

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

February 3, 2023

[REDACTED], ADMINISTRATOR
CITIZENS ACTING TOGETHER CAN HELP INC
[REDACTED]

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 12/07/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ANNA'S HOUSE License #: 14030 License Expiration: 12/23/2023
 Address: 1208 1212 SOUTH 15TH STREET, PHILADELPHIA, PA 19146
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

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

Legal Entity

Name: CITIZENS ACTING TOGETHER CAN HELP INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

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: 13 Waking Staff: 10

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/07/2022

Inspection Dates and Department Representative

12/07/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 16 Residents Served: 13

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 8
 Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

12/07/2022 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/25/2022

12/29/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/02/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/05/2023

Inspections / Reviews *(continued)*

01/05/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/02/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 02/04/2023

02/03/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 02/02/2023

Reviewer: [REDACTED] Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 12/7/22, a copy of this chapter was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([redacted]) - 01/05/2023)

According to regulation 2600 3c- The home has placed and will maintain a copy of this chapter in a conspicuous and public place within the home. The home administrator will perform monthly audits to ensure the chapter remains posted and documented. A copy of the chapter was posted in the home in a conspicuous and public place on 12/22/2022. Monthly auditing will begin 1/4/2023

Licensee's Proposed Overall Completion Date: 01/04/2023

Implemented ([redacted]) - 02/03/2023)

103i - Outdated Food

2. Requirements

2600.

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

Description of Violation

On 12/7/22 at 11:45AM there was ranch dressing in the refrigerator that expired on 11/12/22.

Repeat Violation: 6/11/21

Plan of Correction

Accept ([redacted]) - 01/05/2023)

According to regulation 2600 103.i. The Direct Care Staff was trained on 12/22/2022 by the home Administrator in reference to this violation and the daily checks to be performed. The DCS/Administrator will perform daily refrigerator checks and document the refrigerator check for cleanliness, outdated food, and spoiled food. The home will dispose of any outdated and spoiled food daily. In addition, the home will keep a record of the daily checks on the daily refrigerator check form with a revised implementation date beginning 1/4/2023. See form attached

Licensee's Proposed Overall Completion Date: 01/04/2023

Implemented ([redacted]) 02/03/2023)

132f - Alternate Exit Routes

3. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front door was used during every monthly fire drill held from December 2021 to December 2022.

Plan of Correction

Accept ([redacted]) - 01/05/2023)

According to regulation 2600.132.f The Direct Care Staff was trained and completed by [redacted] Administrator on 12/22/22. The training consisted of using alternate exit routes during fire drills. The direct care

132f Alternate Exit Routes (continued)

staff and home administrator will document the alternate exit routes used after each fire drill on the state required adult residential licensing personal care fire drill record form. Starting 1/4/2023 the home will use side doors, rear doors, and emergency hallways to exit the building during a fire drill during the next fire drill. Monthly, the home administrator will be responsible for conducting the audit to ensure alternate routes was used during fire drills. The audits will be completed monthly starting 1/4/2023 for fire drills completed from this date and afterward and the administrator will initial the fire drill log form after each fire drill ensure audit was completed 1/4/2023.

Licensee's Proposed Overall Completion Date: 01/04/2023

Implemented () - 02/03/2023)

162c - Menus Posted**4. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 12/4/22 12/10/22 was posted. However, it did not include breakfast for the full week and lunch from Monday to Friday.

Plan of Correction

Accept () - 01/05/2023)

The Direct Care Staff was trained by () Administrator on the training was completed on 12/22/2022 regarding posting daily/weekly menus to include breakfast lunch and dinner a week in advance. The menu was hung in a conspicuous and public place in the home. Copies of the menus will be kept on file. The homes Administrator will audit for posted menus every Monday of each week to ensure menus are posted with each meal for breakfast lunch and dinner and sign the menu check form. The completion date to comply with this violation is 1/1/2023.

Licensee's Proposed Overall Completion Date: 01/04/2023

Implemented () - 02/03/2023)

184a - Resident's Meds Labeled**5. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident 1 is prescribed () take 2 tables by mouth has needed. However, the medication label reads take 2 tablets at bedtime

Plan of Correction

Accept () - 01/05/2023)

The unit nurse and the medication trained direct care staff was trained and completed on regulation 2600.184.a. by medication trainer () on 12/22/22. The unit nurse is/will be responsible for ensuring that the original container for prescription medications shall be labeled with a pharmacy label that includes the following the resident name, the name of the medication, the date the prescription was issued, the prescribed dosage, instructions for administration, and the name and title of the prescriber. The unit nurse will be responsible for auditing this regulation and keeping a record at the time of drop off and documenting on a medication label check form to be used as new medication arrives (daily, weekly, PRN). This audit will be on going and audited weekly by the unit

184a - Resident's Meds Labeled (continued)

nurse .

Licensee's Proposed Overall Completion Date: 01/04/2023

Implemented () - 02/03/2023)

185a - Implement Storage Procedures**6. 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's glucometer was not calibrated to the correct date and time. On [REDACTED] at [REDACTED] the glucometer read [REDACTED] at [REDACTED].

Repeat: 6/11/21

Plan of Correction

Accept () - 01/05/2023)

The DCS/Unit Nurse was retrained on the policy and procedures for safe storage, access, security, distribution, and use of medications/medical equipment on 12/22/22 and the training was completed at that time. The nurse is responsible making sure the glucometer is calibrated to the right date/time daily and documenting this audit on the glucometer-calibrated form. The form will be kept with each residents MAR who uses a glucometer. This form and audit will be a on going task.

Licensee's Proposed Overall Completion Date: 01/04/2023

Implemented () - 02/03/2023)

185b - Medication Procedures**7. Requirements**

2600.

185.b. At a minimum, the procedures must include:

Description of Violation

Resident 1 is prescribed [REDACTED] take 1 tablet every 6 hours as needed. The controlled substance log for the [REDACTED] shows a balance of [REDACTED]. The actual pill count was [REDACTED].

Plan of Correction

Accept () - 01/05/2023)

The DCS/Unit Nurse was retrained on the home policy and procedures for accountability of medication and controlled substances by Medication Trainer [REDACTED] on [REDACTED] and completed. The unit nurse and the direct care staff will count controlled substances at the beginning and end of each shift. At the beginning and end of each shift one staff person will serve as the witness while the other staff person counts the controlled substance. The witness to the count will sign the narcotic form as a witness. If there is a miss count during the count the staff will follow the policy for miss count of medication. Upon finding a miss count of medication the staff will recount and correct it if applicable. If the count is incorrect the staff must contact the program coordinator immediately for further instructions. The unit nurse and doctor will be contacted. If the count is not correct the unit nurse will contact the pharmacist and request an emergency distribution of medication for replacement. This procedure will be on going. The nurse will be responsible for this audit.

185b - Medication Procedures (continued)

Licensee's Proposed Overall Completion Date: 01/04/2023

Implemented [REDACTED] - 02/03/2023)