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

September 2, 2026

[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 07/16/2026 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**: *12/23/2026*

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: *0* **Total Daily Staff**: *18* **Waking Staff**: *14*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *07/16/2026*

Inspection Dates and Department Representative

07/16/2026 - 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**: *1*

Have Mobility Need: *2* **Have Physical Disability**: *1*

Inspections / Reviews

07/16/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/14/2026*

08/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/31/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/21/2026*

Inspections / Reviews *(continued)*

08/20/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *09/03/2026*

09/02/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/31/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 7/16/2026, the Department of Health's Influenza poster was not posted as required by the Influenza Awareness Act of 2016.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

The administrator took immediate action by acquiring the latest Influenza Awareness poster from the Pennsylvania Department of Health and prominently displaying it on a wall in the home. The poster is placed in a location that is clearly visible to all.

The administrator is responsible for ensuring that the poster remains displayed and is kept up-to-date during the monthly routine compliance inspections.

To further enhance compliance, the influenza poster will be included in the home's annual regulatory compliance checklist. Either the administrator or a designated staff member will verify the poster's presence and current status during monthly compliance rounds and document their findings.

Both the administrator and a designated staff member will conduct this compliance inspection.

A copy or photo of the displayed influenza awareness poster, along with the completed compliance monitoring checklist, will be maintained for record-keeping.

The monthly monitoring of compliance laws will start on September 1, 2026.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 09/02/2026)

20b1 - Financial Records

2. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home holds funds for resident #1. However, the home does not keep financial records for its transactions with resident #1.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

The administrator reviewed Regulation 2600.20.b and began to establish the process for financial transaction records for residents.

The administrator will establish and maintain separate financial transaction records for any resident who requires assistance with their finances. These records will be kept using the finance form provided by the Department of

20b1 Financial Records (continued)

Human Services. The form will include the following information: the date of each transaction, the amount deposited, the amount withdrawn or disbursed, the purpose of the transaction, the current running balance, and supporting documentation for each transaction.

Resident financial records will be reviewed and reconciled against available documentation to ensure an accurate current balance.

All residents needing assistance with financial transactions will have their transactions recorded in the resident's financial record book at the time of the transaction. The administrator will reconcile resident financial records on a monthly basis.

A monthly financial audit will verify that deposits, withdrawals, receipts, and balances are appropriately supported by documentation.

The administrator will be responsible for maintaining the resident financial ledger approved by the department, documenting reconciliations, and completing the monthly financial audit form.

The separate financial records were created on 7/17/2026 for residents who require financial assistance and finalized on 8/14/2026. The monthly audits of financial records will start on September 1, 2026.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 09/02/2026)

20b3 - Written Receipts

3. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home does not obtain the resident's signature for receipts of disbursements.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

The administrator took action by implementing a standardized Resident Funds Disbursement Receipt. Each time cash is disbursed to a resident, the resident will sign and date the form at the time of disbursement.

The administrator is responsible for resident funds and will conduct a monthly audit of resident financial records to verify that every cash disbursement has a corresponding written receipt.

The separate financial records were created on 7/17/2026 for residents who require financial assistance and finalized on 8/14/2026. The monthly audits of written receipts will start on September 1, 2026.

20b3 - Written Receipts *(continued)*

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 09/02/2026)

20b8 - Quarterly Account

4. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident #1 has not received a quarterly account of financial transactions since admission.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

The administrator will provide residents, when applicable, the designated individual of the resident, with an itemized account of financial transactions for the relevant period.

The resident's account will include details of deposits, withdrawals/disbursements, dates, amounts, and the resulting balance.

A copy of the itemized quarterly account will be kept in the resident's record as required.

The administrator will establish a quarterly financial account form for every resident for whom the home holds or manages funds.

Quarterly accounts will be prepared, reviewed, provided to the residents or their designated individuals, and documented in the resident's record.

Monthly, the administrator will monitor the quarterly financial account schedule to ensure that upcoming accounts are completed promptly

The administrator is responsible for overseeing this process.

Documentation will include the quarterly itemized account, records of delivery and review, resident record documentation, and the quarterly tracking form.

The quarterly statements were prepared and reviewed with the resident on 7/17/2026. Separate financial records were created on 7/17/2026 for residents who require financial assistance and finalized on 8/14/2026. The monthly audits of quarterly accounts will start on September 1, 2026.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 09/02/2026)

64c - Annual Training

5. Requirements

64c Annual Training *(continued)*

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

[redacted] *the home's administrator, completed only 13.5 hours of Department-approved training in training year 2025.*

Plan of Correction ***Accept ([redacted] - 08/17/2026)***

The administrator immediately reviewed the training record and identified the remaining training hours needed to meet the annual requirement. The administrator will complete the required Department-approved training and maintain documentation of completion certificates.

