



October 21, 2019

Ms. Jennifer Fischer  
Personal Care Home Administrator  
St. Anne's Retirement Community, Inc.  
Attn: Heather Weiss, PCHA  
3952 Colombia Avenue  
Colombia, Pennsylvania 17512

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

Dear Ms. Fischer:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on July 25, 2019 the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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.

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](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 "Kevin Hancock", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: *ST ANNE'S RETIREMENT COMMUNITY*

License Number: 32179

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

County: *LANCASTER*

Region: *CENTRAL*

## Administrator

Name: *Jennifer Fischer*

Phone: *7172855443*

Email:

## Legal Entity

Name: *ST ANNE'S RETIREMENT COMMUNITY INC*

Address: *3952 COLUMBIA AVENUE, ATTN: JENNIFER FISCHER PCHA, COLUMBIA, PA, 17512*

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *01/30/2001*

Issued By: *Labor and Industry*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *67*

Waking Staff: *50*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*07/25/2019 - On-Site: Israel Springs, Jason McCloskey*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *75*

Residents Served: *49*

### Secured Dementia Care Unit

In Home: *Yes*

Area: *Memory Care*

Capacity: *20*

Residents Served: *18*

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *10*

Are 60 Years of Age or Older: *49*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *18*

Have Physical Disability: *0*

17 - Record Confidentiality

Regulations

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 7/25/19 at 4:29 pm, the narcotics log, containing confidential resident information, was unlocked, unattended and accessible on top of the medication cart.

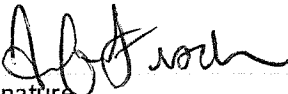
Plan of Correction (POC)

(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.)

Narcotics log to be kept in locked med cart when not in use at all times.

\*Within 15 days from the approval date of this plan, all staff responsible for medication administration will receive reeducation on the new procedures for storing the narcotics log and an overall review of storage procedures for confidential information. BAS 8/15/19

Legal Entity Representative

  
Signature

Jennifer Fischer, PCMA  
Printed Name and Title

8/12/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/15/19 (Date) Plan of correction implementation status as of 9/17/19 (Date)

The above plan of correction was approved by BAS (Initials)  Fully Implemented  Partially Implemented - Adequate Progress  Partially Implemented - Inadequate Progress  Not Implemented

82c - Locking Poisonous Materials

Regulations

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.

Description of Violation

A bottle of bleach with a manufacture's label indicating "if swallowed call a doctor or poison control center", was unlocked, unattended, and accessible to residents in the Secured Dementia Care Unit laundry room cabinet. None of the residents in the unit have been assessed as capable of using poisons safely or able to avoid poisonous materials.

Repeat Violation: 8/13/2018

Plan of Correction (POC)

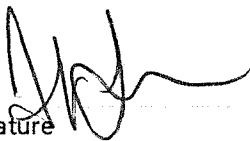
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Bottle of bleach removed at the time of inspection. New lock put on laundry door room that same day.

\*Within 15 days from the approval date of this plan, all staff will receive reeducation on the procedures for storing the poisonous materials. A log to document each staff member's participation in the retraining will be provided to the Department for review.

Staff will be instructed to check all areas of the home for poisonous materials at least once per shift. In addition, the administrator, and/or designee, will check areas of the home to ensure that areas storing poisonous materials are appropriately locked. Any poisonous materials not in use will be secured and made inaccessible to residents immediately. An investigation into the cause will be made by the administrator and remedial action(s) will be implemented. BAS 8/15/19

Legal Entity Representative

Signature 

Jennifer Fischer, ALHA  
Printed Name and Title

8/12/19  
Date

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(Date)

Plan of correction implementation status as of 9/17/19  
(Date)

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

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

181d -Storing Medication

Regulations

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Residents #2 and #3 self-administer medications and store medications in their rooms.

On 7/25/19 at approximately 11:10 am, Resident #2's Albuterol Sulfate, Bumetanide, Symbicort inhaler, Flonase nasal inhaler, bottle of Azopt eye drops, and bottle of Ketotifen Fumarate were unlocked, unattended, and accessible on the kitchenette counter in her room.

On 7/25/19 at approximately 11:47 am, Resident #3's roll of pharmacy prepacked medications were unlocked, unattended, and accessible on the nightstand in her room.

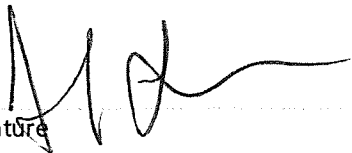
Plan of Correction (POC)

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Residents Re-educated on properly storing medications back in locked cabinet after each use.

\*Within 15 days from the approval date of this plan, all staff will receive reeducation on the procedures for proper storage of medications in resident rooms. A log to document each staff member's participation in the retraining will be provided to the Department for review. Staff will be instructed to check for proper storage of medications each time a staff member is in a resident's room. BAS 8/15/19

Legal Entity Representative

Signature 

Jennifer Fischer PCMA 8/12/19  
Printed Name and Title Date

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185a - Implement Storage Procedures

Regulations

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

Upon comparison of the actual blood sugar measurements in Resident #3's glucometer and the documented entries in the Medication Administration Record (MAR), the following documentation errors were identified:

Date	Time	Glucometer	MAR
7/2/19	1600	177	149
7/3/19	1600	209	201
7/11/19	1600	121	127

Repeat Violation: 8/13/2018

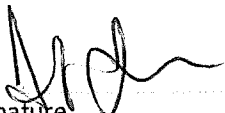
Plan of Correction (POC)

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Staff Re-educated on ensuring proper documentation is being completed. Monthly Audits on MAR for each individual on accuchecks in place.

(Continued on Page 5A)

Legal Entity Representative

  
Signature

Jennifer Fischer RCHA  
Printed Name and Title

8/12/19  
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2600.185(a) Continued:

\*For a period of two weeks commencing upon the approval date of this plan, the home will perform weekly audits consisting of a comparison of the MAR with the readings stored on each resident's glucometer. After the two week period of audits, the home will perform the audits on a monthly basis as previously stated on Page 5.

In the event a discrepancy is found, the staff member responsible for the documentation error will have a complete medication pass observed by the home's medication administration "Train-the Trainer" within five days.

Documentation of the weekly MAR/Glucometer audits will be provided to the Department for review. Documentation of the monthly audits will be maintained by the home for Department review upon request.

Documentation of a staff person's additional med pass observation(s) as a result of the audits will be maintained in the staff person's file for Department review.

BAS 8/15/19

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The home utilizes an electronic locking system on the doors of it's Secure Dementia Care Unit that operates through the use of a key pad and the input of a code. The code for operating the locking mechanism is not conspicuously posted near each of these doors.

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.)

Key pads code sheet posted near device for operating locked mechanism.

\*Within 15 days from the approval date of this plan, all staff who provide services within the Secured Dementia Care Unit will receive education the posting of the codes and the need to immediately inform administration when a code sheet is not posted or a posted code is not correct. BAS 8/15/19

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