

Department of Human Services  
Bureau of Human Service Licensing

October 19, 2022

[REDACTED]  
ST ANNE'S RETIREMENT COMMUNITY INC  
3952 COLUMBIA AVENUE  
ATTN: [REDACTED]  
COLUMBIA, PA, 17512

RE: ST. ANNE'S RETIREMENT  
COMMUNITY  
3952 COLUMBIA AVENUE  
A.B & C WINGS, 2ND FL. BLDG. 2  
COLUMBIA, PA, 17512  
LICENSE/COC#: 32179

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/20/2022, 09/21/2022 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: *ST. ANNE'S RETIREMENT COMMUNITY* License #: *32179* License Expiration: *05/28/2023*  
Address: *3952 COLUMBIA AVENUE, A.B & C WINGS, 2ND FL. BLDG. 2, COLUMBIA, PA 17512*  
County: *LANCASTER* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *ST ANNE'S RETIREMENT COMMUNITY INC*  
Address: *3952 COLUMBIA AVENUE, ATTN: JENNIFER FISCHER, PCHA, COLUMBIA, PA, 17512*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *01/30/2001* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *09/21/2022*

**Inspection Dates and Department Representative**

09/20/2022 - On-[REDACTED]  
09/21/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *75* Residents Served: *48*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Capacity: 20* Residents Served: *13*  
*Personal Care Memory Support*

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *48*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *14* Have Physical Disability: *0*

## Inspections / Reviews

09/20/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/03/2022*

10/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/10/2022*

10/11/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/17/2022*

10/19/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff Member A, hired on [REDACTED] does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Staff Member B, hired on [REDACTED], does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

On 9/20/2022, Personal Care Administrator provided verbal education to the HR department of the requirement of this regulation.

On 9/20/2022, VP of Community Services conducted an audit of the non-licensed / certified Personal Care Staff Files to ensure that we had the correct documentation for those employees.

On 9/21/2022, Staff Member A provided facility with her transcripts from her HS. They are now in her employee file in HR.

On 9/21/2022, Staff Member B provided facility with a signed and notarized affidavit form attesting to the receipt of a high school diploma. This form is now in her employee file in HR.

On 9/29/2022, HR was provided with written education on the requirements and the benefits of this requirement. (See attached) This form will be signed by HR and returned to PC Administrator by 10/7/2022.

HR Generalist has a New Hire Checklist that she will utilize for all new hire's going forward to ensure continued and on-going compliance with this regulation. (See attached)

HR Generalist will start utilizing the New Hire Checklist for any Personal Care Staff members hired on or after 10/1/2022.

Completion Date: 10/08/2022

Document Submission

Implemented

On 9/20/2022, Personal Care Administrator provided verbal education to the HR department of the requirement of this regulation.

On 9/20/2022, VP of Community Services conducted an audit of the non-licensed / certified Personal Care Staff Files to ensure that we had the correct documentation for those employees.

On 9/21/2022, Staff Member A provided facility with her transcripts from her HS. They are now in her employee file in HR.

On 9/21/2022, Staff Member B provided facility with a signed and notarized affidavit form attesting to the receipt of a high school diploma. This form is now in her employee file in HR.

On 9/29/2022, HR was provided with written education on the requirements and the benefits of this requirement. (See attached) This form will be signed by HR and returned to PC Administrator by 10/7/2022.

HR Generalist has a New Hire Checklist that she will utilize for all new hire's going forward to ensure continued and on-going compliance with this regulation. (See attached)

HR Generalist will start utilizing the New Hire Checklist for any Personal Care Staff members hired on or after 10/1/2022.

10/16/2022 - All steps have been completed.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 9/20/2022 at approximately 10:35 AM, a folded chair on a stairlift obstructed the egress by [REDACTED] which could be used in the event of an emergency.

Plan of Correction

Accept

On 9/20/2022, chair stair glide was taken to the top of the stairs by Personal Care Administrator.

On 9/20/2022, Personal Care Administrator posted signs at the top and the bottom of the stairway reviewing that the chair stair glide must remain at the top of the stairs, and that the door at the bottom of the stairs can not be blocked.

Personal Care staff were provided written education on this violation and the importance of this regulation on 9/29/2022, with a return date of 10/7/2022. (see attached). This will also be reviewed verbally at staff meetings in October.

