

Department of Human Services
Bureau of Human Service Licensing

September 30, 2021

[REDACTED] PROGRAM COORDINATOR
CITIZENS ACTING TOGETHER CAN HELP INC
1409 LOMBARD STREET
PHILADELPHIA, PA 19146

RE: ANNA'S HOUSE
1208-1212 SOUTH 15TH STREET
PHILADELPHIA, PA, 19146
LICENSE/COC#: 14030

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: ANNA'S HOUSE License #: 14030 License Expiration Date: 12/23/2021
Address: 1208-1212 SOUTH 15TH STREET, PHILADELPHIA, PA 19146
County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 2155516540 Email: [REDACTED]

Legal Entity

Name: CITIZENS ACTING TOGETHER CAN HELP INC
Address: 1409 LOMBARD STREET, PHILADELPHIA, PA, 19146
Phone: 2155516540 Email: [REDACTED]

Certificate(s) of Occupancy

Type: R-4 Date: 02/28/2006 Issued By: City of Philadelphia, L&I

Staffing Hours

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

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 06/11/2021

Inspection Dates and Department Representative

06/11/2021 - On-Site: [REDACTED]

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: 0/0

Number of Residents Who:

Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 8
Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

06/11/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/19/2021*

7/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/18/2021*

9/30/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

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 06/11/21, at approximately 9:45 am, the resident medication administration records were unlocked, unattended, and accessible in the home's medication room.

Plan of Correction

Accept

Per Regulation 2600.17. The home DCS staff was retrained on the policy and procedure for record confidentiality of resident medication administration records and the importance of keeping the records locked and always secured.

Completion Date: 07/13/2021

Document Submission

Implemented

This violation was corrected on 6/11/2021. Staff was retrained on violation please see the attached sign in sheet for plan of correction training on 7/13/2021. Please see attached policy on safe record keeping and storage. attachment labeled medication storage policy.

102k - No Common Towel

1. Requirements

2600.

- 102.k. Use of a common towel is prohibited.

Description of Violation

There were no paper towels, mechanical hand dryer or other sanitary means of hand drying in the ladies front and rear bathrooms.

Plan of Correction

Accept

According to regulation 2600.120.k. Sanitary conditions shall be maintained, and the home has installed paper towel dispensers in all restrooms (6/14/21). The restrooms will be monitored and checked by the DCS at the start of each shift, for appropriate paper towel quantity daily.

Completion Date: 07/13/2021

Document Submission

Implemented

towel dispensers were added to all resident restrooms and paper towel is provided and stored in dispensers daily. This correction was completed on 6/14/2021 and staff was trained on 7/13/2021 for this violation. Please see attached plan of correction sign in sheet. (attachment labeled paper towel dispenser and poc training sign in sheet)

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f - Refrigerator/Freezer Temps (*continued*)**Description of Violation**

There was no thermometer in the regular refrigerator/freezer in the basement.

There was no thermometer in the ice cream refrigerator/freezer in the basement .

Plan of Correction**Accept**

According to regulation 2600.103. The home maintenance staff placed thermometers in all refrigerators and freezers on (6/12/21). In addition, the DCS was retrained on the requirements for refrigerator and freezer temperatures. The home will keep all food at or below 40 degrees Fahrenheit. The home will follow the regulation and kept all frozen food at or below 0 degrees Fahrenheit.

Completion Date: 07/13/2021

Document Submission**Implemented**

This violation was corrected on 6/12/2021 and the staff was retrained on this violation on 7/13/2021. Please see attached sign in sheet and picture of thermometer. attachement labled poc training sign in sheet and pic of thermometer

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were two boxes of opened, unlabeled, undated Morning Star Farms Veggie Breakfast Sausage Patties in the basement refrigerator/freezer.

Plan of Correction**Accept**

According to regulation 2600.103.i. The opened unlabeled Morning Star Farm Veggie Breakfast Sausage Patties in the basement freezer was corrected by the DCS on site the day of the inspection. The staff placed the sausage patties in ziplocked bags and included the manufacturers expiration date on each bag. Going forward the home will continue to follow this procedure daily. All DCS was retrained on this regulation to date and store food properly to avoid spoiled/outdated food.

Completion Date: 07/13/2021

Document Submission**Implemented**

This violation was corrected on site. The food was placed in a ziplocked bag and placed back in the freezer . The freezer bag was labeled with the manufactures expiration date and the date the food was stored in freezer, Staff was trained on this procedure on 7/13/2021 . Please see the attached plan of correction training sign in sheet.

130h - Inoperable Smoke Detector

1. Requirements

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

130h - Inoperable Smoke Detector (*continued*)**Description of Violation**

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

Plan of Correction**Accept**

According to regulation 2600.130.h. The home added Inoperable Smoke Detector Policy to the policy and procedures manual. The policy states the following: The home smoke detectors are monitored by a Sonitrol a central monitor company which monitors the smoke detector system 24 hours 7 days a week. When the smoke detectors are inoperable the monitor will inform the home by beeping at the panel box located in the home's atrium. In addition, the monitoring station will alert the home via phone of any incidents and the home and Sonitrol will act accordingly i.e., evacuate the building, call 911/fire department, or request service. The DCS was updated on this added policy and procedure.

Completion Date: 07/13/2021

Document Submission**Implemented**

Please see the attached policy on inoperable smoke detector procedures. The staff was trained on this procedure/policy on 7/13/2021 and was added to policy and procedures manual. (see attached inoperable smoke detector policy)

141a 1-10 Medical Evaluation Information

1. Requirements

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 #1's medical evaluation was not documented on a form specified by the Department. The form did not include allergy information, immunization history, body positioning and movement stimulation for residents, if appropriate, health status and mobility assessment, updated annually or at the Department's request.

