



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 21 2013

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 April 17, 2013, 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.

Your regular license for the period of July 30, 2013 to July 30, 2014 was issued on April 29, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to be "R. Melusky".

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: C A T C H PERSONAL CARE HOME		License Number: 17256
Address: 521 23 SNYDER AVENUE, PHILADELPHIA, PA 19148		County: Philadelphia
Administrator: Kathy Graham		Region: SOUTHEAST
Legal Entity Name: C A T C H INC		
Legal Entity Address: 1409 LOMBARD STREET, PHILADELPHIA, PA 19146		
Certificate(s) of Occupancy R-2 05/07/1987 City of Phila.		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Ind - Partial/Center head	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Indicator		
On-Site Inspections Dates and Department Representatives On-Site		
04/17/2013: Kazimer, Lauren; Foulkes, Kimberll		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers: 225a, 225c		Random Indicators: 25h, 26b, 90a, 101b, 141b1
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 15 Number of Residents Served: 11 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 2 Have Mental Illness: 11 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 17256 - 04/17/2013 - Kazimer, Lauren
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The home has not completed an initial assessment for resident 1, admitted on 11/28/3012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please find enclosed, a copy of the completed assessment form for resident #1. The Administrator, [REDACTED] will be responsible for ensuring that the assessments are completed within the fifteen day time line. Periodic reviews of the files by CATCH's Quality Assurance Professional will serve as a fail safe to ensure that the documentation is present and current.

Time Frame for completion - May 21, 2013

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *James F Donahue M.Ed*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James F. Donahue, Director of Residential and Emergency Services	Date 5/8/2013
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/8/13</u> (Date)	Plan of correction implementation status as of <u>5/8/13</u> (Date)
The above plan of correction was approved by <u>CRM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 17256 - 04/17/2013 - Kazimer, Lauren
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident 2 was completed on 6/30/2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please find enclosed, a copy of the updated assessment form for Resident #2. [REDACTED] the Administrator of the Home will be responsible for ensuring that the assessments are completed in a timely fashion and meet the regulatory time frames.

[REDACTED] our Quality Assurance Specialist will periodically conduct unannounced chart audits to ensure that all required documentation is present.

Time Frame for Completion - May 21, 2013

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

James F. Donahue M.Ed.

Printed Name and Title of Legal Entity Representative James F. Donahue
 (Required on EVERY Page) Director, Residential and Emergency Services

Date 5/8/2013

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The above plan of correction is approved as of

5/8/13
 (Date)

Plan of correction implementation status as of

5/8/13
 (Date)

The above plan of correction was approved by

JFDM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented