



**Sent via e-mail rpescatore@catchinc.com
February 20, 2020**

Mr. Raymond A. Pescatore
Chief Executive Officer
Citizens 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 13, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Claire Mendez". The signature is written in a cursive, flowing style.

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: ANNA'S HOUSE License Number: 14030
 Address: 1208-1212 SOUTH 15TH STREET,, PHILADELPHIA, PA 19146
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: Kimberly Drake Phone: 2155516540 Email: RPESCATORE@CATCHINC.COM

Legal Entity

Name: CITIZENS ACTING TOGETHER CAN HELP INC
 Address: 1409 LOMBARD STREET, PHILADELPHIA, PA, 19146

Certificate(s) of Occupancy

Type: R-4 Date: 02/27/2006 Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 16 Waking Staff: 12

Inspection

Type: Full BHA Docket #: Notice: Unannounced
 Reason: Renewal

Inspection Dates and Department Representative

11/13/2019 - On-Site: David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 16 Residents Served: 16

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 16

Number of Residents Who:

Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 16
 Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

ANNA'S HOUSE

14030

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

There was no carbon monoxide located in the basement, where gas appliances are being use.

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.)

December 19, 2019 Sonitrol will be going to Anna's house to do the install of the carbon monoxide detector

Legal Entity Representative

Michael Lewis

Signature

Michael Lewis Residential Dir - 12/18/2019

Printed Name and Title

Date

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The above plan of correction is approved as of 2/18/2020 (Date)

Plan of correction implementation status as of 2/18/2020 (Date)

The above plan of correction was approved by

CM
(Initials)

Implemented
 Not Implemented

65f - Training Topics

Regulations

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
 1. Medication self-administration training.
 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 3. Care for residents with dementia and cognitive impairments.
 5. Personal care service needs of the resident.
 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A and B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, personal care service needs of the resident, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2018 to 2019.

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 Coordinator is responsible for ensuring all direct care staff will receive training on the required annual training topics for direct care staff. In addition, the Program Coordinator will have the direct care staff complete these trainings by 12/31/2019 for the current training year. The direct care staff will have web training during the 12-month cycle to ensure the direct staff person completed 12 hours of training relating to the duties of a direct care staff. Going forward the program coordinator will add to the training schedule and include the following trainings as required annually: medication self-administration training, meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, support plan, care for the residents with dementia and cognitive impairments, personal care service needs of the resident, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year. Sign in sheets will be made available on the training day and certificates will be printed

Legal Entity Representative


 Signature

Michael Lewis Res Director
 Printed Name and Title

12/18/2019
 Date

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ANNA'S HOUSE

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65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 5. Falls and accident prevention.

Description of Violation

Staff person A and B did not receive training in falls and accident prevention during training year 2018 to 2019.

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 person A and B was immediately trained in falls and accident prevention for 2019. The task of ensuring the required trainings are complete is the responsibility of the homes program coordinator. The coordinator will follow the regulatory guidelines 2600.65.6 and incorporate said trainings in the homes annual training plan. Training on each specific topic listed under this regulation will be conducted every year for all direct care staff persons.

Legal Entity Representative

Michael Lewis

Signature

Michael Lewis Residential Director

Printed Name and Title

12/18/2019

Date

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141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #3's medical evaluation, completed 6/10/19, did not include information about Special Health or Dietary Needs. Section (4) was blank.

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 personal care home licensed practical nurse (LPN) corrected the medical evaluation form for resident #3 on 11/14/2019 at 9:30 a.m. and noted the physician giving permission to make the addendum next to the corrections. The homes LPN will be responsible for ensuring a medical evaluation is completed in its entirety by paying close attention to the special health or dietary needs and other sections of the form for each resident by a physician, physician's assistant or certified registered nurse practitioner.

Legal Entity Representative

Michael Lewis

Signature

Michael Lewis, Resident Dir 12-18-19

Printed Name and Title

Date

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141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2's most recent medical evaluation was completed on 06/17/2019. The resident's previous medical evaluation was completed on 05/08/18.

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 personal care home has created a check list to be used by the licensed practical nurse (LPN) containing the names of the residents and the due dates for upcoming medical evaluations. The check list will ensure all residents of the home will have a medical evaluation within 12 months of the most recent evaluation. The homes LPN will be responsible for the task of annual medical evaluations for each resident of the home.

Legal Entity Representative

Michael Lewis

Signature

Michael Lewis Residential Director

Printed Name and Title

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227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #3's support plan, dated 12/5/2018, is incomplete as it does not document how the resident's medical, dental, dietary, and psychological needs will be met by the home. These sections were left blank.

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 support plan was immediately updated and the missing information was added to the plan by the homes program coordinator. The case manager is assigned the task of documenting in the residents support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident. The program coordinator will audit each support plan for the residents of the home annually to ensure the residents' needs are met and that accountability for meeting those needs is firmly established.

Legal Entity Representative



Signature

Michael Lewis Residential Director

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