

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ANNS CHOICE, INC.

LEGAL ENTITY

To operate RENAISSANCE GARDENS AT ANN'S CHOICE, INC.

NAME OF FACILITY OR AGENCY

Located at 16000 ANN'S CHOICE WAY, WARMINSTER, PA 18934

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 66
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 May 29, 2010 until May 29, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129010

Robert E. Robinson

ISSUING OFFICER

Kevin J. Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 25 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Leonard C. Weiser, Jr., Senior Administrator of Extended Care
Ann's Choice, Inc.
10000 Ann's Choice Way
Warminster, Pennsylvania 18934

RE: Renaissance Gardens at Ann's Choice, Inc.
16000 Ann's Choice Way
Warminster, Pennsylvania 18934

Dear Mr. Weiser:

As a result of the Department of Public Welfare's licensing inspection on April 19, 2010 and April 20, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Renaissance Gardens at Ann's Choice, Inc. 16000 Ann's Choice Way, Warminster, Pa. 18934		CURRENT LICENSE NUMBER 129010	
INSPECTION DATE(S) (Include all dates of the inspection) April 19 and 20, 2010		REGIONAL REPRESENTATIVE Mary Ellen Shoup, Judith Folan	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Len Weiser</i> <i>Sr Administrator of Extended Care</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Len Weiser</i>		DATE <i>5/4/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>
			DATE <i>5-11-10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	Resident 1's contract was signed and dated June 2, 2002 by the resident however this resident was not admitted until May 8, 2009. Staff did not correct the date entered by the resident when the contract was co-signed. Resident 2's contract was not signed by the payer or designated power of attorney and there was no documentation of refusal by the resident or the designated person. Repeat from 2/6/08 and 4/16/09	5/3/10 5/3/10	1) With respect to the stated citation, Resident #1 has initialed [redacted] contract with the correct year (2009) and Resident #2's contract has been also signed by the payer (see attached). 2) With respect to the stated citation, all future contracts will have facility staff placing the date that the contract is signed after their name as well as verify that the date the resident is signing is correct. In addition, both resident and payers will sign contracts moving forward. 3) With respect to training, community admissions staff has been instructed on this process (see attached sign-in sheet). 4) The facility will audit 100% of all Personal Care Home admissions each month and report compliance with the above practices each month at the Quality Assurance Meeting. Reporting will take place for 3 months or until compliance is at 100%.	5-11-10 <i>JH</i>

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Len Weisen</i> <i>SR. Administrator of Extended Care</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Len Weisen</i>	DATE <i>5/14/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Sawyer</i>	DATE <i>5-11-10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25d A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1— 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of 20 (financial management) may apply. There may be no charge for filling out this paperwork.	There was no policy or procedure relating to rent rebates nor was it included in the resident contract or other document.	5/3/10	1) With respect to the stated citation, a supplemental form has been placed with all Admission paperwork for the Personal Care Home (See attached). 2) All future admissions to the Personal Care Home will have the attached information sheet provided to them with their admission paperwork. 3) With respect to training, community admissions staff has been instructed on this process (see attached sign-in sheet). 4) The facility will audit 100% of all Personal Care Home admissions each month and report compliance with the above practices each month at the Quality Assurance Meeting. Reporting will take place for 3 months or until compliance is at 100%.	5-11-10 <i>Q#</i>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Len Weiser</i>		DATE <i>5/11/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>
		DATE <i>5-11-10</i>	

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65a and 65b 65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation.	The orientation of Employee A, hired on February 15, 2010, did not include all topics required on day one and all topics required within 40 hours of employment. Orientation to residents rights, which was not provided until March 1, 2010, did not specify abuse reporting requirements; the program on emergency procedures and hazards did not specify the inclusion of evacuation, fire drill, smoking and other required topic 65a Repeat from 4-16-2009	4/30/10	1) With respect to the stated citation, employee A has had all of the required topics required as of 4/30/10 (see attached). 2) With respect to possible other staff affected by this regulation, all ancillary staff will have their training records reviewed for compliance with this regulation.	<i>5-11-10 JH</i>

