

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

June 14, 2024

[REDACTED], ADMINISTRATOR
ST ANNE'S RETIREMENT COMMUNITY INC
3952 COLUMBIA AVENUE
[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 05/22/2024, 05/23/2024 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: *ST. ANNE'S RETIREMENT COMMUNITY* License #: *32179* License Expiration: *05/28/2025*
 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, [REDACTED], COLUMBIA, PA, 17512*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/30/2001* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *67* Waking Staff: *50*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/23/2024*

Inspection Dates and Department Representative

05/22/2024 - On-Site: [REDACTED]
 05/23/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *50*

Secured Dementia Care Unit

In Home: *Yes* Area: *2nd Floor* Capacity: *20* Residents Served: *16*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *46*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

05/22/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/08/2024*

06/04/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *06/14/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/11/2024*

Inspections / Reviews *(continued)*

06/05/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/19/2024

06/14/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

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

On 5/23/2024, upon entry to the kitchenette of the Secure Dementia Care Unit (SDCU), there was an unlocked under-sink cabinet containing a bottle of Diversey Brand "Stench and Stain Digester", with a manufacturer's label stating "causes serious eye damage. May cause an allergic reaction. Avoid contact with eyes, skin and clothing. Causes burns/serious damage to mouth, throat and stomach." There was also a spray bottle of Ecolab sink and surface cleaner and Ecolab Supertrump with labels stating "immediately call a poison center or doctor/ physician". All 3 bottles were unlocked, unattended, and accessible to residents in the Secured Dementia Care Unit; these residents are not assessed to safely recognize and use poisons safely.

Plan of Correction

Accept () - 06/05/2024)

On 5/23/2024, all bottles were immediately removed by the Vice President of Community Services.

On 5/23/2024 a work order was submitted to Environmental Services to repair the hinge and lock on the under-sink cabinet. This was completed at 1:32am on 5/24/2024 by Enviromental Services.

Going forward, effective immediately, dishes will be taken to the main dish room in the main kitchen, therefore chemicals for the dishwasher in Personal Care Memory Support will not need to be stored in that area.

The Personal Care Administrator has created an audit tool to ensure on-going compliance. The Personal Care Administrator, Assistant Administrator, or VP of Community Services will check the kitchenette weekly for 3 months, and then monthly after that, to ensure that the kitchenette is secure, that the under-sink cabinet is locked if there are any other chemicals in that storage area.

All Personal Care staff will be educated, by the PC Administrator, on this violation, the importance of the regulation, and the plan going forward by 6/15/2024.

6/4/2024 - The audit form was created on 5/29/2024, and the form was updated on 6/4/2024 to include an effective date of 5/29/2024. The first audit was completed on 5/29/2024 and will continue weekly for 3 months, and then will continue monthly after that.

Licensee's Proposed Overall Completion Date: 06/15/2024

Implemented () - 06/14/2024)

132c - Fire Drill Records

2. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The monthly fire drill records for drills held from January 2023 through April 2024 do not indicate if there are any problems encountered during the drills.

The fire drill record for the drill conducted on 12/27/23 does not include the number of residents in the home at the time of the drill, if there were problems encountered and whether or not the fire alarm or smoke detector was operational.

132c - Fire Drill Records (continued)

Plan of Correction

Accept (█) - 06/05/2024)

Personal Care Fire Drills are conducted by Environmental Services and / or the Vice President of Community Services.

The Personal Care Administrator has updated the Fire Drill Record to include that the person completing the form, must write N/A in the boxes if there are no problems or corrective action required. This form will go into effect immediately.

The Personal Care Administrator or Assistant Administrator will audit all the fire drill forms monthly going forward to ensure that the person completing the drill has done so successfully, and that all required paperwork was completed as required. This was effective immediately and will be completed for all fire drills going forward. The Fire Drill Sheet was also updated to catch all the important required information from fire drills and will also go into use immediately.

The Enviromental Services staff who conduct Fire Drills, as well as the VP of Community Services will all be educated, by the PC Administrator, on this violation, the importance of this regulation, and the updated forms that must be used going forward by 6/15/2024.

All Personal Care staff will be educated, by the PC Administrator, on this violation, the importance of the regulation, and the updated forms that Environmental Services or the VP of Community Services will be using going forward by 6/15/2024.

6/4/2024 - The PC Administrator updated the Fire Drill Record and created the Fire Drill Administrator Review (audit) on 5/29/2024. The form was updated on 6/4/2024 to include that it is effective as of 5/29/2024.

The form went into effect on 5/29/2024, and the first monthly audit was completed on 5/31/2024.

Licensee's Proposed Overall Completion Date: 06/15/2024

Implemented (█) - 06/14/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Novolog three times daily with special orders to hold if the blood sugar is less than 150 or NPO. Resident #1 was administered the prescribed Novolog on 5/10/24 at 4:00 pm; however, the resident's blood sugar recorded for that date and time was 136.

Plan of Correction

Accept (█) - 06/05/2024)

Written education was provided to the nurse who signed off on the insulin and blood sugar on 5/10/2024, that included the 5 rights of medication administration.

The Medication Administration Records for all Residents who have parameters attached to their blood sugar levels were audited for May by the Personal Care Administrator.

An audit tool was created by the Personal Care Administrator to audit Medication Administration Records for those Residents who are on blood sugars / insulin with parameters, and this will go into use immediately. The PC Administrator, PC Assistant Administrator, or the VP of Community Services will audit the Medication Administration Records for any Resident who has parameters attached to their blood sugar levels weekly for three months, and

187d - Follow Prescriber's Orders (continued)

then monthly after that to ensure on-going compliance.

Education will be provided to all Personal Care staff, by 6/15/2024, on this violation, the importance of the regulation, and the plan to ensure on-going compliance.

6/4/2024 - All MAR's for all residents with parameters attached to their blood sugars were audited on 5/31/2024 and again on 6/4/2024.

The audit tool was created on 5/29/2024 and was updated on 6/4/2024 to include an effective date of 5/29/2024.

The start date of the audits was 5/31/2024, and will continue weekly for 3 months, and then monthly after that.

Licensee's Proposed Overall Completion Date: 06/15/2024

Implemented (█ - 06/14/2024)