

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

September 11, 2025

[REDACTED], ADMINISTRATOR  
CATHEDRAL VILLAGE

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 review on 08/07/2025 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,

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *CATHEDRAL VILLAGE* License #: *12953* License Expiration: *06/03/2026*  
 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 Phila.*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/07/2025*

**Inspection Dates and Department Representative**

*08/07/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *50* Residents Served: *24*

**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: *24*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**08/07/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/31/2025*

**09/02/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *09/11/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/14/2025*

Inspections / Reviews *(continued)*

09/11/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, whose date of hire is [REDACTED], does not have a PA Patch criminal background check in their file.

Plan of Correction

Accept ( [REDACTED] - 09/02/2025)

- 1. HR personnel immediately requested a criminal history background check for staff person A on 8/7/2025. PCHA provided with copy of criminal background check.
- 2. An audit was conducted on 8/11/2025 for all PC staff to ensure a criminal background check was on file. No variances noted.
- 3. HR staff were re-educated on requirement to have a criminal background check on file prior to employee start date.
- 4. HR or designee will conduct an audit monthly for 5 months starting 9/2/2025 to ensure all new PC hires have criminal background checks.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented ( [REDACTED] - 09/11/2025)

103c - Food Protected

2. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 8/7/2025 at 10:15 AM there were four 5-gallon containers of ice cream that did not have the lids securely closed, stored in the ice cream freezer in the dining room.

Plan of Correction

Accept ( [REDACTED] - 09/02/2025)

- 1. Nutrition coordinator immediately covered ice cream containers with labeled plastic wrap on 8/7/2025. Plastic wrap provided to kitchenette for replacement.
- 2. PCHA ensured ice cream containers were properly covered and stored on 8/7/2025. Director of Dining purchased plastic lids for ice cream containers on 8/26/2025.
- 3. Director of Dining Services, Assistant Director of Dining Services, Nutrition Coordinator and Dining Room Supervisor were re-educated on the importance of having all food properly stored .
- 4. An audit will be completed by Director of Dining Services or designee to ensure food in the kitchenette is properly stored/covered. Audit will be completed weekly for 4 weeks and then monthly for 2 months starting 9/2/2025.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented ( [REDACTED] - 09/11/2025)

103e - Left Overs

3. Requirements

2600.

103e - Left Overs (continued)

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated plate of sausage, bacon and potatoes in the microwave in the personal care kitchen.

Plan of Correction

Accept ( ) - 09/02/2025

1. Nutrition coordinator immediately removed the food from the microwave on 8/7/2025.
2. PCHA ensured food was removed from the microwave on 8/7/2025.
3. Director of Dining Services, Assistant Director of Dining Services, Nutrition Coordinator and Dining Room Supervisor were re-educated on the importance of having all food labeled and dated.
4. An audit will be completed by Director of Dining Services or designee to ensure food in the kitchenette is labeled and dated. Audit will be completed weekly for 4 weeks and then monthly for 2 months starting 9/2/2025.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented ( ) - 09/11/2025

171b4 - Staff Training

4. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

Staff persons B and C transport residents to medical appointments unaccompanied by direct care staff, however, staff persons B and C have not completed the initial new hire direct care staff person training.

Plan of Correction

Accept ( ) - 09/02/2025

1. Staff persons B and C were enrolled in the direct care staff training on 8/20/2025 and 8/15/2025, respectively. Staff person B completed DCS training 8/22/2025 and staff person C completed DCS training on 8/21/2025. PCHA provided with copies of certifications.
2. An audit was conducted on 8/8/2025 to ensure all security team members that drive have DCS training. Variances noted and addressed.
3. PCHA re-educated Security Supervisor of the requirement to have drivers and team members that drive complete the DCS training.
4. Security Supervisor or designee will conduct an audit once a month for 4 months starting 9/2/2025 to ensure all newly hired drivers complete direct care staff training.

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented ( ) - 09/11/2025

181f - Record of Medication

5. Requirements

2600.

181f - Record of Medication (continued)

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 8/7/25, resident 1's record did not include a current list of medications. The list in the resident's record did not include the following medications which were in the resident's room:

- Gabapentin 100 mg
- Fluticasone Propionate 50 mcg nasal spray
- Acetaminophen PM 500 mg cap
- Nystatin Topical Powder, USP 100000 u/gm .

Plan of Correction

Accept (█) - 09/02/2025)

1. Upon resident's return from LOA on █ PCHA removed medications not needed by resident and obtained a list of current meds that resident self-administers with Dr. orders.
2. An audit was conducted on 8/18/2025 to ensure all residents that self-administer medications only have prescribed medications in their rooms. Variances noted and addressed.
3. PCHA or designee reeducated LPNs and med techs that residents that self-administer medications may only have medications currently prescribed to them.
4. PCHA or designee will conduct an audit once every two weeks for 6 weeks and then once monthly for 3 months to ensure all medications of self-administering residents are prescribed starting 9/2/2025.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented (█) - 09/11/2025)

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 8/7/2025, at 1:12 PM, Brimonidine Tartrate Ophthalmic Solution prescribed to resident 2, was in the home's medication cart, open, without an open date noted. According to the manufacturer's instructions this medication is to be discarded 4 weeks after opening.