To ensure on-going compliance with the regulation requirement, the Personal Care Administrator or Assistant Administrator will conduct monthly audits of the chair stair rail placement. (see attached).

Updated 10/8/2022 - Starting 10/3/2022, Personal Care Administrator will complete weekly audits of the chair stair rail placement to ensure on-going safety and compliance with this regulation. New audit tool is attached.

Completion Date: 10/08/2022

Document Submission

Implemented

On 9/20/2022, chair stair glide was taken to the top of the stairs by Personal Care Administrator.

On 9/20/2022, Personal Care Administrator posted signs at the top and the bottom of the stairway reviewing that the chair stair glide must remain at the top of the stairs, and that the door at the bottom of the stairs can not be blocked.

Personal Care staff were provided written education on this violation and the importance of this regulation on 9/29/2022, with a return date of 10/7/2022. (see attached). This will also be reviewed verbally at staff meetings in October.

To ensure on-going compliance with the regulation requirement, the Personal Care Administrator or Assistant Administrator will conduct monthly audits of the chair stair rail placement. (see attached).

Updated 10/8/2022 - Starting 10/3/2022, Personal Care Administrator will complete weekly audits of the chair stair rail placement to ensure on-going safety and compliance with this regulation. New audit tool is attached.

10/16/22 - All steps have been completed.

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 [REDACTED] Resident #1's [REDACTED] was not calibrated correctly; Staff Member C and Staff Member D confirmed the [REDACTED] was recalibrated on 9/21/2022 prior to providing the [REDACTED] to the Licensing Representative.

185a - Implement Storage Procedures (continued)

On [redacted] Resident #3's [redacted] was not calibrated correctly; Staff Member C and Staff Member D confirmed the [redacted] was recalibrated on 9/21/2022 prior to providing the [redacted] to the Licensing Representative.

On [redacted] the [redacted] for Resident #2 was not dated when opened, per manufacturer's instructions, to ensure it was not used beyond the expiration date.

Plan of Correction

Accept

Personal Care Assistant Administrator calibrated both [redacted]s on 9/21/2022.

An Audit of all the [redacted] completed on 10/1/2022 by the PC Assistant Administrator to ensure that all of the [redacted] are correctly calibrated with the correct date and time.

Personal Care staff were provided written education on this violation and the importance of this regulation on 9/29/2022, with a return date of 10/7/2022. (see attached). This will also be reviewed verbally at staff meetings in October.

The 3rd shift LPN will conduct weekly [redacted] checks to ensure correct calibration, including the date and the time. (see attached)

The [redacted] was disposed of on 9/21/2022 and a new one was ordered from the pharmacy. It was delivered on 9/21/2022.

On 9/21/2022, PC Administrator conducted an audit of all [redacted] to ensure that they all had an "open on" date on them.

All PC staff were educated on dating [redacted] (same attachment as above).

3rd shift LPN conducted weekly med cart audits. This has been added to the audit tool to ensure on-going compliance. (see attached).

Update 10/8/2022

Updated audit tool will begin to be utilized effective 10/3/2022.

Weekly [redacted] began the week of 10/3/2022.

The Personal Care Administrator or Assistant Administrator will audit all [redacted] monthly to provide a supervisory oversight. This will begin in October. Please see updated audit tool to reflect this change.

Staff were educated in writing on 9/29/22 that if the date and time is not correct on the [redacted] that they will need to calibrate it to the correct date and time at that time.

Completion Date: 10/08/2022

Document Submission

Implemented

Personal Care Assistant Administrator calibrated both [redacted] on 9/21/2022.

An Audit of all the [redacted] was completed on 10/1/2022 by the PC Assistant Administrator to ensure that all of the [redacted] are correctly calibrated with the correct date and time.

Personal Care staff were provided written education on this violation and the importance of this regulation on 9/29/2022, with a return date of 10/7/2022. (see attached). This will also be reviewed verbally at staff meetings in October.

The 3rd shift LPN will conduct weekly [redacted] checks to ensure correct calibration, including the date and the time. (see attached)

The [redacted] was disposed of on 9/21/2022 and a new one was ordered from the pharmacy. It was delivered on 9/21/2022.

On 9/21/2022, PC Administrator conducted an audit of all [redacted] to ensure that they all had an "open on"

185a - Implement Storage Procedures (continued)

date on them.

All PC staff were educated on dating [redacted] (same attachment as above).

