

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

November 3, 2023

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

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 09/13/2023 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: C.A.T.C.H. PERSONAL CARE HOME License #: 17256 License Expiration: 07/30/2024
 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 L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 14 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/13/2023

Inspection Dates and Department Representative

09/13/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 15 Residents Served: 14
 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: 13
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

09/13/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/12/2023

10/03/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/02/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/08/2023

Inspections / Reviews *(continued)*

10/06/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 11/02/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 10/31/2023

11/03/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 11/02/2023

Reviewer: [REDACTED] Follow Up Type: Not Required

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed [redacted] once a week on [redacted]. Resident #1's September medication administration record (MAR) does not include the initials of the staff person who administered it on [redacted] at [redacted]

Plan of Correction

Accept [redacted] - 10/06/2023)

According to regulation 2600.187.b. Each staff member will be re-trained on proper medication administration, to include recording at the time of medication administration. Training is scheduled for 10/06/23, and will be conducted by Residential Director. Residential Director will conduct weekly audit to ensure effectiveness of training.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented [redacted] - 11/03/2023)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [redacted] twice a day at [redacted] and [redacted]. However, this medication was not administered to resident #2 from [redacted] at [redacted] til [redacted] at [redacted] because the medication was not available in the home.

Plan of Correction

Accept [redacted] - 10/06/2023)

Resident #2's [redacted] order was discontinued by the prescriber as of [redacted], this discontinuation was not reflected on MAR. MAR was updated by Program Coordinator on 09/13/23 to reflect current order. Each staff member will be re-trained on proper medication administration, to include following the directions of the prescriber. Training is scheduled for 10/06/23, and will be conducted by Residential Director. Residential Director will conduct weekly audit to ensure effectiveness of training.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented [redacted] - 11/03/2023)

190a - Completion Medication Course

3. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A is the medication administration trainer of the home. Staff A's medication administration

190a - Completion Medication Course (continued)

trainer-the-trainer certificate is valid through 04/14/2025.

According to staff B's initial medication training certificate completed by staff A, staff B passed the training on 06/30/2023 with only 2 medication administration observations dated 06/30/2023 and 07/07/2023, rather than with the required 4 medication administration observations.

Staff A signed staff C's initial medication training as passed on 01/04/2022 with only 2 observations and staff D's on 07/01/2022 with only 1 observation dated 12/30/2022. Instead of completing the annual practicum consisting of 2 medication administration observations and 2 medication administration record reviews for staff C and D for the year 2023, staff A repeated the initial training with only 2 medication administration observations with passing date of 06/30/2023.

Plan of Correction**Accept** (████) - 10/06/2023)

According to regulation 2600.190.a. All staff members will repeat the annual practicum, to consist of two medication administration observations as well as two medication administration record reviews for the current year. The training will be conducted on 10/06/23, by Residential Director. Effective October 2023 quarterly audit of training file will be conducted by Residential Director and Administrator to ensure that training files are accurate and complete.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented (████) - 11/03/2023)**227d - Support Plan Medical/Dental****4. 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 ██████████, indicates the resident has a need for ██████████. The resident's support plan, dated ██████████ does not document how this need will be met.

Plan of Correction**Accept** (████) 10/06/2023)

According to regulation 2600. 227. d. the resident assessment support plan for resident #3 has been updated by Program Coordinator to include meeting the resident's need regarding aggression. Resident #3's RASP was updated on ██████████, upon return from hospitalization. The resident will continue to meet with his therapist five times per week, during these sessions the WRAP method of therapy will be utilized. Staff in the home will utilize coping methods presented by the therapist to redirect resident #3 when aggression is displayed. Resident #3 is scheduled to resume therapy sessions as of ██████████. All RASPs have been reviewed by Program Coordinator, to ensure accuracy of support plans. As of 10/02/23 all RASPs have been determined to be accurate. New internal protocol has been implemented to include review of all updates to support plans by Program Coordinator and Administrator. Residential Director will conduct quarterly audit of RASPs, effective October 2023.

Licensee's Proposed Overall Completion Date: 10/04/2023

Implemented (████) - 11/03/2023)