Plan of Correction

Accept (█) - 09/02/2025)

1. PCHA immediately removed undated eye drops from medication cart and reordered new eye drops on 8/7/2025.
2. An audit was completed on 8/7/2025 to ensure all eye drops have open date listed. No variances noted.
3. PCHA or designee reeducated LPNs and med techs on the proper storage and expiration of medications such as eye drops.
4. PCHA or designee will conduct an audit weekly for 4 weeks and monthly for 3 months starting 9/2/2025 to ensure all eye drops in med cart are properly dated.

183e - Storing Medications (continued)

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented ( ) - 09/11/2025

185a - Implement Storage Procedures

7. Requirements

2600.

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 3 is prescribed Tylenol Oral tablet 325 mg (Acetaminophen), give 2 tablets by mouth every 6 hours as needed. On 8/7/2025, at 1:38 PM, this medication was not available in the home.

Plan of Correction

Accept ( ) - 09/02/2025

1. PCHA obtained order from provider to discontinue PRN medication on 8/12/2025 due to nonuse.
2. An audit was conducted on 8/11/2025 to ensure there are PRN medications available in the medication cart for all active PRN orders. Variances were found and were corrected.
3. PCHA or designee reeducated LPNs and med techs that all PRN medications must be available in the medication cart for all active PRN orders.
4. PCHA or designee will audit 2 residents per month for 3 months starting 9/2/2025 to ensure that PRN medications that are ordered are available.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented ( ) - 09/11/2025

187b - Date/Time of Medication Admin.

8. 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 4 is prescribed Acetaminophen 500 mg tab, 2 tablets 3 times a day, every 8 hours. Resident 4's July 2025 medication administration record does not include the initials of the staff person who administered Acetaminophen 500 mg tab, 2 tablets on 7/3, 7/26 and 7/27 at 10:01 PM.

Resident 5 is prescribed Meloxicam 15 mg tablet, 1 by mouth every day, and, Duloxetine 30 mg capsule, delayed release, 1 capsule by mouth every day. Resident 5's July 2025 medication administration record does not include the initials of the staff person who administered Meloxicam 15 mg tablet, and Duloxetine 30 mg capsule on 7/25 at 9:01 AM.

Plan of Correction

Accept ( ) - 09/02/2025

1. PCHA ensured residents 4 and 5's medications were properly administered and documented for 8/7/2025.
2. An audit was conducted on 8/12/2025 of all residents' MARs for the previous 5 days to ensure proper documentation of administration. Variances noted and addressed.
3. PCHA or designee reeducated LPNs and med techs on how to appropriately document medication administration, medication refusal, etc.

**187b - Date/Time of Medication Admin. (continued)**

4. PCHA or designee will conduct an audit of 2 residents per week for 4 weeks and once monthly for 3 months to ensure all medications are being properly documented starting 9/2/2025.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented (█) - 09/11/2025)

**227d - Support Plan Medical/Dental****9. 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 1, dated █ indicates the resident has a need for securing and using transportation, and making and keeping appointments. The resident's support plan, dated █, does not document how these needs will be met.

The assessment for resident 2, dated █ indicates the resident has a need for irritability. The resident's support plan, dated █, does not document how this need will be met.

**Plan of Correction**

Accept (█) - 09/02/2025)

1. PCHA added descriptions of service plan to resident 1 and 2's RASPS on 8/8/2025.
2. Audit conducted on 8/11/2025 to ensure remaining residents' RASPS include descriptions of service plan. Variances noted and addressed.
3. PCHA reeducated LPNs on the requirement to have a description on RASP of how residents' needs will be met.
4. PCHA or designee will conduct 2 resident audits monthly for 3 months to ensure that the Support Plan addresses resident needs starting 9/2/2025.

Licensee's Proposed Overall Completion Date: 09/05/2025

Implemented (█) - 09/11/2025)

**252 - Record Content****10. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.

252 - Record Content (continued)

- 8. A list of prescribed medications, OTC medications and CAM.
- 9. Dietary restrictions.
- 10. A record of incident reports for the individual resident.
- 11. A list of allergies.
- 12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
- 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
- 14. A support plan.
- 15. Applicable court order, if any.
- 16. The resident’s medical insurance information.
- 17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
- 18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
- 19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
- 20. The financial records of residents receiving assistance with financial management.
- 21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
- 22. Copies of transfer and discharge summaries from hospitals, if available.
- 23. If the resident dies in the home, a copy of the official death certificate.
- 24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
- 25. A copy of the resident-home contract.
- 26. A termination notice, if any.

**Description of Violation**

*Resident 2's record does not include a photograph of the resident that is no more than 2 years old.*

*Resident 4's record does not include a photograph of the resident that is no more than 2 years old.*

**Plan of Correction**

**Accept (█ - 09/02/2025)**

- 1. PCHA obtained new photograph of residents 2 and 4 on 8/11/2025.
- 2. Old EHR system did not date resident photos. PCHA took new photos of all residents, on 8/11/2025. New EHR system automatically dates photos.
- 3. PCHA reeducated LPNs on the requirement that photos must be less than 2 years old and to notify PCHA to re-take necessary photos.
- 4. PCHA or designee will conduct an audit once a month for 4 months to ensure all new resident’s photos are hand dated starting 9/2/2025.

**Licensee's Proposed Overall Completion Date: 09/05/2025**

**Implemented (█ - 09/11/2025)**