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Len Welsch</i> <i>SR Administrator of Extended Care</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Len Welsch</i>		DATE <i>5/31/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>
			DATE 5-11-10

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and		5/31/10	3) If the above audit of ancillary staff indicates others need the required trainings. Trainings will be provided to meet the regulation. All trainings will be completed by 5/31/10. 4) The facility will provide an update of all ancillary staff and compliance with this regulation at the May Quality Assurance meeting. Moving forward, an audit of new Personal Care Home ancillary staff will be audited for compliance with this regulation and reported to the Quality Assurance Committee Meeting. Reporting will take place for 3 months or until compliance is at 100%.	<i>5-11-10 JH</i>

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Len Weller</i> <i>SR. Administrator of Extended Care</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Len Weller</i>	DATE <i>5/11/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE <i>5-11-10</i>


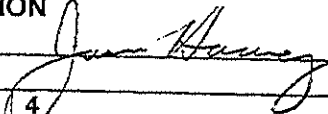
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
notification of emergency services. 65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective				<i>5-11-10 JH</i>

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<i>Len Weiser</i> <i>Sr Administrator of Extended Care</i>		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Len Weiser</i>	DATE <i>5/11/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jean Harvey</i>
		DATE <i>5-11-10</i>

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Services Act. (4) Reporting of reportable incidents and conditions				<i>5-11-10 JH</i>

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center"><i>Ken Weiser</i> <i>Sr Administrator of Extended Care</i></p>		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE <i>5/11/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 5-11-10

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124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The letter to the fire department dated November 30, 2009 did not list the location of all the rooms in the personal care home. The letter stated the rooms were located on "1 East Household" located on the first floor and "3 East Household" located on the right side of the building on the third floor. The letter did not include the rooms on the 3 West Household located on the third floor.	5/3/10	1) With respect to the stated citation, a revised letter to the Fire Marshal was sent (see attached). 2) With respect to updates to this letter, if another resident is identified as needing assistance or if current residents change bedrooms a revised letter will be sent to the Fire Marshal. All residents with mobility needs will be reviewed at the monthly Quality Meeting. 3) Staff will be informed of this regulation and process for compliance at the next Quality Meeting (May 3 2010). See attached. 4) 50% of residents on each Personal Care Home household will have an audit completed comparing their MA-51 indicating a resident requires assistance with the letter sent to the Fire Marshal. Reporting will take place for 3 months or until compliance is at 100%.	5-11-10 <i>JK</i>

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<i>Len Wewers</i> <i>SR. Administrator of Extended Care</i>				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Len Wewers</i>		DATE <i>5/4/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Juan Ramirez</i>	
			DATE <i>5-11-10</i>	

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141a-2 The medical evaluation shall include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications	The medical evaluation for Resident 3 signed and dated by the Physician on May1, 2009 listed the medications but lacked the dosage and frequency of administration. The medical evaluation for Resident 4 dated April 15,2010 documented "see attached" for sections for medical history ,diagnoses, and medications. The attached documents were dated April 18,2010 three days after the medical evaluation	5/4/10	1) With respect to the stated citation, Resident #3's has a revised MA-51 and correctly signed physician's orders (See Attached). Resident #4 can not be corrected until the next MA-51 is completed. 2) With respect to remaining in compliance with this regulation, nursing staff will not accept a MA-51 and corresponding physician's orders from the physician unless signed and dated correctly. 3) Providers will be educated on this practice and compliance with the regulation on May 4, 2010. (see attached signature sheet). 4) 50% of residents on each Personal Care Home household will have an audit completed comparing their MA-51 and corresponding physician orders verifying the signature and date on the physician orders. Reporting will take place for 3 months or until compliance is at 100%.	Date 5-11-10 Initials (DPW) [Signature]

Steps have been taken to correct violation; full compliance is not verifiable
 Date
 5-11-10
 Initials (DPW)
 [Signature]