



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 05 2018

Ms. Heather Weiss, PCHA/LPN
Personal Care Home Administrator
St. Anne's Retirement Community, Inc.
3952 Columbia Avenue
Columbia, Pennsylvania 17512

RE: St. Anne's Retirement Community
A, B & C Wings, 2nd Floor
Building 2
Certificate #: 321790

Dear Ms. Weiss:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 13, 2018 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32179 - 08/13/2018 - Comstock, Kellie
 PCH Name: ST ANNE S RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Dawn Mist Anticavity Flouride Toothpaste, Baza Cleanse and Protect All-in-One Perineal Lotion 8oz spray, and Secret Deodorant 2.6oz, all had manufacturer's labels indicating, "if swallowed call poison control." These items were found unlocked and accessible in Resident #5's bedroom in the secure dementia care unit. Residents of the home, including Resident #5, have not been assessed capable of recognizing and using poisons safely.

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 personal care items are to be put away and locked in cabinet in room after each use. Re-education has been implemented to all staff.

Staff will be instructed to check all areas of the home for poisonous materials at least once per shift. Any poisonous materials not in use will be made locked and inaccessible to residents immediately.

PCHA will include the above measures of improvement during the home's periodic quality management reviews. - GE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jennifer Fischer

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

Jennifer Fischer

Date 10/9/18

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

The above plan of correction is approved as of 10/31/18
 (Date)

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

Plan of correction implementation status as of 10/31/18
 (Date)

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

Violation Report: 32179 - 08/13/2018 - Comstock, Kellie
PCH Name: ST ANNE S RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #2, dated 8/10/18, does not include the resident's height, weight, pulse rate, temperature or blood pressure.

The medical evaluation for Resident #5, dated 5/30/18, does not include the medical professional's license number.

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.

Ongoing audits will be continued to ensure each area on DME is properly completed. This will be audited by PCHA designee.

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Violation Report: 32179 - 08/13/2018 - Comstock, Kellie
PCH Name: ST ANNE S RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

On the following dates and times, Resident #3's glucometer readings did not correspond with blood sugar readings recorded on the resident's medication administration record (MAR):

- 8/1/18 at 6:00 am: Glucometer: 96, MAR: 97
- 8/6/18 at 4:00 pm: Glucometer: 94, MAR: 98
- 8/7/18 at 6:00 am: Glucometer: 62, MAR: 102
- 8/7/18 at 4:00 pm: Glucometer: 182, MAR: 187
- 8/9/18 at 4:00 pm: Glucometer: 146, MAR: 142

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 glucometers were given out with correct date and time settings on glucometer. Correlation with readings, time, and date will be documented in EMAR as ordered

All staff conducting blood sugar testing will be re-educated on the use of glucometers, testing equipment and documenting accurate information on the MAR's, as well as reviewing the home's policies regarding 2600.185a, by the PCHA or designee by 11/30/18. These measures will be discussed at the home's next Quality Management Review. - GE

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Violation Report: 32179 - 08/13/2018 - Comstock, Kellie
 PCH Name: ST ANNE S RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 The medication administration record for Resident #1 does not include the diagnosis or purpose for SAME 400mg.
 The medication administration record for Resident #2 does not include the diagnosis or purpose for Spironolactone 25mg.

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.

Re-education has been educated to staff upon acknowledging new orders in EMAR system to ensure there is a diagnosis with each medication. During daily chart checks new orders will be reviewed for a second check.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Fischer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Fischer</i>	Date 10/9/18
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Violation Report: 32179 - 08/13/2018 - Comstock, Kellie
PCH Name: ST ANNE S RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
The support plans for Residents #1, #2, #3 and #6 were not signed or dated by the assessor.

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.

Ongoing audits will be continued to ensure each area on RASP is properly completed. This will be audited by PCHAI designee.

All support plans will be signed and dated by the individuals who participated in the development of the plans. - GE

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