



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 04 2014

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  
License #: 172560

Dear Mr. Pescatore:

As a result of the Department of Public Welfare's licensing inspection on April 3, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period July 30, 2014 to July 30, 2015 was issued on April 23, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 17256 - 04/03/2014 - Keely, Jennifer  
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.42(o) - A resident has the right to freely associate, organize and communicate with others privately.

2a. DESCRIPTION OF VIOLATION  
 The Home Rules state, "Visitation: Residents are not permitted to visit another resident's room without prior approval of the staff member on duty. Visitors must be approved by a staff member. Visitors who have been approved are restricted to the resident lounge."

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.

The Home Rule regarding visitation was amended on April 23, 2014.  
 The amended Home Rules state that a resident has the right to freely associate, organize and communicate with others privately.

Home Administrator will ensure that policy is implemented.

*House rules were revised and renewed with all residents 4/23/14 K. Graham*

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*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James F. Donahue, Director of Residential and Emergency Services	Date April 23, 2014
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5/1/14</u> (Date)	Plan of correction implementation status as of <u>5/1/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 17256 - 04/03/2014 - Keely, Jennifer  
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION  
 The Home Rules indicate that residents rotate the responsibility of meal preparation for the home. Upon interview, the administrator confirmed that residents are assigned to meal preparation, and they are not compensated for their work.

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.

Home Rule regarding meal preparation and residents being compensated for labor performed.

The Home Rule will be amended effective on May 1, 2014. The amended Home Rule will state that direct care staff will prepare and cook all meals.

The Home Administrator will ensure that amended Home Rule is implemented.

*Amended on 4/3/14 R. Graham*

The administrator or designee will maintain a ledger of the date, time, hours of work, type of work performed, the hourly rate and total paid to each resident for work performed for the home. The resident will sign for the reimbursement paid and a copy of the ledger will be maintained by the administrator starting within 15 days of receipt of this plan of correction.

The administrator will review the ledger on a quarterly basis to ensure that the residents are fairly reimbursed for work.

*son*

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*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) James F. Donahue, Director of Residential and Emergency Services  
 Date April 23, 2014

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Violation Report: 17256 - 04/03/2014 - Keely, Jennifer  
 PCH Name: C A T C H PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care Staff Member A did not receive training on (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan; (3) Care for residents with dementia and cognitive impairments; (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration; or (5) Personal care service needs of the resident during training year June 2012 to May 2013.

**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.*

Inservice training will be given annually on medication self administration, care of residents with dementia or other cognitive impairments and a training will be arranged to discuss safe management techniques, personal care service needs of residents and various mental illness which effects our residents. The Home Administrator will be responsible for implementation. The trainings will be given by CATCH Professional staff over the course of the training year. *2014*

*R. Donahue*

Staff A will be trained on meeting the needs of residents as described on the preadmission screening form, assessment, medical evaluation and support plan; care of residents with dementia and cognitive impairments; infection control and personal care service needs of the resident and the staff's training plan will include these topics as well, within 15 days of receipt of this plan of correction. *(a)*

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*

Printed Name and Title of Legal Entity Representative James F. Donahue, Director of Residential & Emergency Services Date April 23, 2014

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 (Date)

Plan of correction implementation status as of *5/14/14*  
 (Date)

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 (Initials)

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

Violation Report: 17256 - 04/03/2014 - Keelly, Jennifer PCH Name: C A T C H PERSONAL CARE HOME	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights. (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.	
<b>2a. DESCRIPTION OF VIOLATION</b> Direct care Staff Member A did not receive training in (5) Falls and accident prevention during training year June 2012 to May 2013.	
<b>3. PLAN OF CORRECTION (POC)</b> (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.  All staff will receive training in safe footing (falls, etc.) and accident prevention during the training year. The Home administrator and program nurse will conduct the in-services. <i>during the year 2014. all new incoming staff will receive this training during Orientation. This was implemented 4/4/14.</i> <div style="text-align: right;"><i>R. Graham</i></div> <p>Staff A will receive training on falls and accident prevention within 15 days of receipt of this plan of correction.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>James F. Donahue</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James F. Donahue Director, Residential and Emergency Services	Date April 23, 2014
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <i>3/14/14</i> (Date)	Plan of correction implementation status as of <i>5/14/14</i> (Date)
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Violation Report: 17256 - 04/03/2014 - Keelly, Jennifer  
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:  
 (1) The name, position and duties of each direct care staff person.  
 (2) The required training courses for each staff person.  
 (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION  
 The home's current staff training plan does not include Medication self-administration training; Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan; Care for residents with dementia and cognitive impairments; Personal care service needs of the resident; Safe management techniques; Care for residents with mental illness or mental retardation; or Falls and accident prevention.

