



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 11 2019

Mr. Raymond A. Pescatore  
Chief Executive Officer  
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's Bureau of Human Services Licensing annual inspection on December 18, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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.

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](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  
Violation Report



Violation Report: 17268 - 12/18/2018 - Carrion, David  
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
 The contract for resident #1 was not signed by the resident or administrator.

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 and [redacted] met on 12/19/18, page 6 was signed. All other pages were completed when he was admitted on 4/4/18. Administrator will be responsible to check all pages on the day of admission.

Within 15 days of receiving POC, the Administrator or a designee will review /audit all resident's record to ensure that contracts are dully signed. 3/5/19

A-A-A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael Lewis, Residential Director* Date *2/1/2019*

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

The above plan of correction is approved as of 3/5/19  
 (Date)

The above plan of correction was approved by A-A-A  
 (Initials)

Plan of correction implementation status as of 3/5/19  
 (Date)

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

Violation Report: 17256 - 12/18/2018 - Carrion, David  
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION  
 Staff person A, the home's administrator, completed only 12 hours of annual training in training year 2017 to 2018.

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.

██████████ Administrator completed 45 hours of training off unit through the Behavioral Health Training & Education Network, pertaining to "Residential Staff Training Series", over a 8 week period ending 12/11/19. She is scheduled for an online webinar 1 1/2 hours on Tuesday, January 29, 2019.  
 She is scheduled for 3 additional 6 hour trainings at Temple University, March 19, 2019, May 29, 2019 and June 6, 2019. All scheduled upcoming training are conducted by the Department of Human Services Bureau of Human Services Licensing.

The Administrator only completed 16.5 hours of training in year 2018, and will need to complete additional 7.5 hours of training for the 2018 training year. Equally, Administrator will complete the 24 hours of required training for the year 2019. The Administrator will need to complete a total of 31.5 hours of training during the 2019 training year to be in compliance. The Administrator must complete or enroll in the trainings approved by the Department. Only half of the total required numbers of training shall be completed online. Administrator will develop a checklist to track the required training hours and thus ensure compliance with the cited reg. 3/5/19

AAA

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michael Lewis Residential Director* Date *2-1-19*

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Violation Report: 17256 - 12/18/2018 - Carrion, David  
 PCH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 04/14/2017.

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.

Administrator will create a calendar or a checklist of when fire safety drill conducted by a fire safety expert is due and thus be able to proactively schedule the same promptly. A fire drill supervised by a fire safety expert has been scheduled for the month of March 2019. 3/5/19

A-AA

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Violation Report: 17268 - 12/18/2018 - Carrion, David  
 PGH Name: C A T C H PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2 last medical evaluation was completed on 04/09/18. The previous one was completed on 02/06/17.

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 Medical Evaluation will be conducted annually for each resident, Unit Nurse will make the appointment securing the date in adequate time to assure the time frame is within 12 months or before.

Within 15 days of receiving this POC and quarterly thereafter, the Administrator or a designee will review all client's record to ensure compliance with the cited reg. Any deficiency shall be corrected promptly. 3/5/19

A-A

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Signature of Legal Entity Representative  
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*Michael Lewis*

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

*Michael Lewis Residential Director*

Date *2-1-19*

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A-A  
 (Initials)

Violation Report: 17256 - 12/18/2018 - Carlon, David  
 PCH Name: C A T C H PERSONAL CARE HOME

**1. REGULATION 65 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 medication administration training record for staff person A, does not include, an updated train the trainer certificate. The last certificate on file is dated 05/11/2017.

**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 trainer did provide a receipt of her training but there was difficulty in retrieving the actual Certificate Issued . (Harrisburg did compile information pertaining to the difficulty) 12/27/19.

For future trainings, Administrator will obtain the trainers credentials prior to the date of the Training.

Administrator or a designee will ensure that all med. training certifications are renewed as at when due and that the certifications for training are readily available for the department review. 3/5/19

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Violation Report: 17256 - 12/18/2018 - Carlton, David  
 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 11/13/2017.

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.*

Administrator met with [REDACTED] on 12/19/18, annual assessment was completed.

A monthly audit of all the charts will be conducted to assure assessment is completed in the time frame required. Administrator will conduct the audit.

The monthly audit being conducted shall be documented. 3/5/19  
 A-A.A

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