

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

September 9, 2025

[REDACTED], PROGRAM DIRECTOR  
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 07/22/2025 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: 12/23/2025  
 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: Other Date: 02/28/2006 Issued By: City of Philadelphia

## Staffing Hours

Resident Support Staff: 13 Total Daily Staff: 30 Waking Staff: 23

## Inspection Information

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 07/22/2025

## Inspection Dates and Department Representative

07/22/2025 - 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: 14 Are 60 Years of Age or Older: 9  
 Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 1 Have Physical Disability: 1

## Inspections / Reviews

## 07/22/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/17/2025

## 08/20/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/05/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/25/2025

Inspections / Reviews *(continued)*

08/26/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/05/2025

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/05/2025

09/09/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/05/2025

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

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 07/22/25 at 10am, loose tiles were found at the exit leading to the side street of the building. The loose tiles are considered hazardous tripping conditions for the residents in the home.

Plan of Correction

Accept (█ - 08/20/2025)

In response to the violation, the administrator sent a maintenance request to our facilities department requesting the repair of the loose tiles found in the exit leading to the side street of the building.

On 8/13/2025, the violation was corrected, and the facilities department repaired the tiles.

To enhance the current compliant operations, as of 9/1/2025, the administrator and direct care staff will be responsible for maintaining the safety of residents, but performing monthly checks of the fire exit. The checks will be documented on a monthly fire exit checklist form. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented (█ - 09/09/2025)

126a - Furnace Inspection

2. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the furnace was conducted on 10/12/23.

Plan of Correction

Accept (█ - 08/26/2025)

In response to the violation by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Administrator. The administrator immediately obtained a copy of the HVAC annual inspection report from the facilities director. The annual inspection of the HVAC system was conducted on 4/20/2024, and a copy of the invoice is attached.

To enhance the current compliant operations, going forward, the Administrator will be responsible for obtaining the inspection information from the inspector during the inspections and placing a copy in the site's operations book.

Effective 9/1/2025, the Administrator will make copies of the inspection report and forward the information to the facilities director to maintain ongoing compliance with regulation 2600.126a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented (█ - 09/09/2025)

132b - Safety Inspection/Fire Drill

3. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and drill observed by a fire safety expert was conducted on 12/10/24. The previous fire safety inspection and drill observed by a fire safety expert was conducted on 11/10/23.

Plan of Correction

Accept ( [REDACTED] - 08/20/2025)

In response to the violation, the administrator took immediate action on 7/23/2025 to ensure that fire safety inspections and fire drills are conducted and scheduled annually in coordination with a fire safety expert.

To enhance current compliance operations, the administrator collaborated with the facilities manager on 7/22/2025 to develop a plan for scheduling annual inspections. The facilities manager will be responsible for coordinating these inspections annually with the fire safety expert and will notify the administrator of the scheduled date. Additionally, the administrator will create an annual fire safety reminder in Google Calendar to be reminded annually when the inspection is due, along with reviewing the annual training schedule. This new process is set to be completed by 9/1/2025.

Starting on 9/1/2025, the administrator will perform these audits for one year to maintain ongoing compliance with regulation 2600.132. Any deficiencies identified will be corrected immediately, and all findings will be documented and reviewed internally to promote continuous improvement.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented ( [REDACTED] - 09/09/2025)

141a - Medical Evaluation

4. 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.

Description of Violation

Resident #1, with a date of admission of [REDACTED] did not have a medical evaluation completed.

Resident #2, with a date of admission of [REDACTED], did not have a medical evaluation completed.

Plan of Correction

Accept ( [REDACTED] - 08/20/2025)

In response to the violation identified by the Pennsylvania Bureau of Human Service Licensing, the Administrator took immediate action on 7/22/2025, and made appointments to complete the medical evaluation for residents #1 and #2.

To improve operations and ensure compliance, the medical evaluations were completed on 07/29/2025 for resident #1 and resident #2.

**141a - Medical Evaluation (continued)**

Going forward, the Administrator will conduct audits of new admission records, focusing on the timely completion of these records as specified by regulations. To facilitate this, the Administrator will utilize an Audit Chart Form (attached) that outlines the required timeframes for each document. This form will be finalized by the administrator once all tasks are completed. To ensure ongoing compliance, the Administrator will see that each resident has 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 before admission or 30 days after admission, and annually. Any deficiencies identified will be addressed promptly, and findings will be documented and reviewed internally to promote continuous improvement as of 9/1/2025.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented (█) - 09/09/2025

**182b - Prescription Medication****5. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**Description of Violation**

On 07/04/25, 07/11/25, and 07/18/25 at 7am, staff person A administered medication to resident #3 to include the following: Trulicity 4.5 mg/ml, once every Friday by injection. Staff person A is not a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral, topical, eye, nose, and ear drop prescription medications; insulin injections; and epinephrine injections for insect bites or other allergies.

**Plan of Correction**

Accept (█) - 08/20/2025

According to regulation 2600.182.b, program policy has been updated to stipulate that insulin, specifically GLP-1 agonists, will only be administered by licensed professionals who have received training in the administration of these medications.

On 7/22/2025, Staff Person A, along with other non-licensed staff members, has been removed from any duties involving the administration of GLP-1 agonists.

All staff will receive training in this area on medication administration of GPL-1 by 9/1/2025.

**182b - Prescription Medication (continued)**

The PCP was contacted on 7/22/2025, and a letter was written and given on 7/28/2025 stating that resident #3 is able to self-administer [REDACTED] Trulicity injection weekly.