Plan of Correction**Accept**

Per regulation 2600.141.a, the unit nurse completed resident #1 medical evaluation form on the correct form specified by the Department by a medical doctor. The form now includes the required information if applicable such as allergy information, immunization history, body positioning, and movement stimulation mobility assessment. The nurse was retrained on the proper forms to use going forward.

Completion Date: 06/18/2021

141a 1-10 Medical Evaluation Information (*continued*)**Document Submission****Implemented**

The nurse completed the medical evaluation for resident #1 on the corrected form. This violation was completed on 6/18/2021. The nurse was retrained on this violation and all was completed on 7/13/2021. Please see attached updated medical evaluation form completed on 6/18/2021 uploaded as k medical evaluation and DME

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

On 06/11/21, resident #2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]. There is no note in the resident file from the physician explaining a delay.

Plan of Correction**Accept**

According to regulation 2600.141.b, The nurse was retrained on the proper completion of annual medical evaluations per the state regulations. A form was created on (7/12/2021) to track the resident medical appointments to ensure residents receive medical evaluations annually and in the timeframe of the previous year. If the evaluation occurs past the previous year evaluation the nurse will obtain a letter from the physician explaining the delay.

Completion Date: 07/13/2021**Document Submission****Implemented**

The nurse was retrained on the proper completion of annual medical evaluations and other state forms on 7/13/2021. A tracking form was created on 7/12/2021. Please see the attached tracking form and plan of correction training sign in sheet attached and n medical evaluation 2019 and 2020.

This violation is questionable??? The inspector states on 06/11/21, resident #2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on 06/07/19. There is no note in the resident file from the physician explaining a delay. There is no delay in evaluation in fact the evaluation was done at least one month earlier.

185a - Implement Storage Procedures

1. Requirements

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

On 06/11/21, the medication cabinet was unlocked and unattended in the medication room that was open.

Plan of Correction**Accept**

According to regulation 2600.185.a. The homes unit nurse and DCS was retrained on the homes policy and procedures of safe storage, access, security and distribution of medication and medical equipment.

Completion Date: 07/13/2021

185a - Implement Storage Procedures (continued)

Document Submission

Implemented

This violation was corrected on the day of the inspection 6/11/2021. The staff and unit nurse was retrained on the homes policy and procedures of safe storage of medication on 7/13/2021. Please see the attached plan of correction training sign in sheet and policy and procedures. (attached form named medication storage policy).

187b - Date/Time of Medication Admin.

1. Requirements

2600.

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

Description of Violation

Resident #3 had been prescribed [redacted], This medication was last filled on [redacted] with a quantity of 30 pills. This medication was discontinued on [redacted] as noted on the resident's medication administration record (MAR) for April. However the resident's May and June MARs continue to list the medication and staff have initialed it all the way through May and into June until an audit was completed on June 11, 2021. There was no [redacted] medication with the resident's medications nor is there a record that the medication was destroyed. When staff member A was asked about the discrepancy, Staff member A said [redacted] makes the MAR and must have overlooked the discontinuation. When asked about the remaining medicine, staff member A stated they most likely administered the medication until it was gone and then continued to initial the MAR after it was depleted.

Plan of Correction

Accept

Per regulation 2600.187.b. The unit nurse and DCS were retrained on the subsection (13) and (14) of the stated regulation. The training focused on the date/time of medication administration and name/initial of the staff person administering the medication. In addition, all remaining subsections of this regulation was covered during the training.

Completion Date: 07/13/2021

Document Submission

Implemented

This violation was corrected on the day of the inspection 6/11/2021. The staff and unit nurse was retrained on the homes policy and procedures of safe storage of medication on 7/13/2021. Please see the attached plan of correction training sign in sheet and policy and procedures. A form was also created for tracking. (attached form named medication discontinuation form.)

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 had been prescribed [redacted], This medication was last filled on [redacted] with a quantity of 30 pills. This medication was discontinued on [redacted] as noted on the resident's medication administration record (MAR) for April. However the resident's May and June MARs continue to list the medication and staff have initialed it all the way through May and into June until an audit was completed on June 11, 2021. There was no [redacted] medication in the resident's medications nor is there a record that the medication was destroyed. When staff member A was asked about the discrepancy, Staff member A said [redacted] makes the MAR and must have overlooked the discontinuation. When asked about the remaining medicine, staff member A stated they most likely administered the medication until it was gone.

187d - Follow Prescriber's Orders (*continued*)**Plan of Correction****Accept**

According to regulation 2600.187.d. The unit nurse and DCS was retrained on following the directions of the prescriber per the department regulations. In addition, all staff and the unit nurse were retrained on documenting/destroying medication and the use of the waste medication form.

Completion Date: 07/13/2021

Document Submission**Implemented**

This violation was corrected on the day of the inspection 6/11/2021. The staff and unit nurse was retrained on the homes policy and procedures of safe storage of medication/documentation on 7/13/2021. Please see the attached plan of correction training sign in sheet and policy and procedures. A form was also created for tracking.

251c - Standardized Forms

1. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #1's medical evaluation, dated [REDACTED], was not completed on the Department's current standardized form.

Plan of Correction**Accept**

According to regulation 2600251.c. The unit nurse ensured resident #1 medical evaluation form was redone on the correct form specified by the Department and completed by a medical doctor on 6/18/21. The nurse was retrained on the policy and procedure of department standardized forms and the use of correct forms to use going forward.

Completion Date: 07/13/2021

Document Submission**Implemented**

The nurse was retrained on the proper completion of annual medical evaluations and other state forms on 7/13/2021. A tracking form was created on 7/12/2021. Please see the attached tracking form and plan of correction training sign in sheet attached.