

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to C.A.T.C.H., INC.

LEGAL ENTITY

To operate C.A.T.C.H. PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 521-23 SNYDER AVENUE, PHILADELPHIA, PA 19148

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 15
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 July 28, 2010 until July 28, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 172560

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUL 27 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Raymond A. Pescatore, CEO
C.A.T.C.H., Inc.
1409 Lombard Street
Philadelphia, Pennsylvania 19146

RE: C.A.T.C.H. Personal Care Home
521-23 Snyder Avenue
Philadelphia, Pennsylvania 19148

Dear Mr. Pescatore:

As a result of the Department of Public Welfare's licensing inspection on June 18, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

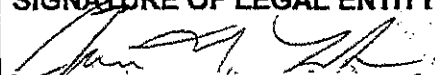

Sincerely,


A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

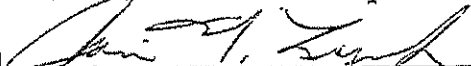
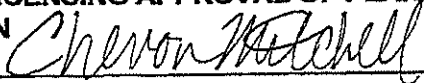
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME C A T C H Personal Care Home 521-23 Snyder Avenue, Philadelphia, PA 19148		CURRENT LICENSE NUMBER 172560	
INSPECTION DATE(S) (Include all dates of the inspection) June 18, 2010		REGIONAL REPRESENTATIVE Christine McHale and James Jesse Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Janice Lynch, Director Human Resources			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7/23/10



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
51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and	Direct care staff member A, hired on 11/4/09, has a criminal history which contains two prohibited offenses. The disposition for these charges were unreported and therefore it is not able to be determined if the staff member's criminal history check is in compliance with the Older Adult Protective Services Act.	immediately see attached	Staff member A was never convicted of the charges and it is illegal to act upon non-convictions. CATCH records were requested timely on 10/27/09 and followed up on 4/22/10. The State Police have since been given proof that charges were dropped and they updated their records. Attached is the clear record. Human Resources Department will be responsible for criminal record checks and follow up when needed.	Steps have been taken to correct violation; full compliance is not verifiable 7/23/10 Date Initials (DPW) 


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utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.				

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54a Direct care staff persons shall have the following qualifications: (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	The home did not have documentation that direct care staff member B, hired on 9/3/09, had a high school diploma, GED, or active registry status on the PA nurse aide registry.	07/22/10	Staff member B is obtaining proof of a high school diploma/GED which is expected to arrive momentarily. If not received by 7/22/2010, staff member B will be removed from the schedule. Please see attached proof of high school diploma. The Human Resources Department is responsible for obtaining proof of high school diploma.	Steps have been taken to correct violation; full compliance is not verifiable.  Initials (DPW) 7/23/10 Date

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Jan F Donahue</i>	DATE 7-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 7/23/10

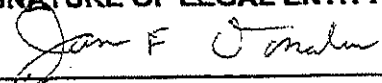

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>-A bottle of oral analgesic labeled "In case of accidental overdose, get medical help or contact a Poison Control Center right away" and a bottle of mouthwash labeled "If more than used for rinsing is swallowed get medical help or contact a Poison Control Center right away" were found unlocked on the black shelf unit in Resident #1's room. Resident #1 has not been assessed to safely use or avoid poisonous materials.</p> <p>-A bottle of mouthwash labeled "If more than used for rinsing is</p>	<p>07/08/2010</p> <p>07/08/2010</p>	<p>Residents will store mouthwash in Medication Cabinet in nurses office.</p> <p>Residents will store oral analgesic in Medication Cabinet in nurses office.</p> <p>Staff on duty will check residents' rooms on a daily basis to make sure that items which are considered poisonous or harmful to the residents are stored in the medication cabinet. The Administrator of this home will be responsible for insuring this occurs.</p>	<p>Step have been taken to correct violation; full compliance is not verifiable</p> <p><i>DPW</i> Date 7/23/10 Initials (DPW)</p>

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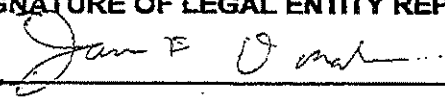

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	swallowed get medical help or contact a Poison Control Center right away" and a container of Zeasorb-AF powder labeled "If swallowed seek medical help or contact Poison Control Center right away" were found unlocked on the black shelf unit in the right corner of Resident #2's room. Resident #2 has not been assessed to safely use or avoid poisonous materials.	07/08/2010	The container of Zeasorb-AF powder was removed from resident #2's room.	
	-Three bottles of mouthwash labeled "If more than a rinsing dose is swallowed contact a Poison Control Center right	07/08/2010	The mouthwash was removed from resident #3's room	

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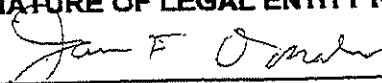

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	away ⁷ were found unlocked on the dresser in Resident #3's room. Resident #3 has not been assessed to safely use or avoid poisonous materials.			

