

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

April 7, 2025

[REDACTED]  
CATHEDRAL VILLAGE

[REDACTED]  
C/O PRESBYTERIAN SENIOR LIVING  
[REDACTED]

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

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/27/2025 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: CATHEDRAL VILLAGE License #: 12953 License Expiration: 06/03/2025  
 Address: 600 E. CATHEDRAL ROAD, PHILADELPHIA, PA 19128  
 County: PHILADELPHIA Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: CATHEDRAL VILLAGE  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [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: 21 Waking Staff: 16

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 02/27/2025

**Inspection Dates and Department Representative**

02/27/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 50 Residents Served: 21  
 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: 21  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

02/27/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/28/2025

03/25/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/04/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/04/2025

Inspections / Reviews *(continued)*

04/07/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 23a - Activities of Daily Living Assistance

## 1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

## Description of Violation

The assessment and support plan dated [REDACTED], for resident [REDACTED] indicates the resident requires assistance with eating. Per Support plan staff members are to encourage and assist resident [REDACTED] with eating due to poor vision. On [REDACTED], per resident [REDACTED] interview, assistance with eating was not provided with their evening snack.

## Plan of Correction

Accept [REDACTED] - 03/25/2025)

1. PCHA immediately obtained an order from physician for PC staff to provide resident [REDACTED] with HS snack on 2/27/2025.
2. An audit was conducted of all residents' support plans to ensure residents are receiving required assistance with eating on 3/19/2025.
3. PCHA will reeducate PC med techs and LPNs on the importance of appropriately following the support plans by 3/28/2025.
4. An audit will be completed by PCHA or designee to ensure that support plans are being followed. Audit will be completed weekly for 4 weeks and monthly for 2 months beginning 3/31/2025.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] - 04/07/2025)

## 42c - Treatment of Residents

## 2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

## Description of Violation

On [REDACTED] at 4pm, resident [REDACTED] was approached by staff member A who was speaking in a loud voice, demanding resident [REDACTED] stop saying that a snack was not provided to them the previous night. Upon having their blood glucose checked the morning of [REDACTED], Resident [REDACTED] reported that the reason their glucose was low was because they were not provided with their usual evening snack on [REDACTED].

During a shift change on [REDACTED], Staff member B reminded staff member A to provide a snack to resident [REDACTED] in the evening, because resident 1 indicated they did not receive one the night before.

Per resident [REDACTED] interview, staff member A came into residents room around 4pm, and began yelling loudly at resident [REDACTED] telling them, they did provide a snack for the resident and asking "Why did you not get it?". Staff Member A was yelling loud enough that staff members and other residents in adjacent rooms and down the hall were able to hear that a verbal altercation was happening.

Staff member A reported leaving the snack on a counter in the residents room, but due to the resident's low vision need, they were unaware that a snack had been provided and they were unable to see it on the counter. Per resident [REDACTED] current support plan, staff members are to encourage and assist with eating as needed due to poor vision. Staff

42c Treatment of Residents (continued)

member A rudely informed resident [REDACTED] that it was not their responsibility to actually give them a snack.

Plan of Correction

Accept [REDACTED] - 03/25/2025)

1. PCHA immediately placed staffed member A on administrative leave [REDACTED] PCHA immediately reported the incident to DHS on [REDACTED] and additional organizations as appropriate. Staff member A was terminated on 3/3/2025.
2. An audit was conducted on 2/14/2025 for all other PC residents that were on staff member A's assignment to determine if any other residents felt their rights were violated. No variances noted.
3. PCHA will reeducate all PC staff on the Abuse, Neglect, or Exploitation policy and resident rights by 3/28/2025.
4. An audit will be completed by PCHA or designee to ensure residents' rights are not being violated. An audit will be completed weekly for 4 weeks and then monthly for 2 months beginning 3/31/2025.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] - 04/07/2025)

227e - Self Administer Medication

3. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident [REDACTED] assessment, dated [REDACTED] does not correctly address the resident's ability to self administer medications. Per resident [REDACTED]'s medical evaluation dated [REDACTED], resident [REDACTED] cannot self administer medications, however Resident [REDACTED] support plan dated [REDACTED] is marked as resident [REDACTED] can self administer with assistance in offering medications at the prescribed times. Resident [REDACTED] does not self administer their own medications.

Plan of Correction

Accept [REDACTED] - 03/25/2025)

1. PCHA had PCP correct resident [REDACTED] DME to reflect that resident [REDACTED] can self administer certain medications on 3/19/2025.
2. An audit was conducted of all residents that currently self administer medications to ensure that their DMEs and RASPS correctly address the resident's ability to self administer medications on 3/19/2025.
3. PCHA or designee will reeducate PCPs and CRNPs on the correct way of completing the DME. PCHA will reeducate PC staff on ensuring support plans correctly address the residents' ability to self administer medications by 3/28/2025.
4. An audit will be completed by PCHA or designee monthly for 3 months to ensure residents' ability to self administer medications is correctly addressed beginning 3/31/2025.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [REDACTED] 04/07/2025)