



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: September 24, 2010

Ms. Sue Siegfried, Vice President Health Services
Cathedral Village
600 E. Cathedral Road
Philadelphia, Pennsylvania 19128

Dear Ms. Siegfried:

As a result of the Department of Public Welfare's licensing inspection on May 13, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in cursive script that reads "Laura Helmuth DR".

Laura Helmuth
Regional Licensing Administrator

Enclosure(s)
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 1

NAME AND ADDRESS OF PERSONAL CARE HOME Cathedral Village 600 East Cathedral Road, Philadelphia, PA 19128		CURRENT LICENSE NUMBER 129530	
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010		REGIONAL REPRESENTATIVE Christine McHale and Kimberli Foulkes	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Sue Siegfried			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Sue Siegfried, V.P. Health Services</i>	DATE 8/25/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura A. Helton</i>	DATE 8/29/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #1 who was admitted to the home on 4/6/10 had a fall as an independent resident of the home on 11/5/09, 11/17/09 and 3/27/10. The resident's assessment dated 4/20/10 states that the resident does not have a history of falls.	9/1/10	All licensed assistant living staff will be inserviced on assessment of the resident particularly for mobility needs. Assistant administrator will review all current resident assessments for A.L. resident and ensure mobility needs are addressed on all support plans.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>LJH</i> Initials (DPW)</p> <p>9/1/10 Date</p>

Assistant administrator will audit resident assessments and support plans quarterly for accuracy. A check list will be used as an audit tool.
 Resident #1's assessment was updated to include the resident's history of falls.

LAH 8/29/10

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