



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 15 2016

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 Human Services' annual licensing inspection on May 3, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 17258 - 05/03/2016 - Colon, Lissette
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Staff member A did not receive training in Resident rights, and Falls and accident prevention during training year 2015.

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 member A has been trained and all staff will receive training in Residents' Rights and accidents/falling prevention during the training year. The Program Coordinator and nurse will conduct the in-services.

Please see attachments

Time Frame For Completion: Immediately

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Michael Lewis, MSW

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Michael Lewis, Residential Director

Date
 May 20, 2016

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

6/3/16
 (Date)

Plan of correction implementation status as of

6/3/16
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

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Violation Report: 17256 - 05/03/2016 - Colon, Lissette
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 5/3/16 at 2:35pm, the water temperature at the sink inside the 2nd floor bathroom, measured 125.7 degrees Fahrenheit.

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 Maintenance Director has made the necessary adjustments to the Hot Water System at Sandy's House to insure that the Hot Water Temperature does not exceed 120°.

The Program Coordinator of Sandy's House will ensure that staff will check the temperature in all bathrooms on a weekly basis to insure that the temperature does not rise above 120°.

Please See Attachments

Time Frame for Completion: Immediately

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative.
 (Required on EVERY Page) *Michael Lewis, MSW*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michael Lewis, Residential Director

Date May 20, 2016

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The above plan of correction is approved as of *6/9/16*
 (Date)

Plan of correction implementation status as of *6/9/16*
 (Date)

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

The above plan of correction was approved by *[Signature]*
 (Initials)

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Violation Report: 17256 - 05/03/2016 - Colon, Lissette
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.184(c) - Sample prescription medications shall have written instructions from the prescriber that include the components specified in § 2600.184(a)

2a. DESCRIPTION OF VIOLATION

Sample package of Ventolin HFA, belonging to resident # 1 was located in the medication room. The labels for this sample did not include the following,

- The resident's name
- The name of the medication
- The date the prescription was issued
- The prescribed dosage and instructions for administration
- The name and title of the prescriber

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.

All sample medications have been reviewed by unit nurse and each sample medication has resident's name, name of medication, date prescribed, the dosage, instructions for administration and the name and title of the prescriber.

On and ongoing basis:

Sample medications will be reviewed by the unit nurse to insure that it includes the resident's name, name of medication, date prescribed, the dosage, instructions for administration and the name and title of the prescriber.

Upon receipt, the nurse will review each medication to insure that meds are ongoing or discontinued.

Time Frame for Completion: Immediately

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael Lewis, RLSW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Lewis, Residential Director	Date May 20, 2016
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The above plan of correction was approved by *ML*
 (Initials)

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Violation Report: 17256 - 05/03/2016 - Colon, Lissette
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 On 5/3/16, resident # 1's "as needed" Q-Tussin capsules were not available in the home.

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.

Resident #1 now has (as needed) Q-Tussin capsules available at the home.
 The unit nurse is responsible for ordering all medication as prescribed by physicians as well as discontinuing medication and removal of orders from medication sheets.

Upon receipt of medication, the nurse will check them against the current medication chart for accuracy.

Nurse will follow medication management/storage procedures and medication monitoring/medication log procedures 5/17/16

Please see attachments

Time Frame for Completion:
 Immediately

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael Lewis, RSW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Lewis, Residential Director	Date May 20, 2016
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The above plan of correction was approved by <i>[Signature]</i> (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 16

Violation Report: 17256 - 05/03/2016 - Colon, Lissette
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION

The home's annual medication administration training record for staff person A does not include the following,

- The training source
- The medication administration record review and observation
- The name of the trainer
- Documentation of successful completion of the training

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.

In-service training will be given to all staff for medication administration course practicum. Proof of the training will be placed in the training record and will include, name of staff, the training source, name of the Trainer, the medication administration record review and observation and documentation of successful completion of the training *is immediate*

Date of Completion: Program Coordinator will begin to schedule trainings by July 1, 2016

Moving forward the Program Coordinator will ensure the training process is followed for all staff, starting with the physical year, including preventing future violations.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael Lewis, RSW*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michael Lewis, Residential Director Date 5/20/2016

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 (Initials)

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Violation Report: 17256 - 05/03/2016 - Colon, Lissette
 PCH Name: C A T C H - PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening form for resident # 2, admitted [redacted] 16, which includes the determination that the home can meet the resident's service needs, is not dated.

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.

Preadmission Screening will be completed within 30 days of admission. The Unit Nurse will complete to assure services provided by the home will meet residents needs.

Administrator will review in 30 days of residents admission to assure completion and complete quarterly follow-ups.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael Lewis, MSW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michael Lewis, Residential Director	Date 5/20/2016
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