

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CITIZENS ACTING TOGETHER CAN HELP INC
LEGAL ENTITY

To operate ANNA'S HOUSE
NAME OF FACILITY OR AGENCY

Located at 1208-1212 SOUTH 15TH STREET, PHILADELPHIA, PA 19146
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

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 16
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 December 23, 2014 until December 23, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 140300

Robert E. Robinson
ISSUING OFFICER


ACTING DIRECTOR

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 23 2014

Mr. Raymond A. Pescatore, CEO
Citizen Acting Together Can Help, Inc.
1409 Lombard Street
Philadelphia, Pennsylvania 19146

RE: Anna's House
1208-1212 South 15th Street
Philadelphia, Pennsylvania 19146
License #: 140300

Dear Mr. Pescatore:

As a result of the Department of Human Services' licensing inspection on October 9, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

Violation Report: 14030 - 10/09/2014 - Kazimer, Lauren
PCH Name: ANNA S HOUSE

1. REGULATION 55 Pa.Code §2500
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 10/9/2014, resident #1's glucometer was being stored in a blood and bodily fluids container, and the face plate of the glucometer had blood on it. The glucometer was not labelled with the resident's name.

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.

The glucometer was sanitized immediately and labeled with the residence's name. The soiled container was cleaned and discarded. A new container was provided for the glucometer and the diabetic supplies.

The unit nurse and assigned staff will ensure that the glucometer will be sanitized after each usage. Administrator will monitor weekly.

Unit nurse will conduct trainings on how to clean and store glucometers. This Training will be conducted on December 17, 2014. All staff will be required to take training. Sign in sheets will be available on training day to insure that all staff are present.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *John A. Bumbaca*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) John A. Bumbaca, Mental Health Dir. Date 12/5/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/16/14
(Date)

Plan of correction implementation status as of 12/16/14
(Date)

The above plan of correction was approved by [Signature]
(Initials)

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

Violation Report: 14030 - 10/09/2014 - Kazimer, Lauren
PCH Name: ANNA'S HOUSE

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

There were three black vinyl and metal dining room chairs stacked in the dining area that were ripped, exposing the foam cushioning on the seats.

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.

The three black and metal dining room chairs that were ripped, exposing the foam cushioning on the seats have been discarded and replaced with chairs that are in good repair, clean and free of hazards.

In the future, staff assigned by the Boarding Home Administrator will conduct a daily assessment of all furniture and equipment.

Furniture/equipment that is reported broken or that no longer functions properly will be replaced within seven days.

The Boarding Home Administrator will conduct a monthly review of all furniture and equipment to insure that they are in good repair, clean and free of hazards.

Furniture and equipment that begin to show signs of excessive wear will be replaced as soon as possible.

Facilities Director will be notified immediately of any broken, ripped or hazardous furniture or equipment that needs to be removed from Facility. This equipment and/or furniture that needs to be removed will be stored in yard area until the Facilities personnel comes to take it away.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]* M. Ed.

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) John A. Bumbaca, Mental Health Dir. Date 12/5/14

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Violation Report; 14030 - 10/09/2014 - Kazimer, Lauren
PCH Name: ANNA S HOUSE

1. REGULATION 55 Pa.Code §2600

2600.104(b)(3) - Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

2a. DESCRIPTION OF VIOLATION

According to staff person A and as observed in an inspection of the home's kitchen, styrofoam plates, bowls, and cups, and plastic utensils are being regularly used for meals in the home.

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.

Plastic Plates, bowls, cups and utensils will be replaced with standard non-paper, non-plastic dining plates, cups, bowls and utensils.

Boarding Home Administrator will purchase non-paper/non-plastic dining plates, cups, bowls and utensils.

This will be completed by December 9, 2014.

Repeat Violation; No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *John A. Bumbaca M.Ed.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John A. Bumbaca, Mental Health Dir. Date 12/5/14

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Violation Report: 14030 - 10/09/2014 - Kazimer, Lauren
PCH Name: ANNA S HOUSE

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

There was an accumulation of lint in the lint trap of the dryer on the second floor.

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.

Staff will be assigned by the Program Administrator to insure that lint is removed from the lint trap and drum of clothes dryer after each use.

The Program Administrator will conduct random inspections of the clothes dryer lint trap and drum to insure that the above safety procedure is being followed.

Date of completion: Immediately

The administrator will place a sign over the dryer that reminds staff to remove lint after each use, within 10 days of receipt of this plan of correction.

The administrator will train all staff on the importance of removing lint from the dryer due to the increase fire safety risks associated with lint in a dryer within 10 days of receipt of this plan of correction.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) John A. Bumbaca, Mental Health Dir. Date 12/5/14

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Violation Report: 14030 - 10/09/2014 - Kazimar, Lauren
PCH Name: ANNA S HOUSE

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

- There were no staff initials on the medication administration record for Resident #5's Clobetasol 0.05% at 9AM on 10/4 and 10/5, at 5PM on 10/2, 10/3, 10/4, 10/5, and 10/7, and at 9PM on 10/1, 10/2, 10/5, and 10/7. There were no staff initials for resident #5's Cogentin 1mg at 9PM on 10/7, and for Ketotifen 0.025% eye drops at 9PM on 10/2, 10/4, 10/5, and 10/7. There were no staff initials for Lach Hydrin topical at 9AM on 10/4 and 10/5, and the 9PM administration on 10/2, 10/3, 10/4, and 10/5.

- There were no staff initials on the medication administration record for resident #6's Ammonium Lactate 12% topical at 9AM on 10/1, 10/2, 10/3, 10/4, 10/5, 10/8, 10/7, 10/8, and 10/9. There were no staff initials for Resident #8's Cogentin 1mg and Risperidal 3mg at 9PM on 10/5.

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.

All medication certified staff will be retrained on the proper procedure to sign out medication and the importance of initialling each dispensed medication properly.

The Unit nurse will review Medication Administration Records daily and will report any medication errors to Administrator.

Administrator will complete an incident report immediately. All staff will be retrained by December 9, 2014.

The administrator or designee will review the MAR daily to ensure that medication administration record information is recorded at the time of administration, starting within 10 days of receipt of this plan of correction.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John A. Bumbaca, Mental Health Dir. Date 12/5/14

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Violation Report: 14030 - 10/09/2014 - Kazimer, Lauren
PCH Name: ANNA S HOUSE

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

- Resident #4's initial assessment was completed on 10/23/2013; the home was newly licensed on June 23, 2014.
- Resident #5's initial assessment was completed on 10/23/2013; the home was newly licensed on June 23, 2014.
- Resident #6's initial assessment was completed on 10/23/2013; the home was newly licensed on June 23, 2014.

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.

New initial assessments will be redone with appropriate date. All new initial assessments on the above residents will be completed by December 9, 2014.

New initial assessments on the remaining residents will be completed by no later than December 22, 2014.

In the future, all initial assessments will be completed within 15 days of admission by the Boarding Home Administrator or Unit Case Manager.

Boarding Home Administrator will conduct a review of assessments monthly, to insure that all assessments are in compliance.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *John A. Bumbaca M.Ed.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) John A. Bumbaca, Mental Health Dir. Date: 12/5/14

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