3rd shift LPN conducted weekly med cart audits. This has been added to the audit tool to ensure on-going compliance. (see attached).

Update 10/8/2022

Updated audit tool will begin to be utilized effective 10/3/2022.

Weekly [redacted] began the week of 10/3/2022.

The Personal Care Administrator or Assistant Administrator will audit all [redacted] monthly to provide a supervisory oversight. This will begin in October. Please see updated audit tool to reflect this change.

Staff were educated in writing on 9/29/22 that if the date and time is not correct on the [redacted] that they will need to calibrate it to the correct date and time at that time.

10/16/2022 - All steps have been completed. Audits on-going.

2. 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

Resident #1 is prescribed [redacted] as needed for [redacted] However, on [redacted] this medication was not available in the home.

Plan of Correction

Accept

Resident's #1's CRNP requested that the [redacted] remain PRN on 9/22/2022.

[redacted] was ordered and delivered from the pharmacy on 9/22/2022.

Personal Care Administrator / Assistant Administrator conducted a PRN audit on 9/26/2022.

Personal Care staff were provided written education on this violation and the importance of this regulation on 9/29/2022, with a return date of 10/7/2022. (see attached). This will also be reviewed verbally at staff meetings in October.

3rd shift LPN will conduct weekly med cart audits to ensure on-going compliance and PRN medications are included on this audit tool. (see attached).

Update:

Weekly med cart audits utilizing the new audit tool began the week of 10/3/2022.

Completion Date: 10/08/2022

Document Submission

Implemented

Resident's #1's CRNP requested that the [redacted] remain PRN on 9/22/2022.

[redacted] was ordered and delivered from the pharmacy on 9/22/2022.

Personal Care Administrator / Assistant Administrator conducted a PRN audit on 9/26/2022.

Personal Care staff were provided written education on this violation and the importance of this regulation on 9/29/2022, with a return date of 10/7/2022. (see attached). This will also be reviewed verbally at staff meetings in October.

3rd shift LPN will conduct weekly med cart audits to ensure on-going compliance and PRN medications are included on this audit tool. (see attached).

Update:

Weekly med cart audits utilizing the new audit tool began the week of 10/3/2022.

10/16/2022 - All steps have been completed. Audits are on-going.

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #3 is prescribed [redacted] administrations. However, Resident's #3's medication administration record does not indicate the diagnosis or purpose for the medication.

Plan of Correction

Accept

On 9/22/2022, Resident # 3's CRNP added a diagnosis to this order. Every Medication and Treatment sheet for all Personal Care Resident's were audited by Personal Care Administrator on 9/28/2022. Pharmacy was notified of any orders that needed to have diagnoses added to them, and pharmacy updated those orders on 9/28/2022. Personal Care staff were provided written education on this violation and the importance of this regulation on 9/29/2022, with a return date of 10/7/2022. (see attached). This will also be reviewed verbally at staff meetings in October. LPN's were educated on 9/29/2022 that if they take a verbal order they must ensure that they are putting a diagnosis with the verbal order. 3rd shift LPN completes nightly chart checks and will check any new orders to ensure on-going compliance with this regulation. Update 10/8/2022 Nightly chart checks have been on-going. Staff were educated on 9/29/2022 to ensure that they are now checking all new orders for a diagnosis if there is a new medication order.

Completion Date: 10/08/2022

Document Submission

Implemented

On 9/22/2022, Resident # 3's CRNP added a diagnosis to this order. Every Medication and Treatment sheet for all Personal Care Resident's were audited by Personal Care Administrator on 9/28/2022. Pharmacy was notified of any orders that needed to have diagnoses added to them, and pharmacy updated those orders on 9/28/2022. Personal Care staff were provided written education on this violation and the importance of this regulation on 9/29/2022, with a return date of 10/7/2022. (see attached). This will also be reviewed verbally at staff meetings in October. LPN's were educated on 9/29/2022 that if they take a verbal order they must ensure that they are putting a diagnosis with the verbal order. 3rd shift LPN completes nightly chart checks and will check any new orders to ensure on-going compliance with this regulation. Update 10/8/2022 Nightly chart checks have been on-going. Staff were educated on 9/29/2022 to ensure that they are now checking all new orders for a diagnosis if there is a new medication order. 10/16/2022 - All steps have been completed. Audits are on-going.