



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

Sent via e-mail [REDACTED]

November 13, 2024

[REDACTED]
Program Coordinator
Citizens Acting Together Can Help, Inc.

[REDACTED]
[REDACTED]

RE: Anna's House
1208-1212 South 15th Street
Philadelphia, Pennsylvania 19146
License #: 14030

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on September 23, 2024 and November 13, 2024 of the above facility, we have determined that your submitted plan of correction for the August 6, 2024 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]
[REDACTED]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: ANNA'S HOUSE License #: 14030 License Expiration: 12/23/2024
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 Phila

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/06/2024

Inspection Dates and Department Representative

08/06/2024 - 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

Number of Residents Who:

Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 7
Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

08/06/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/20/2024

09/09/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/03/2024

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/14/2024

09/23/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/03/2024

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/09/2024

11/13/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 10/03/2024

Reviewer: [REDACTED] Follow-Up Type: Exception

64c - Annual Training

1. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

the home's administrator, completed only 20.5 hours of Department-approved training in training year 2023.

Plan of Correction

Do Not Accept () - 09/09/2024

The administrator completed the mandatory 24 hours of annual training on job responsibilities and expressed dissent regarding the violation. The inspector did not discuss this infraction during the exit interview. I have attached the proof of 24 hours of annual training for 2023.

The administrator shall be responsible for completing 24 hours of annual training relating to topics on the job functions. The administrator will access diverse resources and training programs approved by the Department of Human Services, and instructed by North Hampton University, Temple University, BHTN, and LTC Rise. The administrator will be responsible for maintaining a record of training hours and certificates in a file binder. The administrator will commence this process as of 8/20/2024.

Licensee's Proposed Overall Completion Date: 08/20/2024

Update: 09/09/2024

In order to count toward the 24 hours of annual training, the training must be approved in advance by the Department. BHTEN is not Department- approved.

Please develop a plan of correction with measurable monitoring steps to ensure compliance in accordance with 2600.64c.

Plan of Correction

Accept () - 09/23/2024

The administrator will track the training progress throughout the year and provide evidence of successful training completion via training certificates and training logs. The Administrator will take high-quality training courses to continue to develop their knowledge of regulatory requirements and best practices in personal care home operation. The training will consist of 24 hours of annual training that must be approved in advance by the department. The administrator will obtain a resource directory from the department website. The administrator will provide documentation that the course has been approved as a training source by the Pennsylvania Department of State as well as keep a record in an administrator training binder. The administrator will seek training from a department-approved university or accredited college to count towards the required 24 hours of annual training. The administrator will ensure the sponsor of the training is not the legal entity that employs the administrator. The administrator shall provide written verification of successful completion to the Department's personal care home regional office annually.

Licensee's Proposed Overall Completion Date: 09/12/2024

Evidence of Completion

Not Implemented () - 11/13/2024

accept on 9/23/2024

Update: 11/13/2024

Annual training is not being tracked and trainings are not being verified as Department-approved. Trainings are being completed on Relias which is not Department-approved for administrators.

65f - Training Topics

2. Requirements

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.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
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 persons B and C did not receive training in medication self-administration during training year 2023.

Plan of Correction

Do Not Accept (█ - 09/09/2024)

During the inspection, a medication training certification for the 2023 training year was presented for a direct care staff member (b) for medication administration. The inspector did not discuss this violation during the exit interview. Proof of the completed training is attached. The administrator will be responsible for scheduling annual medication self-administration training. Each direct care staff member will complete the required 12 hours of annual training, which includes medication self-administration training by an approved Department of Human Services medication trainer. The administrator will maintain a record of training hours and certificates on file. This process will be initiated as of 8/20/2024.

Staff person B is a Licensed Practioner Nurse is an LPN required to take annual medication training?

Licensee's Proposed Overall Completion Date: 08/20/2024

Update: 09/09/2024

The topic "medication self-administration training" is not covered during medication administration training. all direct care staff are required to be trained in this topic annually.

Please develop a plan of correction with measurable monitoring steps to ensure compliance in accordance with 2600.65f.

Plan of Correction

Directed (█ - 09/23/2024)

The administrator will ensure each staff person has a training log kept in the direct care staff training logbook. This process will allow the administrator to effectively keep track of all staff who receive training. The administrator will be accountable for each DCS person's specific topics listed under regulation 2600.65(f). The administrator will ensure the sponsor of the training is department-approved. The administrator shall provide written verification of successful completion to the Department's personal care home to the regional office. The administrator will be responsible for scheduling annual medication self-administration training. Each direct care staff member will complete the required 12 hours of annual training, which includes medication self-administration training by an approved Department of Human Services medication trainer.

Proposed Overall Completion Date: 09/12/2024

65f - Training Topics (continued)

Directed POC:

Within 10 days of receipt of the plan of correction: The administrator will review all staff current training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(f) during the 2023 training year. The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(f), the training will be completed within 15 days of receipt of the approved plan of correction.

Directed Completion Date: 10/08/2024

Evidence of Completion**Implemented (█ - 11/13/2024)**

The administrator has reviewed all staff's current training and records to ensure all direct care staff have received the required training on all topics in accordance with regulation 2600 (f) during the 2023 training year. The review included interviewing all staff persons to measure which training topics were provided to each staff person. All staff was trained on 10/1/2024 on Medication self-administration. The proof of all training including the most recent is attached for your review. The attachment includes sign-in sheets, individual records for each staff person, and a training schedule.

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 8/6/2024 at 1:15pm, resident █ in room 1-00, resident █ in room 2-00, and a resident in room 2-08 did not have access to sources of light that could be turned on/off at bedside.

Plan of Correction**Accept (█ - 09/09/2024)**

Prompt actions were taken to replace blown bulbs in all resident rooms by the direct care staff. The direct care staff will be responsible for daily inspections to ensure bedside lamps and other lighting sources are functional. The administrator will be responsible for conducting weekly building checks as mandated and maintaining a comprehensive log of all repairs and replacements. This protocol, which was previously in effect, has been reinforced as of 8/20/2024.

Licensee's Proposed Overall Completion Date: 08/20/2024

Evidence of Completion**Not Implemented (█ - 11/13/2024)**

accepted

Update: 11/13/2024

Additional violations were cited during onsite plan of correction verification inspection on 11/4/24.

162c - Menus Posted

4. Requirements

2600.

162c - Menus Posted (continued)

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

On 8/6/2024, the home's menu for the week of 8/4-8/10/24 was posted. However, the menu for the following week was not posted.

Plan of Correction

Accept (█ - 09/09/2024)

The menu for the following week was promptly posted by the home. The direct care staff will be responsible for posting menus for the current week and one week in advance in a visible and public location within the home. The home administrator will be responsible for conducting an audit of the menu postings every Monday, and a log of these audits will be maintained starting from 8/20/2024.

Licensee's Proposed Overall Completion Date: 08/20/2024

Evidence of Completion

Implemented (█ - 11/13/2024)

accepted 9/9/24