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.

The training plan will be amended to include medication self administration training, instruction on meeting the needs of the residents as described in the admission screening tool and support plan. A training will also be given on dealing with residents who have dementia or another cognitive impairment. Staff will also be trained in safe management techniques and how to help residents who have a mental illness. The Home Administrator and the nurse will be responsible for implementation. The trainings will be conducted in the course of the training year. *The training process will take place during the training year 2014*  
*All new staff will receive this training upon hire*

*R. Graham*

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*

Printed Name and Title of Legal Entity Representative James F. Donahue Director of Residential & Emergency Services Date April 23, 2014

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Violation Report: 17256 - 04/03/2014 - Keely, Jennifer  
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 The bed in the third floor rear bedroom does not have a source of light that can be turned on/off from bedside.

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.

A bedside table and operable lamp that can be turned on/off from bedside will be purchased and placed in resident room by April 24, 2014.

The Home Administrator will ensure that the bedroom furniture placement was implemented.

*All staff will review all lamps when completing daily room checks and report back to Administrator*

*R. Anderson*

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*

Printed Name and Title of Legal Entity Representative James F. Donahue, Director Residential and Emergency Services Date April 23, 2014

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Violation Report: 17266 - 04/03/2014 - Keely, Jennifer  
 PCH Name: C A T C H PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.103(a) - A home shall have access on the grounds to an operable kitchen with a refrigerator, sink, stove, oven, cooking equipment and cabinets or shelves for storage. If the kitchen is not in the home, the home shall have a kitchen area with a refrigerator, cooking equipment, a sink and food storage space.

**2a. DESCRIPTION OF VIOLATION**

The Home Rules prohibit the residents from using the kitchen facilities unless they are assigned to meal preparation.

**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.*

The Home Rule will be amended effective April 24, 2014. The Amended Home Rule will state that residents shall have access to an operable Kitchen at all times.

The Home Administrator will ensure that the amended Home Rule is implemented.

The administrator or designee will advise all residents that the home rules have been updated within 30 days of receipt of this plan of correction. *(initials)*

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*

Printed Name and Title of Legal Entity Representative James F. Donahue Date April 23, 2014  
 (Required on EVERY Page) Director of Residential and Emergency Services

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 (Date)

The above plan of correction was approved by *(initials)*  
 (Initials)

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

Violation Report: 17256 - 04/03/2014 - Keelly, Jennifer  
PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION  
The home's written emergency procedures have not been submitted to the municipal emergency management agency since 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.*

The Home Administrator will submit a copy of written emergency preparedness procedures plan to the Municipal Emergency Management Agency. A letter will accompany the plan and a copy of the letter will be on site.

The Home Administrator will ensure that the emergency plan is submitted annually.  
Implementation Date: May 1, 2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James F. Donau Director of Residential and Emergency Services	Date April 23, 2014
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Violation Report: 17256 - 04/03/2014 - Keelty, Jennifer  
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION  
 The fire drills from 9/11/2013 to 3/6/2014 all used the same exit routes.

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.*

Alternate Exit Routes will be utilized during fire drills. All exits will be numbered so that staff and residents can alternate these escape routes. Home Administrator will ensure that this plan is implemented.

