

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

December 12, 2022

[REDACTED]  
C.A.T.C.H., INC.  
[REDACTED]

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 review on 08/04/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *CATCH PERSONAL CARE HOME* License #: *17256* License Expiration: *07/30/2023*  
 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: *13* Waking Staff: *10*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/04/2022*

**Inspection Dates and Department Representative**

*08/04/2022 On Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *15* Residents Served: *13*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *11*  
 Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**08/04/2022 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/26/2022*

**08/30/2022 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *12/12/2022*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/04/2022*

Inspections / Reviews *(continued)*

09/02/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/12/2022

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/30/2022

12/12/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/12/2022

Reviewer: [REDACTED] Follow-Up Type: Not Required

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident #1. However, The home's financial records do not include the dates, amounts deposits and the current balance.

The home manages the finances for resident #2. However, The home's financial records do not include the dates, amounts deposits and the current balance.

POC Submission

Accept ( [redacted] - 09/02/2022)

According to regulation 2600.20.b. The home has implemented protocol to keep record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance. Resident 1 and 2's financial records have been updated, by Corporate Controller on 8/24/22. The protocol was developed by Residential Director in conjunction with Chief Financial Officer. Staff has been trained on protocol, training was conducted on 8/11/22 by Residential Director, [redacted]. As part of newly implemented protocol, finance department will provide monthly reconciliation which will be reviewed with resident and site manager on a monthly basis.

Upon receipt of monthly records from Corporate Finance Department, Program Manager, will review records with each resident individually. This review will be recorded in a finance log, that will be audited monthly by Residential Director.

Licensee's Plan Completion Date: 09/01/2022

Implemented ( [redacted] - 12/12/2022)

20b8 - Quarterly Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident #1 has not received a quarterly account of financial transactions since 2022.

Resident #2 has not received a quarterly account of financial transactions since 2022.

POC Submission

Accept ( [redacted] - 09/02/2022)

According to regulation 2600.20.b. The home has implemented protocol to provide residents with an itemized account of financial transactions made on the resident's behalf on a quarterly basis. Staff has been trained on protocol, training was conducted on 8/11/22 by Residential Director, Jamal Lawler. As part of newly implemented protocol, finance department will provide monthly reconciliation which will be reviewed with resident and site manager on a monthly basis.

20b8 - Quarterly Account (continued)

Upon receipt of monthly records from Corporate Finance Department, Program Manager, will review records with each resident individually. This review will be recorded in a finance log, that will be audited monthly by Residential Director.

Licensee's Plan Completion Date: 09/01/2022

Implemented (████ - 12/12/2022)

25c1 - Personal Needs Allowance

3. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 1. Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure. A contract to the contrary is not valid. A personal needs allowance is the amount that a resident shall be permitted to keep for his personal use.

Description of Violation

The resident-home contract for resident #1, █████, dated █████/20, does not specify that the resident shall retain a personal needs allowance. The current personal needs allowance is █████.

POC Submission

Accept (████ - 09/02/2022)

According to regulation 2600.25.c. The resident-home contract has been amended to specify the personal needs allowance in the amount of █████. In addition to resident 1's contract, all other contracts were revised by Program Manager on 8/29/22.

Licensee's Plan Completion Date: 09/01/2022

Implemented (████ - 12/12/2022)

26a - Quality Management Plan

4. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not implemented it's quality management plan as it has not conducted a quality management review since 07/01/2021.

POC Submission

Accept (████ 09/02/2022)

According to regulation 2600.26.a. The quality management plan was completed, reviewed and implemented on 8/11/22 by Residential Director. The Program Manager will audit quarterly, beginning with the review that was conducted on 8/11/22. This quarterly audit will ensure that regulation is met.

Licensee's Plan Completion Date: 09/01/2022

Implemented (████ - 12/12/2022)

65a - FS Orientation 1st Day

5. Requirements

65a - FS Orientation 1st Day (continued)

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.

**Description of Violation**

Staff person A, whose first day of work was [REDACTED] 2021, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire safe area in the event of an actual fire, smoking safety procedures, the home s smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person B, whose first day of work was [REDACTED] /2021, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire safe area in the event of an actual fire, smoking safety procedures, the home s smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

**POC Submission**

Accept ([REDACTED] - 09/02/2022)

According to 2600. 65.a All current staff members including Staff persons A&B have been trained on evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location the designated meeting place outside the building in the event of an actual fire, the home’s smoking policy, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services. This training took place on 8/11/22. Policy has been updated to include this orientation for all new hires. Training sign in sheet is included in POC. Training was completed by Residential Director. Fire drill log will be audited monthly by Program Manager to ensure that regulation is met.

Licensee's Plan Completion Date: 09/01/2022

Implemented [REDACTED] 12/12/2022)

65b - Rights/Abuse 40 Hours

**6. Requirements**

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.

65b - Rights/Abuse 40 Hours (continued)

- 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.

**Description of Violation**

Staff person A completed his/her 40th scheduled work hour on [REDACTED]/2021. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Staff person B completed his/her 40th scheduled work hour on [REDACTED]/2021. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

**POC Submission**

**Accept** [REDACTED] - 09/02/2022)

According to 2600.65.b All current staff members including Staff persons A&B have been trained on resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act 35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions. This training took place on 8/11/22. Policy has been updated to include this orientation for all new hires. Training sign in sheet is included in POC.

Training was conducted by Residential Director. Program Manager will ensure that regulation is met during new hire process. Human Resources Manager has been trained to confirm this training in new hire files.

