to 2/11/2026.

Directed Completion Date: 02/11/2026

Not Implemented [REDACTED] 03/03/2026)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] " Instill 2 sprays into each nostril three times a day. However, this medication was not administered to Resident [REDACTED] on [REDACTED] at 8am and 2pm because the medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED]: take 1 tablet by mouth once daily with breakfast for [REDACTED] On [REDACTED], this medication was administered until 11:10am, when the resident returned from a doctor's appointment. The resident stated that no one was awake to administer the medication when [REDACTED] left the home at approximately 7:00 am.

Resident [REDACTED] is prescribe d [REDACTED] " Take 1 pill 3 times a day". However, Resident [REDACTED] was not administered this medication o r [REDACTED] at 2pm.

Plan of Correction

Directed [REDACTED] - 01/30/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/13/2026 by the The administrator to ensure the med tech is aware that [REDACTED] must give out all

187d - Follow Prescriber's Orders (continued)

To enhance the currently compliant operations, on 01/13/2026 the The administrator will will do weekly checks to ensure that all medication is being distributed at the time prescribed by the doctor, with a completion date of 01/13/2026.

Effective 01/13/2026 the The administrator will perform weekly audits through 06/30/2026 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. The administrator will observe medication administrations and do weekly reviews on the MAR's . Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/30/2026

Directed Plan of Correction [REDACTED] - 2/11/26):

In addition to the above plan of correction, starting immediately, the administrator or designee shall observe at least one medication pass per week for two months, then monthly for three months.

Within 5 days of the receipt of the acceptable plan of correction, the administrator or designee shall perform at least weekly MAR and medication cart/storage reviews to ensure medications are ordered timely, for a period of three months.

Directed Completion Date: 02/11/2026

Not Implemented ([REDACTED] 03/03/2026)