



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 12 2017

Ms. Kathy Ng,
Executive Director
Cathedral Village
Buildings A-L: 602 and 604
600 East Cathedral Road
Philadelphia, Pennsylvania 19128

RE: Cathedral Village
License #: 129530

Dear Ms. Ng:

As a result of the Department of Human Services' annual licensing inspection on February 23, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

1. REGULATION 66 Pa. Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A, hired on [redacted] /17, did not receive orientation general fire safety and emergency preparedness.

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.

2600.65(a)

1. 100% of ancillary staff will receive new employee orientation in compliance with PA 2600 Personal Care Home license and regulation to ensure the safety of our resident's.
2. Assistant Director of Dining Services is responsible for training all existing and any new employees going forward.
3. Any new employees hired will receive the required fire safety training in the first eight hour shift worked.
4. Moving forward all new employees hired with in the Dining Services will be assigned the two new employee orientation modules using the Relias Training website by Assistant Director of Dining Services and will not be permitted to start working until the mandatory trainings are completed.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jean Kern*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jean Kern PL Administrator* Date *3/21/17*

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

The above plan of correction is approved as of *3/23/17*
(Date)

Plan of correction implementation status as of *3/23/17*
(Date)

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

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

Violation Report: 12953 - 02/23/2017 - Kazlmer, Lauren
PCH Name: CATHEDRAL VILLAGE

1. REGULATION 56 Pa. Code §2600
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
- (1) Resident rights.
 - (2) Emergency medical plan.
 - (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 - (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
Ancillary staff person A did not receive orientation in the following topics: resident rights, emergency medical plan, Older Adult Protective Services Act, and reportable incidents.

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.

2600.65(b)

- 1. 100% of ancillary staff will receive initial orientation in compliance with 2600 Personal Care Home license and regulation. Initial training will include resident's rights, emergency medical plan, Older Adult Protective Services Act, and reportable incidents to ensure the safety of our residents.
- 2. All new employees starting in 2017 will be trained through Rellas website to be assigned on or before 3/31/2017.
- 3. Assistant Director of Dining Services is responsible for all training and will ensure compliance with new hire training effective March 16, 2017.
- 4. Moving forward all new employees hired within the dining services will be assigned the two new employee orientation modules through Rellas Training website. The Assistant Director of Dining Services will assure this is completed before allowing the employees to start working.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jean Kern*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **Jean Kern PL Administrator** Date **3-21-2017**

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(Date)

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Violation Report: 12953 - 02/23/2017 - Kazimer, Lauren
PCH Name: CATHEDRAL VILLAGE

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 2/23/17, at 3:45pm, the water temperature at the kitchen sink in apartment C201 measured 126 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.

2600.89(b)

1. Thermostat was adjusted in the resident apartment on 2/24/17 and stored hot water was drained off to activate the regeneration of water. Hot water temperature was checked one hour and the actual recorded temperature is now 117.
2. Water temperature is checked on the first Tuesday of every month by environmental services to ensure the safety of our residents.
3. Maintenance Supervisor is responsible for monthly completion of water temperature and will measure and maintain monthly compliance.
4. The request for water temperature checks are generated in the Worx Hub System on a monthly basis and are completed by the Environmental Services; and kept in an electronic record in Environmental Services Office.

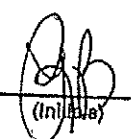
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jean Kern</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jean Kern PL Administrator	3.21.2017

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Violation Report: 12953 - 02/23/2017 - Kazlmer, Lauren

PCH Name: CATHEDRAL VILLAGE

1. REGULATION 55 Pa.Code §2600

2800.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for ear drops 0.5%, Instill 5 drops in both ears two times a week at bedtime. The pharmacy label reads, Instill 4 drops in both ears for three days.

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 PAGE.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jean Kern

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Jean Kern PC Administrator

Date

3.21.2017

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[Signature]
(Initials)

2600.184(a)

1. Violation was corrected at time of inspection by adding a staff alert label to indicate medication directions were changed and staff need to refer to chart to find the new and/or changed order.
2. 11-7 nurse supervisor is responsible for checking all new and changed medication orders to ensure all medication labels are accurate and follow the five rights of medication administration. Nurse will use electronic health record program to run a physician order history report daily and will validate that existing medications with a physician order for medication dosage change and/or adjustment are marked with the staff alert label, to ensure compliance going forward.
3. Direct care and nursing staff received training from [REDACTED] PC Administrator on March 1st on the process to review, double check and ensure accuracy of labeled medications in compliance with state regulations, to ensure the safety of our residents.
4. Any existing medication supply that can be discarded and then replaced with a new accurate pharmacy label describing the new or changed physician orders will be completed by staff whenever possible.
5. PC Manager is responsible to ensure that the process steps described above are completed going forward.

Jean Kern 3/21/2017

Jean Kern PC Administrator