

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CATHEDRAL VILLAGE

To operate CATHEDRAL VILLAGE

Located at BUILDINGS A-L; 602 AND 604, 600 E. CATHEDRAL ROAD, PHILADELPHIA, PA 19128

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

The total number of persons which may be cared for at one time may not exceed 50  
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 March 29, 2011 until March 29, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **129530**

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

APR 06 2011

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

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 February 2, 2011 and February 3, 2011 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 black ink, appearing to read 'R. Melusky'.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Cathedral Village, 600 E. Cathedral Road Philadelphia, PA 19128		CURRENT LICENSE NUMBER 129530	
INSPECTION DATES (Include all dates of the inspection) 02/02/2011		REGIONAL REPRESENTATIVE Sanford Stone, Donald Frey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Sue Siegfried, v. p. Health Services</i>			
SIGNATURE OF LEGAL ENTITY <i>Sue Siegfried, v. p. Health Services</i>	DATE <i>3/4/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3/23/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
64c An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.	The administrator, staff person A, did not have 24 hours of annual training relating to job duties.	<i>4/20/2011</i>	<i>Sent via e-mail on 3/4/2011</i>  <i>See attached: via 3/23/11</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>3/23/11</i> Date Initials (DPW)

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

Page 2 of 15

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SIGNATURE OF LEGAL ENTITY <i>Sue Snaford, V.P. Health Services</i>	DATE <i>3/4/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3/23/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff B (hired 05/14/2010) and C (hired 01/04/2011) did not have documentation of completion of the Department approved direct care training course and passing of the competency test.	<i>3/8/2011</i>	<i>Sent via - email 3/4/2011</i>  <i>See attached. WMT 3/23/11</i>	<i>3/23/11 WMT</i> Date Initials (DPW) <i>WMT</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>See Signatures v.p. Health Services</i>	DATE <i>3/14/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual				

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assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.				

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(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

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SIGNATURE OF LEGAL ENTITY <i>Summit Health Services</i>	DATE <i>3/4/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3/23/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
65c Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff persons D and E did not have 12 hours of annual training relating to their job duties during the training year.	<i>4/29/2011</i> <i>3/29/2011</i>	<i>Sent via email</i> <i>3/4/2011</i>  <i>See attached. UAH 3/23/11</i>	<i>3/23/11</i> <i>UAH</i>



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regulations). (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.				

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109b Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.	One cat and one dog at the home did not have documentation of current rabies vaccination.  Repeated Violations: 02/02/2010	<i>3/4/2011</i>	<p style="text-align: center;"><i>Sent via email 3/4/2011</i></p> <p style="text-align: center;"><i>See attached. vth 3/23/11</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>3/23/11</i> Date</p> <p style="text-align: center;"><i>vth</i> Initials (DPW)</p>