The home will maintain a centralized administrator training record containing the course title, date, training source, content, length of the training, and certificate of completion.

At the beginning of each training year, the administrator will establish an annual training calendar identifying the required 24 hours and schedule completion dates.

The administrator's training hours will be reviewed quarterly to ensure sufficient progress toward the annual requirements and documented on the audit form.

The person responsible is the program administrator.

The program administrator will attend conferences to obtain the necessary credits. The program administrator will take 11 additional online trainings in addition to the annual 24 hours of training for 2026. These 11 additional trainings will be completed by 8/31/26.

The supporting documents consist of the training certificates, training log, annual administrator training calendar, and quarterly training review.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 09/02/2026)

65g Annual Training Content

6. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

65g - Annual Training Content *(continued)*

Description of Violation

Staff person B did not receive training in resident rights or in falls and accident prevention during training year 2025.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

A training record has been attached for Staff B, which details resident rights and falls and accident prevention training sessions.

In addition, the administrator has developed a comprehensive individual staff training compliance checklist that outlines the mandatory training requirements for all personnel. This checklist will serve as a tool to monitor compliance with training protocols and ensure that all staff members are up to date with their required training.

To ensure adherence to these standards, the administrator is responsible for conducting a monthly review of the compliance checklist. This assessment will help identify any training gaps and allow for timely interventions to support staff development and improve overall training compliance.

The monthly audit of the annual training content review will start on September 1, 2026.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 09/02/2026)

66b - Training Plan Content

7. Requirements

2600.
66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan for 2026 does not include the following required training topics for direct care staff: Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

Immediate action was taken by the home administrator to revise the 2026 Staff training plan to include the required resident needs training: a training calendar with dates/times/locations and a staff roster identifying positions/duties on the staff training record.

The Administrator will be responsible for a monthly audit of the training plan completion on a training completion tracking form.

The monthly training content review will start on September 1, 2026

66b - Training Plan Content *(continued)*

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 09/02/2026)

96a - First Aid Kit

8. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 7/16/2026 at 9:31 am, the home's only first aid kit did not include a thermometer, eye coverings, scissors, or tweezers.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

The administrator promptly took action to enhance the contents of the first aid kit. After assessing the current supplies, the kit was updated to include essential items such as a thermometer for measuring body temperature, scissors for cutting bandages or clothing in emergencies, tweezers for safely removing splinters or stingers, and eye coverings to protect injured eyes.

To maintain these standards, the administrator will be responsible for overseeing the first aid kit's contents. This includes conducting a thorough monthly inspection using the First Aid Kit Inventory Checklist Form to ensure that all items are present and in good condition. Additionally, any significant findings or outcomes from the inspections will be documented for future reference, thereby ensuring the readiness of the first aid kit for any emergencies that may arise.

The monthly audit of emergency kits will start on September 1, 2026.
In addition, an in-service was held on 8/18/2026, focusing on replenishing any used items from the kit to remain compliant.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 09/02/2026)

187a - Medication Record

9. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 is prescribed Ketoconazole 2% cream twice daily. However, the resident's medication administration record for July 2026 incorrectly indicates the resident receives a 1% cream.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

The administrator took immediate action to correct the Medication Administration Record. Resident #1 MAR was updated to reflect the current physicans/prescibers order, and the pharmacy label/package shows Ketoconazole 2%. Staff was retrained on 8/13/26 on pharmacy label packaging and following the prescribers' orders.

187a Medication Record (continued)

The home administrator will be responsible for monitoring the MARS as new prescriptions and medications are received and documenting any discrepancies on the Medication Record Accuracy Audit form.

The monthly audit for the review of MARs content will start on September 1, 2026.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 09/02/2026)

187d - Follow Prescriber's Orders

10. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Clotrimazole 1% cream twice daily. However, resident #1 was not administered their 8:00 pm application of this treatment on 7/11 and 7/12/2026.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

Prompt action was undertaken by the administrator to facilitate training for staff, conducted by a certified medication trainer. The staff received retraining on August 13, 2026, focusing on the accurate documentation of medication administration.

The administrator shall be responsible for performing audits and documenting findings on a monthly monitoring checklist to identify any discrepancies.

The monthly audit for the following prescriber orders content will start on September 1, 2026.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented ([redacted] - 09/02/2026)