Licensee's Plan Completion Date: 09/01/2022

**Implemented** [REDACTED] - 12/12/2022)

65d - Initial Direct Care Training

**7. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.

65d - Initial Direct Care Training (continued)

- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**Description of Violation**

Direct care staff person A, hired on [REDACTED]/21, began providing unsupervised ADL services on [REDACTED]/21. However, the staff person did not complete the following initial direct care staff person training: Safe management techniques, ADLs and IADLs, Personal hygiene, Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities, The normal aging-cognitive, psychological and functional abilities of individuals who are older, Implementation of the initial assessment, annual assessment and support plan, Nutrition, food handling and sanitation, Recreation, socialization, community resources, social services and activities in the community, Gerontology, Staff person supervision, if applicable, Care and needs of residents with special emphasis on the residents being served in the home, Safety management and hazard prevention, Universal precautions, The requirements of this chapter, Infection control, Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Direct care staff person C, hired on [REDACTED]/18, began providing unsupervised ADL services on [REDACTED]/18. However, the staff person did not complete the following initial direct care staff person training: Safe management techniques, ADLs and IADLs, Personal hygiene, Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities, The normal aging-cognitive, psychological and functional abilities of individuals who are older, Implementation of the initial assessment, annual assessment and support plan, Nutrition, food handling and sanitation, Recreation, socialization, community resources, social services and activities in the community, Gerontology, Staff person supervision, if applicable, Care and needs of residents with special emphasis on the residents being served in the home, Safety management and hazard prevention, Universal precautions, The requirements of this chapter, Infection control, Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**POC Submission**

Accept ([REDACTED] - 09/02/2022)

According to regulation 2600.65.d. Program manager has ensured that all current direct care staff persons hired after April 24th 2006 have completed initial direct care training. Policy is in place to ensure that all new hires complete initial direct care training prior to providing unsupervised ADL services. Staff persons A and C recompleted direct care training on [REDACTED]/22.

Human Resources Manager has been trained to confirm this training in new hire files.

Licensee's Plan Completion Date: 09/01/2022

Implemented ([REDACTED] - 12/12/2022)

107d - Procedure Emergency Management Agency Submission

**8. Requirements**

- 2600.
- 107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**Description of Violation**

The home's written emergency procedures have not been submitted to the municipal emergency management agency since December 24, 2020.

107d - Procedure Emergency Management Agency Submission (continued)

POC Submission

Accept [redacted] - 09/02/2022)

According to regulation 2600.107.d. The written emergency procedures have been reviewed, updated and submitted to the Philadelphia Office of Emergency Management.

Procedures were reviewed by Residential Director and submitted by Program Manager.

Emergency procedures are included in the files that will be audited quarterly, to ensure that regulation is met.

Licensee's Plan Completion Date: 09/01/2022

Implemented [redacted] - 12/12/2022)

132d - Evacuation

9. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The Fire Inspection letter dated 11/30/21, does have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

July 21, 2021, at 4 pm, the evacuation time was 3 minutes and 43 seconds.

August 1, 2021, at 9 pm, the evacuation time was 3 minutes and 10 seconds.

September 8, 2021, at 7:25 pm, the evacuation time was 3 minutes.

October 21, 2021, at 5:20 pm, the evacuation time was 2 minutes and 45 seconds.

November 18, 2021, at 10 pm, the evacuation time was 3 minutes and 25 seconds.

December 8, 2021, at 12:15 am, the evacuation time was 3 minutes and 30 seconds.

January 7, 2022, at 7 pm, the evacuation time was 4 minutes.

February 1, 2022, at 10 am, the evacuation time was 3 minutes.

POC Submission

Accept [redacted] - 09/02/2022)

According to regulation 2600.132.d All current staff members have been trained on maximum safe evacuation time, that is not to exceed 2 minutes 30 seconds during fire drills. This training took place on 8/11/22. Fire drill conducted on 8/12/22 met maximum safe evacuation time. Copy of fire drill record included.

Training was completed by Residential Director.

Program Manager will audit monthly to ensure that regulation is met.

Licensee's Plan Completion Date: 09/01/2022

Implemented [redacted] 12/12/2022)

132f - Alternate Exit Routes

10. Requirements

2600.

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

132f - Alternate Exit Routes (continued)

**Description of Violation**

The 521 building and 523 building was the only exit route used during the fire drills held from July 2021 to July 2022.

**POC Submission**

Accept (████ - 09/02/2022)

According to regulation 2600.132.f All current staff members have been trained on alternate exit routes during fire drills. This training took place on 8/11/22. Fire drill conducted on 8/12/22 utilized alternate exit route. Copy of fire drill record included.

Training was completed by Residential Director.

Program Manager will audit monthly to ensure that regulation is met.

Licensee's Plan Completion Date: 09/01/2022

Implemented (████ 12/12/2022)

224a Preadmission Screen Form

**11. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident #3 was admitted to the home on █████/20; however, the resident's preadmission screening form was not completed.

**POC Submission**

Accept (████ - 09/02/2022)

According to 2600.224.a. preadmission screening for resident 3 dated █████/20 meets the time frame requirements. Preadmission screening was located on site after completion of inspection. A copy is included.

The document was located clipped to another document, in the wrong section of chart.

Residential Director has audited all resident files to ensure that documents are present, and in proper order.

Residential Director has created a blank resident chart, which demonstrates proper placement of each document.

Program Manager has been trained to compare live charts to blank chart during quarterly audit process.

Licensee's Plan Completion Date: 09/01/2022

Implemented (████ - 12/12/2022)