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132a An unannounced fire drill shall be held at least once a month.	An unannounced fire drill was not held during January, 2011.  <table style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td>02/24/2010</td><td>01:10 PM</td><td>3:50</td><td>No</td></tr> <tr><td>Mar</td><td>03/30/2010</td><td>06:10 PM</td><td>4:00</td><td>No</td></tr> <tr><td>Apr</td><td>04/27/2010</td><td>07:55 PM</td><td>3:55</td><td>No</td></tr> <tr><td>May</td><td>05/27/2010</td><td>11:14 AM</td><td>2:52</td><td>No</td></tr> <tr><td>Jun</td><td>06/22/2010</td><td>11:00 PM</td><td>5:25</td><td>No</td></tr> <tr><td>Jul</td><td>07/28/2010</td><td>02:00 PM</td><td>4:20</td><td>No</td></tr> <tr><td>Aug</td><td>08/25/2010</td><td>04:05 PM</td><td>4:50</td><td>No</td></tr> <tr><td>Sep</td><td>09/28/2010</td><td>09:00 AM</td><td>3:45</td><td>No</td></tr> <tr><td>Oct</td><td>10/21/2010</td><td>09:10 AM</td><td>2:24</td><td>Yes</td></tr> <tr><td>Nov</td><td>11/29/2010</td><td>05:00 PM</td><td>3:00</td><td>No</td></tr> <tr><td>Dec</td><td>12/30/2010</td><td>05:45 AM</td><td>3:30</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb	02/24/2010	01:10 PM	3:50	No	Mar	03/30/2010	06:10 PM	4:00	No	Apr	04/27/2010	07:55 PM	3:55	No	May	05/27/2010	11:14 AM	2:52	No	Jun	06/22/2010	11:00 PM	5:25	No	Jul	07/28/2010	02:00 PM	4:20	No	Aug	08/25/2010	04:05 PM	4:50	No	Sep	09/28/2010	09:00 AM	3:45	No	Oct	10/21/2010	09:10 AM	2:24	Yes	Nov	11/29/2010	05:00 PM	3:00	No	Dec	12/30/2010	05:45 AM	3:30	No	<i>3/4/2011</i>	<i>sent via email 3-4-2011</i>  <i>See attached. VAA 3/23/11</i>	<p style="font-size: x-small;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: x-small;">Date <u>3/23/11</u> Initials (DPW) <u>VAA</u></p>
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SIGNATURE OF LEGAL ENTITY <i>Sanford Stone, v.p. Health Services</i>	DATE 3/4/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/23/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
152d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	All residents did not evacuate the entire building to a public thoroughfare or to a fire-safe-area: <ul style="list-style-type: none"> <li>Resident #1 on 08/22/2010 in Building G</li> <li>Resident #2 on 09/28/2010 in Building</li> </ul> Repeated Violations: 02/02/2010	3/2/2011	Sent via e-mail 3/4/2011  See attached. WH 3/23/11	Steps have been taken to correct violation; full compliance is not verifiable 3/23/11 Date <i>WH</i> Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Sanford Stone, U.P. Health Services</i>	DATE <i>3/4/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3/23/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluation for the following residents did not include: • #3, completed 10/27/10 - immunization history. • #4 - medication regimen (attached list of medications was dated 12/01/2010 while the medical evaluation was completed on 11/19/2010).	<i>3/11/2011</i>	<i>sent via email 3/4/2011</i>  <i>See attached. UPH 3/23/11</i>	<i>[Signature]</i> Date <i>3/23/11</i> Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Cathedral Village, 600 E. Cathedral Road Philadelphia, PA 19128		CURRENT LICENSE NUMBER 129530	
INSPECTION DATES (Include all dates of the inspection) 02/02/2011		REGIONAL REPRESENTATIVE Sanford Stone, Donald Frey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Sanford Stone, V.P. Health Services</i>	DATE <i>3/4/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement. stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.		<i>3/4/2011</i>	<i>sent plan e-mail - 3/4/2011</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Cathedral Village, 600 E. Cathedral Road Philadelphia, PA 19128		CURRENT LICENSE NUMBER 129530	
INSPECTION DATES (Include all dates of the inspection) 02/02/2011		REGIONAL REPRESENTATIVE Sanford Stone, Donald Frey	
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SIGNATURE OF LEGAL ENTITY <i>See Signature v.p. Health Services</i>	DATE <i>3/4/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3/23/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	Staff persons E, F, G, H, I, J, K, L and M who administer medications and successfully completed the Department approved medication administration course have not completed the required annual practicum.	<i>3/4/2011</i>	<i>Sent via email 3/4/2011</i>  <i>See attached. 3/23/11 VHT</i>	<i>3/23/11 VHT</i>

①

VIOLATION REPORT

*Sua Signed 3/21/11*

*Kamath 3/23/11*

64c

The Administrator will complete 24 hours of annual training relating to job duties.

Correction will be completed by 4/20/2011.

Plan of Correction:

- Administrator has identified what annual training requirements are missing at this time.
- Administrator will receive annual training requirements from ~~the Healthcare Institute~~ *a source approved by the Department.* for training, to become current with annual training requirement.
- Administrator will attend and complete required training courses to meet the 24 hour requirement as per violation 64c. *WH 3/23/11*
- Vice President and Administrator will meet biannually to identify and select department approved training courses to ensure requirement 64c is met on an ongoing basis.

65d.

Direct care staff B and C will complete the Department approved direct care training course and the competency test. Direct care staff B and C will demonstrate to the Administrator their job duties.

Correction will be completed by 3/8/2011

Plan of correction:

- Administrator will arrange for direct care staff B and C to complete department direct care training course and complete competency test.
- Direct care staff B and C will demonstrate to the Administrator their job duties
- Documentation to prove the same is on file and will be sent to DPW for verification.
- A check list identifying that each staff member has completed the Department approved direct care training course and passed the competency test will be developed by the assistant Administrator by 4/3/2011
- The assistant administrator will be responsible to track the check list.

65e

Direct care staff persons D and E have will have their 12 hours of annual training relating to their job Duties completed.

