



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ANNS CHOICE INC**

LEGAL ENTITY

To operate **ANN'S CHOICE**

NAME OF FACILITY OR AGENCY

Located at **16000 ANN'S CHOICE WAY, WARMINSTER, PA 18974**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **65**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 44**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **December 13, 2021** until **July 22, 2022**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **129010**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 01/21

Emailing Date: December 13, 2021

[REDACTED]
[REDACTED]
Ann's Choice, Inc.
1600 Ann's Choice Way
Warminster, Pennsylvania 18974

RE: Ann's Choice
Certificate #: 129010

Dear [REDACTED]:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase from 44 to 65. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,



Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

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

Facility Information

Name: *ANN'S CHOICE* License #: *12901* License Expiration Date: *07/22/2022*
Address: *16000 ANN'S CHOICE WAY, WARMINSTER, PA 18974*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2154433900* Email: [REDACTED]

Legal Entity

Name: *ANNS CHOICE INC*
Address: *16000 ANN'S CHOICE WAY, WARMINSTER, PA, 18974*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *09/10/2021* Issued By: *Township of Warminster*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *80* Waking Staff: *60*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *New* Exit Conference Date: *11/03/2021*

Inspection Dates and Department Representative

11/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *40*

Secured Dementia Care Unit

In Home: *Yes* Area: *SDCU* Capacity: *44* Residents Served: *40*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
Diagnosed with Mental Illness: *25* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *40* Have Physical Disability: *0*

Inspections / Reviews

11/03/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/22/2021*

11/24/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/03/2021*

11/29/2021 - Document Submission

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

41c - Rights Poster**1. Requirements**

2600.

- 41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

On 11/3/21 at 10:00am, the Department's resident's rights poster is not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

Residents' Rights have been posted in a conspicuous and public place on Chestnut Ridge.

Completion Date: 11/22/2021

Document Submission**Implemented**

Photo attached

86b - Bathroom**1. Requirements**

2600.

- 86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in room 112, does not have an operable window or ventilation fan.

Plan of Correction**Accept**

An exhaust fan for ventilation will be installed in the bathroom in room 112 per regulation.

Completion Date: 01/03/2022

Document Submission**Implemented**

Photo attached. To be completed by 01/03/2022

91 - Telephone Numbers**1. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephones in the nurses station.

Plan of Correction**Accept**

Emergency telephone numbers have been placed next to the phones in the nurses' charting room. Phone numbers include the nearest hospital, fire department, police department, ambulance, poison control, local emergency management and personal care complaint hotline.

Completion Date: 11/22/2021

Document Submission**Implemented**

Photo attached

96a - First Aid Kit**1. 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 11/3/21 at 10:00am, there was not first aid kit in personal care.

Plan of Correction**Accept**

A first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers has been placed in the medication room on Chestnut Ridge.

Completion Date: 11/22/2021

Document Submission**Implemented**

Photo attached

121a - Unobstructed Egress**1. Requirements**

2600.

- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The exit to fire tower #1 is locked by a keypad device. On 11/3/21 at 9:30am, the code to unlock the exit by keypad was not posted.

Plan of Correction**Accept**

The code to activate keypad device to unlock exit door at fire tower 1 is posted on the keypad.

Completion Date: 11/22/2021

Document Submission**Implemented**

Photo attached

123c - Evacuation Diagrams**1. Requirements**

2600.

- 123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home currently serves 40 residents. However, there are no emergency evacuation diagram showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals posted in the first floor of personal care.

Plan of Correction**Accept**

an emergency evacuation diagram depicting corridors, line of travel to exit doors and location of fire extinguishers and pull stations has been posted in a conspicuous and public place on Chestnut Ridge.

Completion Date: 11/22/2021

123c - Evacuation Diagrams (continued)**Document Submission****Implemented***Photo attached***133.2 - Exit Signs Direction****1. Requirements**

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

On 11/3/21, the home served 40 residents. On 11/3/21, There is a hallway exit sign directing residents to the outdoor patio, which is not an exit. On 11/3/21, the exit sign by fire tower #1 did not have an arrow directing to fire tower one.

Plan of Correction**Accept**

The arrow on the hallway exit sign has been removed and exit sign no longer points to outdoor patio. The exit sign at fire tower 1 has been corrected to direct evacuation to the fire tower.

Completion Date: 11/22/2021

Document Submission**Implemented***Photo attached*