



JUL 19 2013

Ms. Mary Turnbaugh, President  
St. Anne's Retirement Community, Inc.  
St. Anne's Retirement Community  
A, B & C Wings, 2<sup>nd</sup> FL. Bldg. 2  
Attn: Heather Weiss, PCHA  
3952 Columbia Avenue  
Columbia, Pennsylvania 17512

Dear Ms. Ingram:

As a result of the Department of Public Welfare's licensing inspection on March 13, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period of June 10, 2013 to June 10, 2014 was issued on March 29, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a long horizontal flourish extending to the right.

Ronald Melusky  
Director

Enclosure  
Violation Report



**Violation Report:** 32179 - 06/13/2013 - McCloskey, Jason  
**PCH Name:** ST ANNE S RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

The fire drill record for 1/29/13 shows 47 residents present in the home and 44 evacuated. The fire drill record for 4/30/13 shows 47 residents present in the home and 42 evacuated. The Administrator states that the number of residents listed as being present on the home's fire drill record reflect each day's census and not the actual number of residents present during the drills.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Fire drills will be continued as per DEP regulation and instruction from [REDACTED] Fire drill record will tabulate number of Residents present on the unit at time of Fire Drill.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) Heather Weiss PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Heather Weiss PCHA</u>	Date <u>6/25/13</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7-3-13 (Date)

Plan of correction implementation status as of 7-3-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by HE (Initials)

Violation Report: 32179 - 06/13/2013 - McCloskey, Jason  
 PCH Name: ST. ANNE S RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was admitted on 5/1/13. The resident's medical evaluation was included in the resident's record, however, the date that the resident was evaluated and the date that the form was completed were blank.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Education has been provided to Physician and Staff on dates and signature documentation on all DME. And a system back up check is now in place, to be utilized by the Administrator or designee. -SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Heather Weiss PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Heather Weiss PCHA

Date

6/25/13

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Violation Report: 32179 - 06/13/2013 - McCloskey, Jason  
 PCH Name: ST ANNE S RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 On 6/13/13, Cyanocobalamin, 1000 mcg/ml, prescribed for Resident #3, was present in one of the home's two medication carts. This medication was discontinued on 4/19/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Education has been provided to all Med-Techs; LPN; and Direct Care Staff regarding discontinued medication procedure. A policy is already in place and has been reaffirmed. Medication carts will be audited weekly for expired and or discontinued medications, by the Administrator or designee. -SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Heather Weiss PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather Weiss PCHA</i>	Date <i>6/25/13</i>
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