

Department of Human Services
Bureau of Human Service Licensing

May 24, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

RE: CATHEDRAL VILLAGE
600 E. CATHEDRAL ROAD
PHILADELPHIA, PA, 19128
LICENSE/COC#: 12953

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/20/2022 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 - PUBLIC

Facility Information

Name: *CATHEDRAL VILLAGE* License #: *12953* License Expiration: *06/03/2023*
Address: *600 E. CATHEDRAL ROAD, PHILADELPHIA, PA 19128*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: *04/02/2004* Issued By: *CITY OF PHILADELPHIA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *23* Waking Staff: *17*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/20/2022*

Inspection Dates and Department Representative

04/20/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* Residents Served: *22*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *22*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

04/20/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/21/2022*

Inspections / Reviews (*continued*)

05/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/04/2022

66b - Training Plan Content

1. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include training on memory support. Resident #1 has a diagnosis of [REDACTED], which would require staff to be knowledgeable in the population being served in the home.

Plan of Correction

Accept

1. The Training Plan includes 1) Communication and People with Dementia 2) Dementia Care: Challenging Behaviors and Direct Care Staff.
2. The 2 courses list above will continue to be assigned to staff upon hire and annually for completion.
3. Personal Care Manager will audit staff training records to ensure that the courses are completed as assigned.

Completion Date: 06/03/2022

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/20/22, at 3:32 pm, the injection pen for resident #2 was not properly stored while not in use and there was a smear of blood on the pen.

Plan of Correction

Accept

1. Resident completes her own glucose monitoring. The pen was cleaned immediately upon observation of the surveyor and pen was placed in a plastic bag.
2. Current residents who complete their own glucose monitoring will have the equipment checked for proper storage and cleaned by assigned Med Tech.
3. Staff was educated and a task was placed in the electronic EMAR/ETAR to check the equipment for glucose monitoring at least daily for cleanliness and proper storage for residents who self-monitor. Personal Care Home manager will complete the training.
4. An audit will be completed by PCHM or designee to ensure proper sanitation & storage of glucose equipment for residents who self-monitor. Audit will be completed weekly for 4 weeks and then monthly for 2 months.

Completion Date: 06/03/2022

132f - Alternate Exit Routes

1. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The main lobby was the only exit route used during the fire drills held from January to March 2022.

132f - Alternate Exit Routes (continued)

Plan of Correction

Accept

- 1. A Fire Drill was completed 4/21/2022 utilizing a different exit other than main lobby.
- 2. Fire Drills will be alternated to ensure that other exits are used for drills.
- 3. PCHM will educate the Director of Environmental Services on the need to alternate fire drills using different exits.
- 4. PCHM will audit fire drill records monthly for 3 months to ensure a variety of exits were used during fire drills.

Completion Date: 06/03/2022

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

- 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
- 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
- 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
- 4. Special health or dietary needs of the resident.
- 5. Allergies.
- 6. Immunization history.
- 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- 8. Body positioning and movement stimulation for residents, if appropriate.
- 9. Health status.
- 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The medical evaluation for resident #1 did not include the information for the following components:

- General physical examination
- Immunization history
- Special health or dietary needs

Plan of Correction

Accept

- 1. Resident #1 was discharge to skilled nursing care unit on 4/20/2022.
- 2. Current Residents’ Medical Evaluations have been audited to ensure that all components of the evaluation was completed.
- 3. PCHM will educate the PC licensed nurses to review Medical Evaluations as they are completed by the physician and address any blanks at the time of completion.
- 4. -PCHM or designee will audit 3 Medical Evaluations monthly for 3 months to ensure there are no blanks on the Medical Evaluations.

Completion Date: 06/03/2022

185a - Implement Storage Procedures

1. Requirements

2600.

185a - Implement Storage Procedures (continued)

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 #2 is prescribed [redacted] tablet as needed. On 4/20/22, at 3:13 pm, this medication was not available in the home.

Plan of Correction

Accept

- 1. Resident #2 had the [redacted] discontinue 4/20/2022 due non-usage. Had not used since 12/2021.
- 2. Current records were reviewed to ensure that PRN medication that was ordered was available.
- 3. PCHM or designee will educate PC med techs and licensed nurses to reorder medications when supply depleted.
- 4. PCHM or designee will audit 2 residents per month for 3 months to ensure that medications that are ordered are available.

Completion Date: 06/03/2022

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted] and [redacted] at 4:00 pm. However, resident #1 was administered [redacted] and [redacted] tablet on 2/16/22 at 4:00 pm.

Plan of Correction

Accept

- 1. Resident #1 had no ill effects from the incorrect medication. The staff member was re-educated at the time of the error regarding the 5 Rights for medication administration.
- 2. Medication Errors will be reported to DHS when identified.
- 3. PC med techs and licensed nurses will be re-educated to scan all medications and identify the resident & medication using the 5 Rights.
- 4. PC Registered Nurse or PC LPN will conduct 1 random employee medication observation audit weekly for 1 month and monthly for 2 months to ensure the correct medication is administered.

Completion Date: 06/03/2022

221a - Program Activities

1. Requirements

2600.
221.a. The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

Description of Violation

On 4/20/22, staff person A, confirmed the home does not have a program of activities designed to promote the active involvement of residents with families and the community. That are being offered in the personal care section of the home due to a staffing shortage.

221a - Program Activities (continued)

Plan of Correction**Accept**

1. A monthly calendar specific to Personal Care programs was created for daily programs in addition to the community wide calendar of events.
2. Residents will be invited and encouraged to attend programs on the Personal Care Unit.
3. PC Staff and Community Life Manager will be educated to create and perform programs on the Personal Care Unit.
4. PCHA or designee will conduct a weekly audit for 1 month and monthly for 2 months to ensure the staff are creating and performing scheduled programs.

Completion Date: 06/03/2022

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #3, dated [REDACTED], indicates the resident has a need for communication assistance due to having aphasia. The resident's support plan, dated [REDACTED] does not document how the communication needs will be met.

Plan of Correction**Accept**

1. Resident #3's support plan has been updated to include: Allow resident time to respond, staff to anticipate needs, paper and pen available for resident to use to write down what [REDACTED] wants. [REDACTED] refused a white board. When [REDACTED] responds with an answer, [REDACTED] doesn't want to say, [REDACTED] will show frustration. State the opposite of what [REDACTED] said and [REDACTED] will nod and sometimes say yes if [REDACTED] agrees that is the correct answer. Also, ask [REDACTED] to show you. [REDACTED] can point to what [REDACTED] is trying to express.
2. No other residents were identified as needing communication assistance.
3. PCHM will educate Licensed Nurses to ensure that items identified on the RASP requiring needs will have those needs addressed with interventions on the Support Plan.
4. PCHM or designee will conduct 2 resident audits monthly for 3 months to ensure that the Support Plan addresses resident needs.

Completion Date: 06/03/2022