

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

December 8, 2025

[REDACTED], CATCH INC
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 10/20/2025 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: C.A.T.C.H. PERSONAL CARE HOME License #: 17256 License Expiration: 07/30/2026
 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: 15 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/20/2025

Inspection Dates and Department Representative

10/20/2025 - 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: 15 Are 60 Years of Age or Older: 9
 Diagnosed with Mental Illness: 15 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

10/20/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/15/2025

11/17/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/05/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/20/2025

Inspections / Reviews *(continued)*

11/19/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/05/2025

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 12/05/2025

12/08/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/05/2025

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

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff persons A did not receive training in resident rights during training year 2024.

Staff persons B did not receive training in resident rights or the Older Adult Protective Services Act during training year 2024.

Plan of Correction

Accept (█ - 11/19/2025)

In response to the recent violation, we took immediate corrective action to ensure full staff compliance with all required training mandates.

Actions Taken:

- Training and Compliance: The two staff members involved received the required training on October 20, 2025.
- Comprehensive Audit: A full audit of all employee files was completed on October 21, 2025, confirming a 100% compliance rate across all current staff.

Sustained Compliance Plan:

To maintain compliance moving forward, we have established the following process:

1. Annual Training Schedule: All staff members will receive annual required training for the new calendar year on January 1 and 2, 2026.
2. Post-Training Audit: Upon completion of these trainings, a follow-up comprehensive audit will be conducted on January 5, 2026.
3. Training Tracker System: A chart tracker will be implemented for the audit and will be used to monitor ongoing compliance.
 - New hires will be added to this tracker during their onboarding process.
 - The Program Coordinator will maintain the tracker and conduct semi-annual audits of employee files using this tool.
 - The Residential Director will monitor the tracker to ensure consistent compliance.

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented (█ - 12/08/2025)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 - Furniture and Equipment (continued)

Description of Violation

On 10/20/2025 at 9:38 am, the showerhead in the bathroom at the top of the second-floor stairs at 523 Snyder Ave. was spouting water from its neck.

Plan of Correction

Accept (█) - 11/19/2025)

In response to the violation, the administrator took immediate action on 10/20/25 to replace all shower heads. The facilities maintenance department replaced all shower heads to assure that they would be working correctly. Program coordinator will check bi-weekly to ensure that all shower heads are in good repair, clean and free from hazards. Bi-weekly checks were implemented as of 10/20/25.

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented (█) - 12/08/2025)

132b - Safety Inspection/Fire Drill

3. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 8/3/2025. The previous annual observed fire drill occurred on 3/14/24.

Plan of Correction

Accept (█) - 11/17/2025)

In response to the violation, the administrator took immediate action on 10/20/2025 to ensure that fire safety inspections and fire drills are conducted and scheduled annually in coordination with a fire safety expert. To enhance current compliance operations, the administrator collaborated with the facilities manager on 10/20/2025 to develop a plan for scheduling annual inspections. The facilities manager will be responsible for coordinating these inspections annually with the fire safety expert and will notify the administrator of the scheduled date. Additionally, the administrator will create an annual fire safety reminder in Google Calendar to be reminded annually when the inspection is due, along with reviewing the annual training schedule. This new process is set to be completed by 1/1/2026 Starting on 1/1/2026, the administrator will perform these audits for one year to maintain ongoing compliance with regulation 2600.132. Any deficiencies identified will be corrected immediately, and all findings will be documented and reviewed internally to promote continuous improvement. The annual fire drill with the fire safety expert is due in July 2026.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented (█) - 12/08/2025)

225a - Assessment 15 Days

4. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

225a - Assessment 15 Days (continued)

Description of Violation

Resident #1's assessment, dated [REDACTED], states that the resident is independent with financial management, but the resident receives assistance from a case manager with finances.

Plan of Correction**Accept ([REDACTED] - 11/19/2025)**

The Program Coordinator immediately updated the Resident Assessment Support Plan on 10/20/25 to reflect the resident's need for assistance with finances.

Going forward, we are implementing a quarterly audit process, beginning on 1/1/26:

The Program Coordinator will conduct quarterly audits of Assessments and full participant charts utilizing a chart tracker.

Findings will be immediately updated by the Program Coordinator on the chart tracker for resolution.

The Residential Director will monitor the chart tracker.

Quarterly Review Meetings will take place between the Program Coordinator and Residential Director to discuss the results of the audits.

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented ([REDACTED] - 12/08/2025)