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101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	-There was no bedside table or shelf for the bed on the right side of the room in Resident #2's room. -There was no bedside table or shelf for the bed on the right side of the room in Resident #3's room.	07/08/2010	Bedside tables were purchased and placed in resident #2's and resident #3's bedrooms. Please see attached photo of the bedside tables and lamps. The administrator of the home will be responsible for insuring that all furniture required by regulation is in the room and in its proper place. A daily walk through of the residence will be conducted by the Administrator or her designee.	7/23/10 <i>ewm</i>

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	-There was no lamp accessible from the bedside for the bed on the right side of Resident #2's room. -There was no lamp accessible from the bedside for the bed on the right side of Resident #3's room.	07/08/2010	Lamps were provided for residents #2 and #3. They are on bedside tables. see attached The Administrator of the home will be responsible for insuring that all furniture required by regulation is in the room and in its proper place. A daily walk-through of the residence will be conducted by the Administrator or designee.	7/23/10 OCM


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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home has not had a fire safety expert conduct an observed fire drill within the last 12 months.	08/31/2010	Fire safety inspection and fire drill will be conducted annually by a fire safety expert. <div style="background-color: black; width: 100px; height: 1em; margin-bottom: 5px;"></div> our fire safety consultant will be conducting a fire drill prior to 8/31/2010. Once the drill is completed, I will forward a copy of the fire drill report to the Adult Residential Licensing Office. CATCH Maintenance staff are responsible for fire safety issues and coordinating fire drills.	

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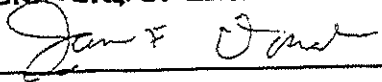
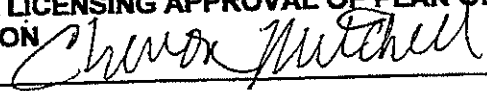
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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	A tube of Ammonium Lactate Cream 12% was found unlocked on the black shelf unit in Resident #2's room. Resident #2 is not able to self-administer medications.	07/08/2010	Prescribed medications, OTC medications, CAM and syringes will be kept in medication cabinet in nurses office. The nurse on duty will be responsible for insuring that all medications, syringes, etc. will be kept in the medication cabinet in the nurses office.	Steps have been taken to correct violation; full compliance is not verifiable 7/23/10  Date (Initials (DPW))

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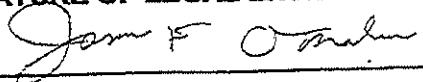

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183c Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.	The home stores medications in a mini-fridge in the nursing office. The office is not locked and the fridge is not locked. Two bottles of Prolixin Deconate, one bottle of Xalatan 0.005%, one bottle of Alphagan P O .15%, one bottle of milk of magnesia, and one bottle of Fast Acting Mi-Acid were found in the mini-fridge. Not all residents in the home are able to self-administer medications.	07/30/2010	Prescription Medications, OTC Medications and CAM stored in refrigerator will be in a lock box. The lock box will be in refrigerator in nurses office. The [redacted] nurse will be responsible for all prescription medications stored in the lock box.	Steps have been taken to correct violation; full compliance is not verifiable Date: <u>7/23/10</u> Initials (DPW) <u>SM</u>	

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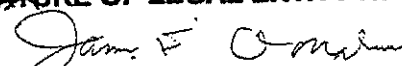

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185b At a minimum, the procedures in 185a shall include: (1) Documentation of the receipt of controlled substances and prescription medications.	The home's medication policy does not address the documentation of the receipt of controlled substances and prescription medications.	7/30/2010	Medication Receipt Procedure will be put in place. See attached The day nurse will be responsible for this procedure. The nurse and home administrator will train all staff on medication procedures. See attached training form. The training will be completed by September 1, 1010.	7/23/10 CCM

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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Residents #1, 2 and 3's most recent assessments were completed on 6/30/09. Residents #1, 2 and 3's most recent support plans were completed on 6/8/09.	07/08/2010	Support plans will be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. See attached support plans. The home administrator will be responsible for making sure support plans are completed in a timely fashion.	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation; full compliance is not verifiable 7/23/10 [Signature] (Initials (DPW)) </div>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 7-27-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 7/23/10

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
252 Each resident's record shall include the following information: (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old.	-Resident #1's record did not include identifying marks and the resident's photograph was not dated making it impossible to determine if it was taken more than two years ago. -The records for Residents #2 and 3 did not contain hair color, eye color, or identifying marks and the residents' photographs were not dated making it impossible to determine if they were taken more than two years ago.	07/30/2010	Resident Records will include the following information: Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. A photograph of the resident, no more than 2 years old will be in record. See attached photos The home administrator will be responsible for making sure all clients have up to date photos and pertinent information along with it.	Steps have been taken to correct violation. Full compliance is not verifiable Date: 7/23/10 Initials: JMD (DPW)