

Department of Human Services  
Bureau of Human Service Licensing

July 21, 2021

[REDACTED]  
C.A.T.C.H., INC.  
1409 LOMBARD STREET  
PHILADELPHIA, PA 19146

RE: C.A.T.C.H. PERSONAL CARE HOME  
521-23 SNYDER AVENUE  
PHILADELPHIA, PA, 19148  
LICENSE/COC#: 17256

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/13/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

[REDACTED]

Legal Entity

Name: C.A.T.C.H., INC.  
Address: 1409 LOMBARD STREET, PHILADELPHIA, PA, 19146  
[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 Year 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*

**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 Zyprexa 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