



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail rpescatore@catchinc.com
August 17, 2022

[REDACTED]
Chief Executive Officer
[REDACTED]
[REDACTED]
[REDACTED]

RE: C.A.T.C.H. Personal Care Home
521-23 Snyder Avenue
Philadelphia, Pennsylvania 19148
License #: 17256

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on June 9, 2021 and July 13, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *C.A.T.C.H. PERSONAL CARE HOME* License #: *17256* License Expiration Date: *07/30/2021*
Address: *521-23 SNYDER AVENUE, PHILADELPHIA, PA 19148*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *C.A.T.C.H., INC.*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *09/30/1987* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/09/2021*

Inspection Dates and Department Representative

06/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15* Residents Served: *15*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/09/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/02/2021*

Inspections / Reviews *(continued)*

6/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/02/2021*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 06/09/2021, the home's current license, dated July 30, 2020 through July 30, 2021, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

According to regulation 2600 3c- Post Current License, the personal care home has posted the current license in multiple conspicuous and public places inside the home and will check daily to ensure the license will remain in place.

Completion Date: 06/09/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22

5a1 - DHS Access

1. Requirements

2600.

- 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
 - 1. Agents of the Department.

Description of Violation

On 06/09/2021 at 10:10 AM, a DHS licensing rep, an agent of the Department, requested records for resident #1 and #2. Staff A could not provide them since the records were not on site.

Plan of Correction

Accept

According to regulation 2600.5.a.1. The resident records were put back on site on 6/10/21. The personal care home policies have been revised to ensure that all resident records be immediately available upon request. The records will not be removed from the premises. In addition, all staff have been trained on this policy.

Completion Date: 06/10/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 06/09/2021 at 09:50 AM, the home's medication administration record (MAR) was on the administrative assistant's desk, which was unattended and accessible. Many black folders were on the same desk unattended, one of which was labeled incident reports but contained each resident's emergency face sheet.

17 - Record Confidentiality (continued)

Plan of Correction**Accept**

On 6/9/2021 the black folders and the MAR was placed back into the nurse's office and will remain in the nursing station, to maintain confidentiality per regulation 2600.17. All staff have been trained on this regulation. Training 6/10/21

Completion Date: 06/09/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 06/09/2021 at 09:30 AM, the home's all three bathrooms used by the residents had no means of hand-drying.

Plan of Correction**Accept**

According to regulation 2600.85.a.1. Sanitary conditions shall be maintained, and the home has installed paper towel dispensers in all restrooms. The restrooms will be checked by staff each shift, for appropriate quantity daily.

Completion Date: 06/10/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 06/09/2021, [REDACTED] prescribed for resident #1 was in the home's med cart; however, the medication was discontinued on 05/05/2021. [REDACTED] prescribed for resident #3 was in the home's med cart; however, the medication was not on the resident's current order.

Plan of Correction**Accept**

According to regulation 2600.183.d The Personal Care Home disposed of the discontinued medications on 6/9/21. The program coordinator informed the nurse to follow the policy and procedures for disposal of discontinued medication. The unit nurse going forward will follow the policy and state regulations.

Completion Date: 06/09/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 06/09/2021. an opened [REDACTED] was in the basket labeled with resident #4's name. There was no open/discard after date on the pen. According to the manufacturer's instructions, the pen should be discarded 28 days after opening.

183e - Storing Medications (continued)

Plan of Correction

Accept

According to regulation 2600183.e. The unit nurse will store OTC medication and CAM in a manner that is organized and follow the manufacturer's instructions. Going forward the unit nurse has reviewed the policy and procedures on proper protocol when opening/discarding OTC medication and CAM to include documenting the date upon opening of new pen.

Completion Date: 06/09/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

Resident #4 is prescribed accu-checks three times a day. The readings on the glucometer and the log did not match on several occasions:

- 06/09 at 01:18 PM [redacted] on the log
- 06/08 at 12:25 PM [redacted]
- 06/08 at 07:53 AM [redacted]
- 06/07 at 01:07 PM [redacted]
- 06/01 at 05:04 PM [redacted]

Plan of Correction

Accept

According to regulation 2600.185.a. The home has a policy in place for proper procedures for logging accu-check readings. The unit nurse has re-trained all staff on the procedures to ensure accuracy of logging and the glucometer matches. The accu check log will be audited daily by the unit nurse.

Completion Date: 06/14/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 CM

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #5 is prescribed [redacted]. However, resident #5's June medication administration record (MAR) does not indicate the purpose/diagnosis of the medication.

Plan of Correction

Accept

Per regulation 2600187.a.12. The unit nurse has updated the MARS to include the diagnosis or purpose of each prescribed medication, including PRN. In addition, the nurse will check for this accuracy biweekly.

Completion Date: 06/10/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22

187d - Follow Prescriber's Orders

1. Requirements

2600.

187d - Follow Prescriber's Orders (continued)

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 is prescribed [REDACTED] three times a day. However, resident #4's glucometer has no readings on 05/30/2021 and 05/31/2021.

Plan of Correction

Accept

Per regulation 2600.187.d. The home will follow the directions of the prescriber by documenting accu checks daily. The unit nurse has re-trained all staff on following directions of the prescriber for all medication and treatments. The glucometer is checked after each accu check, to verify readings and the unit nurse will audit the log daily.

Completion Date: 06/14/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 CM

227i - Support Plan Accessible

1. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

On 06/09/2021, many resident records including resident #1 and #2 were not on site. The support plans for these residents were inaccessible to direct care staff.

Plan of Correction

Accept

According to regulation 2600.227.i. The records were returned to the site on 6/10/21. The personal care home policies have been updated to ensure that all resident records will be immediately available upon request. All staff have been trained on this policy.

Completion Date: 06/10/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 [REDACTED]

251d - Resident Records on Premises

1. Requirements

2600.

251.d. Separate resident records shall be kept on the premises where the resident lives.

Description of Violation

On 06/09/2021, several residents' records including resident #1 and #2 were not on site. Staff A took them home to work on.

Plan of Correction

Accept

Per regulation 2600251.d. The personal care home policies have been updated to ensure that all resident records be immediately available upon request and on the premises at all times. All records were immediately returned to the home. All staff have been trained on this policy.

Completion Date: 06/10/2021 Licensee's Proposed Date of POC Implementation

Implemented 8/16/22 [REDACTED]

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *C.A.T.C.H. PERSONAL CARE HOME* License #: *17256* License Expiration Date: *07/30/2022*
Address: *521-23 SNYDER AVENUE, PHILADELPHIA, PA 19148*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *C.A.T.C.H., INC.*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *09/30/1987* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *07/13/2021*

Inspection Dates and Department Representative

07/13/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15* Residents Served: *15*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/13/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/26/2021*

Inspections / Reviews *(continued)*

7/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/26/2021*

8/9/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed [REDACTED] 15 MG. However, resident #1's medication administration record does not indicate a diagnosis.

Plan of Correction**Accept**

Per regulation 2600.187.a.12. The unit nurse has updated the MAR to include the diagnosis or purpose of each prescribed medication, including PRN. This information will be transcribed to new MAR each month. In addition, the nurse will check for this accuracy biweekly.

Completion Date: 07/14/2021

Document Submission**Implemented**

Per regulation 2600.187.a.12. The Unit Nurse has updated the MAR to include the diagnosis or purpose of each prescribed medication, including PRN. This information will be transcribed to each MAR on a monthly basis. In addition, the nurse will check for this accuracy biweekly.