The policy update is scheduled for completion by 9/1/2025. Additionally, the Program Coordinator will conduct bi-weekly audits to ensure compliance with the policy.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented ([REDACTED] - 09/09/2025)

**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**

On 07/22/2025, resident #2 is prescribed Lorazepam 2 mg: take 1 tablet by mouth, up to 2 times per day. The count for the narcotic was incorrect; the narcotic log for this medication indicated 13 pills remain, however, the actual count was 16 tablets.

On 07/22/2025, resident #4 is prescribed Lorazepam 1 mg: give 1 tablet by mouth, twice daily at 8am and 3pm. The count for the narcotic was incorrect; the narcotic log for this medication indicated 32 pills remain, however, the actual count was 31 tablets.

**Plan of Correction**

Accept ([REDACTED] - 08/20/2025)

On 7/23/2025, the Administrator reviewed regulation 2600.185.a. and reviewed the homes policy on safe storage, access, security, distribution, and use of medications and medical equipment by trained staff persons.

Going forward, the Administrator will conduct an audit of all narcotics to ensure accurate counts and resolve any discrepancies. Findings will be documented with appropriate corrective measures. All staff will receive formal retraining in ODP medication administration training by 9/1/2025.

Training will cover the safe storage, access, security, distribution, and use of medications and medical equipment. The Administrator will audit Medication Administration Records weekly to ensure compliance as well as accurate narcotic counts. This audit will begin 9/1/2025.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented ([REDACTED] - 09/09/2025)

**187b - Date/Time of Medication Admin.****7. Requirements**

2600.

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

187b - Date/Time of Medication Admin. (continued)

**Description of Violation**

On 07/01/25 and 07/02/25 at 4pm, resident #2 was administered Lorazepam 2mg: take one tablet by mouth, up to 2 times per day as needed for agitation. Staff person B did not initial the medication administration record.

**Plan of Correction**

Accept (█) - 08/20/2025)

Immediate action was taken on 7/22/25, per regulation 2600.187.b, medications which have been administered will be recorded at the time of administration. The staff person returned to the unit and recorded the administered medication on 7/22/2025.

All staff will receive formal ODP medication administration re-training by 9/1/2025. The Program Coordinator will audit Medication Administration Records weekly to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented (█) - 09/09/2025)

190c - Record of Training

**8. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

**Description of Violation**

The home's medication administration training record for staff person B does not include documentation of successful completion of the training. The initial training was missing the multiple choice from the Office of Developmental Programs and the electronic score.

**Plan of Correction**

Directed (█) - 08/20/2025)

The home Administrator immediately on 7/24/2025 reiterated a plan per regulation 2600.190.c. A record of the training will be kept, including the staff person trained, the date, source, name of trainer, and documentation that the ODP course was successfully completed.

As of 8/1/2025, the program has implemented and completed the process with ODP to conduct the medication training online. We are working with █ from ODP Medication Administration, who assisted with setting up accounts. In addition, the CATCH IT Department is developing the necessary infrastructure to conduct the class electronically.

All staff members will complete training by 9/1/2025.

Directed plan of correction (slw 8/20/25):

-in addition to the steps noted in the plan of correction, the administrator will conduct training reviews of all med techs, at least bi-annually, to ensure all med techs are properly trained to administer medications, starting immediately.

Proposed Overall Completion Date: 09/01/2025

Directed Completion Date: 09/01/2025

Implemented (█) - 09/09/2025)

202 - Prohibitions

9. Requirements

2600.

202. The following procedures are prohibited:

- 4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

On 07/01/25 and 07/02/25 at 4pm, resident #2 was administered Lorazepam 2mg: take one tablet by mouth, up to 2 times per day as needed for agitation.

Plan of Correction

Accept (█ - 08/26/2025)

On 9/21/2025, the Administrator met with the prescribing psychiatrists to discuss the revision of protocols for managing episodic behaviors in accordance with regulation 2600.202. The focus included the implementation of behavioral management techniques before administering PRN medication.

Direct Care Staff training on the new protocol is scheduled for August 25, 2025.

During the meeting with the psychiatrists, the revisions included the introduction of several behavioral management techniques before the administration of PRN medications. These techniques involve:

- **Journaling**: Tracking thoughts and emotions to identify patterns and triggers.
- **Cognitive Restructuring**: Recognizing challenging, negative, or irrational thoughts and replacing them with more balanced and realistic ones.
- **Goal Setting**: Establishing measurable, achievable, relevant, and time-bound goals to break down overwhelming tasks into manageable steps.

These protocols were finalized on August 22, 2025, and have been added to our medication policies and procedures manual.

Additionally, PRN orders will be rewritten to specify anxiety as the reason for use instead of agitation. Any identified deficiencies will be addressed immediately, and all findings will be documented and reviewed internally to promote continuous improvement.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented (█ - 09/09/2025)

225a - Assessment 15 Days

10. Requirements

2600.

225a - Assessment 15 Days (continued)

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

An assessment was not completed for resident #1, who was admitted to the home on [REDACTED]

An assessment was not completed for resident #2, who was admitted to the home on [REDACTED]

**Plan of Correction**

Accept ([REDACTED] - 08/20/2025)

In response to the violation identified by the Pennsylvania Bureau of Human Service Licensing, the Administrator took immediate action on 7/22/25 to complete assessments for residents #1 and #2.

To improve operations and ensure compliance, the Administrator finalized these assessments for residents #1 and #2 on 7/22/25.

Going forward, the Administrator will conduct audits of new admission records, focusing on the timely completion of these records as specified by regulations. To facilitate this, the Administrator will utilize a daily chart list form that outlines the required timeframes for each document. This form will be finalized once all tasks are completed, ensuring ongoing compliance. Any deficiencies identified will be addressed promptly, and findings will be documented and reviewed internally to promote continuous improvement.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented ([REDACTED] - 09/09/2025)