



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: November 30, 2010

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

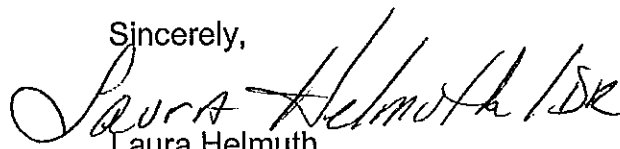
Re: Renaissance Gardens at Ann's Choice, Inc
16000 Ann's Choice Way
Warminster, Pennsylvania 18934

Dear Mr. Weiser:

As a result of the Department of Public Welfare's licensing inspection on July 29, 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.


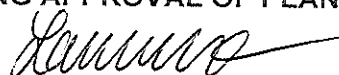
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,


Laura Helmuth
Regional Licensing Administrator



Enclosure(s)
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 10,000 Ann's Choice Way, Warminster, Pa 18974 | | CURRENT LICENSE NUMBER 129010 | |
| INSPECTION DATE(S) (Include all dates of the inspection) July 29, 2010 | | REGIONAL REPRESENTATIVE Leslie Erhardt and Patricia Adams | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) | | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE  | DATE 11/19/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 11/29/10 |

| 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 |
|--|--|--|---|---|
| 16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law). | On 6/19/10, Resident #1 reported to Direct Care Staff A that Direct Care Staff B rushed him/her during care and spoke harshly to him/her. The incident was not reported to the Department until 6/22/10. | 11/1/10 | 3) With respect to training, employees of the Personal Care home receive training on the abuse policy (including definitions and proper notification) upon hire and annually. Employees have also had abuse training during the 4 th quarter of 2010 and will have quarterly reviews of the abuse policy for the first two quarters in 2011. An on-call system was also established where 4 coordinators in addition to the personal care home administrator share on-call during the weekends so staff always have access to report abuse allegations. In addition, the back-up administrator is available should the administrator be unavailable. | |

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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| 16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law). | On 6/19/10, Resident #1 reported to Direct Care Staff A that Direct Care Staff B rushed him/her during care and spoke harshly to him/her. The incident was not reported to the Department until 6/22/10. | | 4) The facility will audit the employee roster each quarter in 2011 to verify that all employees received the quarter review of the Abuse policy. Results of these audits will be reported to the Quality Assurance Meeting each quarter. Reporting will take place for the first 2 quarters in 2011 or until compliance is at 100%. | |