pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ST ANNE'S RETIREMENT COMMUNITY INC**
LEGAL ENTITY

To operate **ST ANNE'S RETIREMENT COMMUNITY**
NAME OF FACILITY OR AGENCY

Located at **BDG D-FL 1 A; BDG 2-FL 2 ABC, 3952 COLUMBIA AVENUE, COLUMBIA, PA 17512**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **75**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 17, 2026** until **May 28, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **321790**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

MAILING DATE: NOVEMBER 17, 2026

St. Anne's Retirement Community, Inc.
[redacted]
3952 Columbia Avenue
Columbia, Pennsylvania 17512

RE: St. Anne's Retirement Community
License #: 321790

Dear St. Anne's Retirement Community, Inc.

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 14, 2026 and October 15, 20206 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time.

A change to the physical space for the Secured Dementia Care Unit is as follows:
Building D, 1st Floor, A-Wing

Personal Care will continue to be located at:
A, B, C Wings, 2nd Floor, Building 2

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your REVISED license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

November 13, 2026

[redacted]
ST ANNE'S RETIREMENT COMMUNITY INC
3952 COLUMBIA AVENUE
[redacted]
COLUMBIA, PA, 17512

RE: ST ANNE'S RETIREMENT COMMUNITY
3952 COLUMBIA AVENUE
A.B & C WINGS, 2ND FL. BLDG. 2
COLUMBIA, PA, 17512
LICENSE/COC#: 32179

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/14/2026, 10/15/2026 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: *ST ANNE'S RETIREMENT COMMUNITY* **License #**: *32179* **License Expiration**: *05/28/2027*

Address: *3952 COLUMBIA AVENUE, A.B & C WINGS, 2ND FL. BLDG. 2, COLUMBIA, PA 17512*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted]

Legal Entity

Name: *ST ANNE'S RETIREMENT COMMUNITY INC*

Address: *3952 COLUMBIA AVENUE, ATTN: ASHLEY CREEK, PCHA, COLUMBIA, PA, 17512*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *09/10/2026* **Issued By**: *West Hempfield Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *53* **Waking Staff**: *40*

Inspection Information

Type: *Full* **Notice**: *Announced* **BHA Docket #**:

Reason: *Renewal, New* **Exit Conference Date**: *10/15/2026*

Inspection Dates and Department Representative

10/14/2026 - On-Site: [redacted]

10/15/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* **Residents Served**: *44*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *20* **Residents Served**: *9*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *2* **Are 60 Years of Age or Older**: *44*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *9* **Have Physical Disability**: *0*

Inspections / Reviews

10/14/2026 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/06/2026*

Inspections / Reviews *(continued)*

10/30/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *11/13/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *11/13/2026*

11/13/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *11/13/2026*

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

42s - Privacy

1. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has video recording of the entrances and exits. However, the home does not have signs posted in these areas to indicate that images are being recorded, and residents are not informed at admission that these areas are subject to video recording.

Plan of Correction ***Accept [redacted] - 10/30/2026)***

St. Anne's currently has signs posted stating that the premises are under 24 hours video surveillance. Additional temporary signage has been posted stating these premises are under 24 hours video / recording surveillance. We have ordered new permanent vinyl signage to replace the old and temporary signs posted.
The Personal Care Resident Handbook section under security has been updated to include verbiage stating that the premises are under 24 hours video recording / surveillance.

Licensee's Proposed Overall Completion Date: *10/28/2026*

Implemented [redacted] - 11/13/2026)

91 - Telephone Numbers

2. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the personal care dining room or in memory care unit.

Plan of Correction ***Accept [redacted] - 10/30/2026)***

Both of these phones currently had the 911 sticker on them.
The Resident Care Coordinator immediately posted our facility magnet that contains information on: Emergencies, Local Hospitals, Ambulance, Fire, Police, Emergency Mgmt Agency, Poison Control, and the Personal Care Complaint Line.
On 10/27/2026 Personal Care Administrator audited all personal care floor common area phones to ensure compliance.
Personal Care Administrator will audit all personal care floor common area phones on a monthly basis for the next 12 months to ensure on-going compliance.