Implementation Date: May 15, 2014

All staff will be trained on the importance of using alternative exits during fire drills within 30 days of receipt of this plan of correction. *(Handwritten mark)*

The administrator will review the fire drill records on a monthly basis to ensure that alternative exits are used to evacuate during the drills. *(Handwritten mark)*

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*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James F. Donahue Director of Residential & Emergency Services	Date April 23, 2014
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Violation Report: 17256 - 04/03/2014 - Keelly, Jennifer  
 PCH Name: C A T C H PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:  
 (1) Documentation of the receipt of controlled substances and prescription medications.  
 (2) A process to investigate and account for missing medications and medication errors.  
 (3) Limited access to medication storage areas.  
 (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

**2a. DESCRIPTION OF VIOLATION**  
 The home's procedures for the safe use of medications and medical equipment do not include procedures for documentation of the receipt of controlled substances and prescription medications.

**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.*  
 See Attached Policies effective immediately  
 New Policy on Disposal of Controlled Substances effective May 1, 2014

The policy for disposal of a controlled substance for consumers residing in a CATCH Residential Program is as follows:

All controlled substances must be accounted for at all times. When a medication is given, it must be signed for on the drug inventory sheet and the number of remaining medications must be noted. Upon receipt of all prescription medications, staff will count and review in accordance with the MAR and original physician prescription. If the physician discontinues the medication or the consumer leaves the program before finishing the full course of medicine, it is to be held in a triple lock narcotic box until the next National Drug Take Back Day.

On the day of the approved take back, the medication must be signed off for and counted by two witnesses and transported to the approved DEA site when it will be properly disposed of. The Philadelphia office of the DEA can be contacted at 215-238-5160 to ascertain the date, time and location of the disposal sites.

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*

Printed Name and Title of Legal Entity Representative James F. Donahue Director of Residential and Emergency Services Date April 23, 2014

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Violation Report: 17256 - 04/03/2014 - Keely, Jennifer  
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
 The medication administration record for Resident # 1's Buspar 15 mg at 8 am was not initialed on 4/1/2014, 4/2/2014, or 4/3/2014.

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.

Medication administration records will be signed at the time medication is administered. This will take place immediately and ongoing.

Unit nurse and home administrator will check kardex to ensure all medications are signed when administered, on a weekly basis.

Implementation Date: April 24, 2014

*Training was conducted by unit nurse and attended by all staff 4/24/2014*

*Kathy Brunson*

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*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James F. Donahue Director of Residential & Emergency Services	Date April 23, 2014
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Violation Report: 17256 - 04/03/2014 - Keelly, Jennifer  
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.223(b) - The home shall develop written procedures for the delivery and management of services from admission to discharge.

2a. DESCRIPTION OF VIOLATION  
 The home does not have written procedures for the delivery and management of services.

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 see attached Policy  
 Implementation Date: May 1, 2014 *New policy will state K. Anhem*

I. Criteria for Admission  
 Potential resident must be at least 18 years of age or older, free from any medical malady and able to evacuate the building with minimal assistance.

Criteria for Discharge  
 Any resident being discharged from the facility must be given a 30 day advance written notice along with the referral agent. The reason for discharge must be cited in the notice.

II. The Home will provide personal care assistance or supervision with ADL or IADL to include laundry, shopping, securing and using transportation, financial management, necessary appointments, care of personal possessions including obtaining seasonal clothing. The Home will also provide care management services and help attaining benefits and physical/psychiatric care as needed.

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

Printed Name and Title of Legal Entity Representative James F. Donahue  
 (Required on EVERY Page) Director or Residential and Emergency Services Date April 23, 2014

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Violation Report: 17256 - 04/03/2014 - Keeily, Jennifer  
 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  
 Page 10 of the Resident Assessment-Support Plan for Resident # 2, dated 6/30/2013, is incomplete.

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.*  
 Staff along with resident met on April 4, 2014, page 10 was completed, both staff and resident signed page 10 form after completion, Home Administrator will be responsible to check all support plans and ensure that they are complete. Implementation Date: April 14, 2014  
*Administrators will complete or make corrections upon any changes to the residents status and annually. Kelly Graham*

The administrator or designee will conduct an audit of all resident assessments to ensure that they are all complete within 30 days of receipt of this plan of correction. *2*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/17/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *James F. Donahue*

Printed Name and Title of Legal Entity Representative James F. Donahue  
 (Required on EVERY Page) Director, Residential and Emergency Services Date April 23, 2014

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