

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

September 10, 2026

[REDACTED], OWNER/ADMINISTRATOR
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 06/03/2026 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:** 10/15/2026
Address: 3635 NORTH 22ND STREET, PHILADELPHIA, PA 19140
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: Other **Date:** 01/19/1983 **Issued By:** City of Philadelphia

Staffing Hours

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

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 06/03/2026

Inspection Dates and Department Representative

06/03/2026 - 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

06/03/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/02/2026

07/08/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/13/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 07/29/2026

Inspections / Reviews *(continued)*

09/10/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/13/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85b - Infestation**1. Requirements**

2600.

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

Description of Violation*On 6/3/26 at 9:15 A.M. more than 10 flies were observed in the dining room.**Repeated Violation: 10/23/25, 6/5/25***Plan of Correction****Accept () - 07/08/2026)***In response to the violation on 06/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/29/2026 by the The administrator to has had the staff do a thorough cleaning of the home and place fly tape in corners of all rooms to eliminate all fly activity.**To enhance the currently compliant operations, on 06/29/2026 the The administrator will will observe all fly activity weekly to ensure the home is free of flies, with a completion date of 12/29/2026.**Effective 06/29/2026 the The administrator will perform weekly audits of Infestation, through 12/29/2026 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: 07/22/2026****Implemented () - 07/15/2026)****87 - Lighting****2. Requirements**

2600.

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

Description of Violation*On 6/3/26 at 9:50 A.M. the third floor emergency exit outdoor light is inoperable. The light is not adhered properly to the roof. It is hanging by the wiring, and hits the door when opened, and the lightbulb is filled with water.**On 6/3/26 at 9:00A.M. when Licensing Representative entered the home and during the inspection until 2:15 P.M. when the Licensing Representative left the home the first floor hallway and first floor common area were very dim and the lighting in those areas were not turned on.***Plan of Correction****Accept () - 07/08/2026)***In response to the violation on 06/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/09/2026 by the The administrator to Immediately ensured that all lights are operable and plugged in and are bright for all residents to see, especially during an emergency.. The light was properly drilled back to the roof and water free.**To enhance the currently compliant operations, on 06/29/2026 the The administrator will Check weekly to ensure all exit lights are properly attached and that all exit lights are operable, with a completion date of 12/26/2026.*

87 - Lighting (continued)

Effective 06/29/2026 the The administrator will perform weekly audits of Operable lights, through 12/26/2026 to maintain ongoing compliance with ensuring hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes are lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/22/2026

Implemented () - 07/15/2026)

88a - Surfaces**3. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 6/3/26 at 9:25 A.M. the hallway flooring on the first floor leading from the dining room to the first floor resident bedroom is sloping down, spongy in texture, and uneven with water stains and poses a tripping hazard.

Plan of Correction

Accept () - 07/08/2026)

In response to the violation on 06/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/29/2026 by the The administrator to has had the floor repaired and reconstructed to be free of any tripping hazards.

To enhance the currently compliant operations, on 06/29/2026 the The administrator will will check monthly to ensure that all floors are in good repair and free of any tripping hazard, with a completion date of 12/29/2026.

Effective 06/29/2026 the The administrator will perform weekly audits of flors free of hazard, through 12/29/2026 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/22/2026

Implemented () - 07/15/2026)

101j7 - Lighting/Operable Lamp**4. Requirements**

2600.

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

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

Description of Violation

The 2nd floor front bedroom, is occupied by two residents, both residents do not have access to a source of light that can be turned on/off at bedside.

101j7 - Lighting/Operable Lamp (continued)

Repeated Violation: 10/23/25

Plan of Correction

Accept () - 07/08/2026)

In response to the violation on 06/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/29/2026 by the the administrator to had placed new light bulbs in all of the residents bedroom lights.

To enhance the currently compliant operations, on 06/29/2026 the The administrator will check weekly to ensure all light bulbs are changed and lights are plugged in and operable, with a completion date of 12/29/2026.

Effective 06/29/2026 the The administrator will perform weekly audits of Operable light, through 12/29/2026 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: 07/22/2026

Implemented () - 07/15/2026)

103i - Outdated Food**5. Requirements**

2600.

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

Description of Violation

The upstairs freezer in the dining room is filled to it's capacity on 6/3/26 at 9:30 A.M. There were multiple items in the freezer that were visible that were not labeled or dated, including:

a bag of French Toast which is dated but not labeled.

3 bags of frozen breaded chicken

3 bags of biscuits

Repeated Violation- 7/14/25, 6/5/25

Plan of Correction

Accept () - 07/08/2026)

In response to the violation on 06/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/29/2026 by the The administrator to had staff members clean out the refrigerator and label and date all food. All expired food was disposed off and the freezer was organized properly and not at full capacity.

To enhance the currently compliant operations, on 06/29/2026 the The administrator will will clean the refrigerator and freezer weekly to ensure that all food is labeled and dated and not at full capacity, with a completion date of 12/29/2026.

Effective 6/29/2026 the The administrator will perform weekly audits of labeling all food, through 12/29/2026 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.

103i Outdated Food (continued)

Licensee's Proposed Overall Completion Date: 07/22/2026

Implemented () - 07/15/2026)

105g - Lint Removal and Duct Cleaning**6. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 6/3/26, there was an approximate 1/4in thick by 3 inch wide accumulation of lint in the lint trap of the basement dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept () - 07/08/2026)

In response to the violation on 06/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/29/2026 by the The admin to has removed all lint from the dryer immediately.

To enhance the currently compliant operations, on 06/29/2026 the The administrator will check the dryer weekly to ensure the dryer is free of all lint to avoid a fire, with a completion date of 12/29/2026.

Effective 06/29/2026 the The administrator will perform weekly audits of clean dryer free from ;int, through 12/29/2026 to maintain ongoing compliance with reducing the risks of fire hazards, by removing lint from lint traps and drums of clothes dryers after each use, and to ensure lint is cleaned from vent ducts and internal and external ductwork of clothes dryers according to the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/22/2026

Implemented () - 07/15/2026)

144c1 - Smoking Area Guidelines**7. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 6/3/26 at 9:59 A.M. , Resident # 1 was smoking on the front porch directly outside of the front entrance which is not the home's designated smoking area. The home's designated smoking area is front patio down the stairs off the front porch.

144c1 - Smoking Area Guidelines (continued)

Plan of Correction**Directed () - 07/08/2026)**

In response to the violation on 06/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/29/2026 by the The administrator to to inform all residents that smoking is permitted only in the designated smoking area.

To enhance the currently compliant operations, on 06/26/2026 the the administrator will will go over the home's smoking policy with all residents. Residents will be given a verbal warning if caught smoking outside of the designated smoking area, with a completion date of 12/29/2026.

Effective 06/29/2026 the The administrator will perform weekly audits of smoking policy, through 12/29/2026 to maintain ongoing compliance with developing and implementing written fire safety policy and procedures that includes, including proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Directed to provide additional information: *The administrator or designee shall perform DAILY audits of the home to ensure there is no smoking occurring outside of the designated smoking area. Additionally, warnings given to residents for smoking outside of the designated area shall be written warnings, and shall be reviewed and signed by the resident, and filed in the residents permanent file. A 30-day written notice shall also be considered and presented to a resident who receives multiple written warnings regarding a violation of the smoking policy. This shall also be documented in the residents file.*

Directed Completion Date: 07/22/2026

Implemented () - 07/15/2026)

144d - Smoking Outside

8. Requirements

2600.

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

Description of Violation

On 6/3/26 at 9:59 A.M. , Resident # 1 was smoking on the front porch directly outside of the front entrance which is not the home's designated smoking area. The home's designated smoking area is front patio down the stairs off the front porch.

Plan of Correction**Directed () - 07/08/2026)**

In response to the violation on 06/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/29/2026 by the The administrator to was taken to ensure all resident's are made aware that they can smoke only in the designated smoking area.

To enhance the currently compliant operations, on 06/29/2026 the The administrator will go over the home's smoking policy with all resident's. They will check daily to ensure all resident's are smoking only in the designated smoking area, with a completion date of 12/29/2026.

144d - Smoking Outside (continued)

Effective 06/29/2026 the The administrator will perform weekly audits of Designated smoking area, through 12/29/2026 to maintain ongoing compliance with prohibiting smoking outside of the smoking room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Directed to provide additional information: The administrator or designee shall perform DAILY audits of the home to ensure there is no smoking occurring outside of the designated smoking area. Additionally, warnings given to residents for smoking outside of the designated area shall be written warnings, and shall be reviewed and signed by the resident, and filed in the residents permanent file. A 30-day written notice shall also be considered and presented to a resident who receives multiple written warnings regarding a violation of the smoking policy. This shall also be documented in the residents file.

Directed Completion Date: 07/22/2026

Implemented () - 07/15/2026)

183b - Meds and Syringes Locked**9. Requirements**

2600.

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

Description of Violation

On 6/3/26 at 9:38 A.M., the medication cabinets were unlocked, unattended, and accessible in the first floor common area.

Plan of Correction

Accept () - 07/08/2026)

In response to the violation on 06/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/29/2026 by the The administrator to has checked to ensure all medication are stored away and locked in the medication cabinet.

To enhance the currently compliant operations, on 06/29/2026 the The adminitrator will will have all DCS retrained on the storage of all medication.

Effective 06/29/2026 the The administrator will perform weekly audits of medication storage, through 12/29/2026 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/22/2026

Implemented () - 07/15/2026)

183c - Refrigerated Meds Locked**10. Requirements**

183c Refrigerated Meds Locked (continued)

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On 6/3/26 at 9:23 A.M., [REDACTED] prescribed for Resident # 2, was unlocked and accessible in the refrigerator located on the floor of the dining room.

Plan of Correction**Accept [REDACTED] - 07/08/2026)**

In response to the violation on 06/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/30/2026 by the The administrator to remove the [REDACTED] (resident never moved in) and to retrain the staff on the proper way to store medication.

To enhance the currently compliant operations, on 06/30/2026 the The administrator will will make sure that all med techs reread documentation on the proper way to store medication.

Effective 06/30/2026 the The administrator will perform weekly audits of medication storage, through 12/30/2026 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM stored in a refrigerator will be kept in an area or container that is locked. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/22/2026

Implemented [REDACTED] - 07/15/2026)**183d Prescription Current****11. Requirements**

2600.

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

Description of Violation

On 6/3/26 at 9:23 A.M. Resident # 2's [REDACTED] was stored in the medication fridge on the the floor of the first floor dining room. Resident # 2 was a potential resident who never moved into the home.

Plan of Correction**Accept [REDACTED] - 07/08/2026)**

In response to the violation on 06/03/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/30/2026 by the The administrator to to remove the medication that we had stored for a potential resident.

To enhance the currently compliant operations, on 06/30/3036 the The administrator will will have all med techs reread all documentation on how to store medication properly.

Effective 06/30/2026 the The administrator will perform weekly audits of medication storage, through 12/30/2026 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/22/2026

183d Prescription Current *(continued)*

Implemented ([REDACTED] - 07/15/2026)