Licensee's Proposed Overall Completion Date: *10/31/2026*

Implemented [redacted] - 11/13/2026)

103e - Left Overs

3. Requirements

103e - Left Overs *(continued)*

2600.
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 were two clear plastic containers with green lids, a plastic container covered in saran wrap as well as two plastic bags containing unlabeled, undated food in the kitchen walk-in freezer.

Plan of Correction ***Accept ([redacted] - 10/30/2026)***

The food in the main kitchen walk in freezer, was prep food moved from the original container to a smaller container for prep. This was not left over food or food that was going to be used a second time.
The Executive Chef, immediately labeled and dated the items.
To ensure on-going compliance, the General Manager of Dining Services will audit this area on a weekly basis.
The Vice President of Community Services oversees the entire dining department and will review the audits over the next 12 months.

Licensee's Proposed Overall Completion Date: *10/30/2026*

Implemented ([redacted] - 11/13/2026)

121a - Unobstructed Egress

4. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 10/14/26 at 9:21 AM, emergency exit door #14 would not open, blocking egress from the home's dining room stairwell.

Plan of Correction ***Accept [redacted] - 10/30/2026)***

The Vice President of Environmental Services immediately resolved the issue of the door sticking.
The Personal Care Administrator opened and checked every potential exit door off the PC unit to ensure that there were no other issues with any exit doors.
Security will audit all Personal Care exiting doors on a weekly basis to ensure that they are functioning properly and safely.
The Vice President of Environmental Services will review those audits on a monthly basis for the next 12 months to ensure on-going compliance.

Licensee's Proposed Overall Completion Date: *10/30/2026*

Implemented [redacted] - 11/13/2026)

184a - Resident's Meds Labeled

6. Requirements

184a - Resident's Meds Labeled *(continued)*

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is prescribed Hydrochlorothiazide Oral Tablet 12.5 mg, give 1 tablet by mouth in the afternoon. However, the medication label states take one tablet by mouth every morning.

Resident #1 is prescribed Simvastatin 20mg, give 1 tablet by mouth in the afternoon. However, the medication label states take one tablet by mouth at bedtime.

Plan of Correction ***Accept ([redacted] - 10/30/2026)***

Resident # 1 brought medications from home and was not taking them as the label indicated, as [redacted] took them at one time for ease of administration. PCP gave orders at time of admission to administer as [redacted] was taking them when [redacted] lived independently.
The Resident Care Coordinator immediately placed "directions changed refer to chart" stickers on the medication bottles.
On 10/29/2026 the Personal Care Administrator reviewed all prescription medications that are in bottles to ensure that the medication label matched the MAR.
An audit tool was created for the night shift LPN to audit all prescription medications that are in bottles on a weekly basis to ensure on-going compliance.
The Resident Care Coordinator will review the audit on a monthly basis for the next 12 months to ensure completion and on-going compliance.

Licensee's Proposed Overall Completion Date: *10/30/2026*

Implemented [redacted] - 11/13/2026)

225c - Additional Assessment

7. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's assessment, completed [redacted]/26 indicated the resident has no behavioral or cognitive needs related to communication of needs. However, staff interviews indicated Resident #1 struggles with word-finding and "word salad".

Resident #2's assessment, completed [redacted]/26, indicated the resident has no personal care needs related to bladder management. However, the resident is diagnosed with Frequency of Micturition requiring medication and an internal ladder device since 2/17/2025.

225c - Additional Assessment *(continued)*

Plan of Correction ***Accept [redacted] - 10/30/2026)***

Personal Care RASPs are completed by the LPN supervisor.
Personal Care Resident Care Coordinator updated Resident #1's assessment to indicate that resident has difficultly communicating needs under sensory communication and communication of needs. Staff will provide gentle reassurance and assist resident in expressing [redacted] needs or desires with visual cues. Staff will anticipate resident needs and desire with physical cues given by resident.
Personal Care Resident Care Coordinator updated Resident # 2's assessment under description of service needs - bladder management - that Resident has an Axonics internal bladder device and that the POA is responsible to charge the device as ordered.
Resident Care Coordinator will audit 10% of Resident's RASPs on a monthly basis to ensure on-going compliance over the next 12 months.

Licensee's Proposed Overall Completion Date: *10/30/2026*

Implemented [redacted] - 11/13/2026)