Correction will be completed by 3/29/2011

Plan of correction:

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*Sue Sigmond, 3/21/11*

*Laura 3/23/11*

- Administrator will provide training for direct care staff persons D and E for their 12 hours of annual training related to their job duties.
- Assistant Administrator will develop a tracking form for each staff member identifying the annual 12 hour training requirement.
- Assistant Administrator will develop and provide each staff with a calendar of training dates and topics they are required to attend throughout the year.
- Each staff member will receive a reminder by the Assistant Administrator prior to the scheduled training topic.

65g Direct care staff persons D and E will be trained/in serviced in the required areas including: Fire safety, emergency preparedness and procedures and recognition and responses to crises and emergency situations; Resident rights; the Older Protective Services Act; falls and prevention, new population groups that are being served at the home that were not previously served.

Correction will be made by 3/8/2011

Plan of correction:

- Vice President has met with Administrator and Assistant Administrator to review regulation requirement for annual training for direct care staff.
- Administrator will provide/arrange for Direct care staff person D and E to be in serviced/trained in the above required areas.
- Assistant Administrator will be responsible for tracking staff compliance with annual training requirement.

109b Facility has obtained proof of current rabies documentation for a Cat and a Dog that were identified during inspection as facility not having this documentation on file.

Correction will be made by 3/4/2011

Plan of correction:

- Memo to all residents was sent on 2/25/2011 reminding them of the requirement to have all cats and dogs up to date on rabies vaccinations and to provide us with proof of same.
- Concierge is responsible to keep on file proof of rabies documentation on all cats and dogs.

3

*S. S. Sybil, 3/21/11*

*Y. M. M. 3/23/11*

- Concierge has developed a spread sheet to track for documentation on rabies shots for cats and dogs and for dates of when annual shots are due.
- Concierge will contact pet owners to remind them to provide us with proof of current rabies vaccinations in the event owner fails to do so.

132a Fire Drills will be held monthly as per regulation 132a.

Correction will be made by 3/4/2011

Plan of correction:

- Fire Drill was held on 2/23/2011
- Monthly Fire drill schedule has been developed and provided to all staff involved in fire drills.
- Director of Plant Services/Security is responsible to arrange for and monitor monthly fire drills.
- Vice president of Health service, President of Cathedral Village, Administrator of Assisted Living, and Director of Plant Service/Security will meet quarterly to discuss and evaluate fire drill process.

132d All residents will evacuate the entire building to a fire-safe-area designated in writing by the fire safety expert within the specified period of time.

Correction will be completed by 3/8/2011

Plan of correction:

- Director of plant services/security have received in writing from fire safety expert an evaluation of specified time period and plan for residents to evacuate to a fire-safe-area. Letter will be sent as soon we receive from fire safety expert.
- Fire safety expert will certify and evaluate evacuation plan annually during his inspection.
- Director of plant services, vice president of health services, Administrator will meet annually with fire safety expert to review evaluation.
- Director of plant service/security will be responsible to oversee that this regulation is being met.

141a Resident # 3 will have medical evaluation completed by primary physician including immunization history. Resident # 4 will have both medical evaluation and medication list completed by physician.

Correction will be completed by 3/11/2011

14

3/21/11

Plan of correction:

- Assistant Administrator will meet with Resident's physician and request that medical forms for Resident # 3 and 4 are completed correctly.
- Assistant Administrator will review all Resident medical forms for completeness.
- Administrator and Assistant Administrator will review monthly resident medical records for completeness.

190a  
completed

Staff persons E, F, G, H, I, J, K, L and M will have annual required practicum

Correction will be made by 3/7/2011

Plan of correction:

- Administrator will observe staff persons E, F, G, H, I, J, K, L, and M completing their required practicum.
- Administrator will document the above staff's completion of practicum maintain in in-service book.
- Administrator will develop a tracking form and review monthly for staff compliance.

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Cathedral Village/Assisted Living

Violation Report

132d All Residents did not evacuate the entire building to a public thorough or to a fire-safe area.

- Correction will be completed by 3/2/2011

Plan of Correction:

- Fire evacuation procedure has been explained to Resident one and two by the Administrator and the Director Security/Plan Services.
- Both Resident one and two have acknowledged that they understand the importance of
- Complying with fire drill procedures and have demonstrated this by participating in
- February's 2011 fire drill.

*Susigned 3-21-2011*

*KMM 3/23/11*