

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ANNS CHOICE, INC.

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

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

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE
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To provide Personal Care Homes

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

and shall remain in effect from July 22, 2012 until July 22, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 129010

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

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.



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

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670

FAX: (717) 783-5662

JUL 27 2012

Ms. Gloria Smith, Administrator
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. Smith:

As a result of the Department of Public Welfare's licensing inspection on June 22, 2012 and June 25, 2012 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.

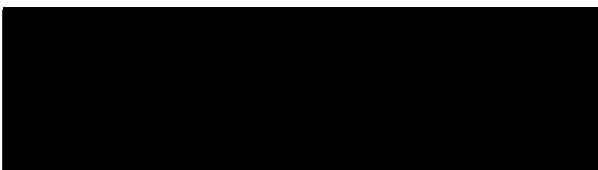
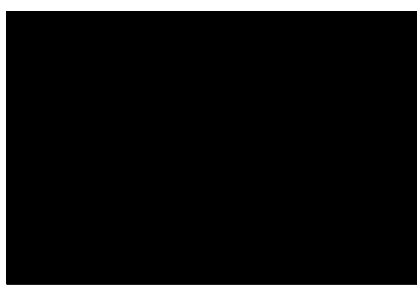
Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

| | | |
|---|--|------------------------|
| PGH Name: RENAISSANCE GARDENS AT ANN S CHOICE INC | | License Number: 129010 |
| Address: 16000 ANN S CHOICE WAY, WARMINSTER, PA 18934 | | County: |
| Administrator: Gloria Smith | | Region: |
| Legal Entity Name: ANNS CHOICE INC | | |
| Legal Entity Address: 10000 ANN'S CHOICE WAY, WARMINSTER, PA 18934 | | |
| Certificate(s) of Occupancy 1-2 04/17/2007 Pennsylvania L&I | | |
| Staffing Hours Resident Support: Total Daily Staff: 74 Waking Staff: 58 | | |
| Type of Inspection: Full BHA Docket Number: Notice: Unannounced | | |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 06/22/2012: McHale, Christine; Brower, Roslyn 06/25/2012: McHale, Christine; Brower, Roslyn | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| Other Details Partial or Full Triggers: Random Indicators: | | |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 68 Number of Residents Served: 56 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable:  | Number of Residents who:  | |

*Gloria Smith, Administrator.
Gloria Smith, Administrator.*

Violation Report: 12807 - 06/22/2012 - McHale, Christine
 PCH Name: RENAISSANCE GARDENS AT ANN S CHOICE INC

1. REGULATION 55 Pa.Code §2800
 2800.16(e) - If the home's final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or his designated person shall also be informed immediately following the conclusion of the investigation.

2a. DESCRIPTION OF VIOLATION
 - On 4/30/12, 5/3/12, and 5/22/12, the home submitted incident reports validating the occurrence of a medication error affecting resident #1. As of 6/22/12, the home has not informed resident #1.
 - On 1/1/12, the home submitted an incident report validating the occurrence of a medication error affecting resident #2. As of 6/22/12, that home has not informed resident #2.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Violation 2600.16 (e)

All incident reports that were identified during the survey were corrected and resident notified. These were then re-sent to DPW.

In-service education will be provided to direct care staff and administration of the requirements for completion, notification and timeliness of incident reporting to DPW. 100% of all DPW reports will be reviewed by PCH Administrator prior to sending to DPW.

100% of all DPW will be audited by PCH Administrator monthly x 3. Results of the audits will be reviewed at the monthly QI meeting. Additional audits to be conducted as warranted.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Gloria Smith, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Gloria Smith, Administrator* Date *7/5/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/11/12
 (Date)

The above plan of correction was approved by CSM
 (Initials)

Plan of correction implementation status as of 7/11/12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12901 - 06/22/2012 - McHale, Christine
 PCH Name: RENAISSANCE GARDENS AT ANN S CHOICE INC

1. REGULATION 56 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 16 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 The home did not obtain a Pennsylvania criminal background check for staff member A, hired on 12/1/11, and staff member B, hired on 5/14/12 until 6/22/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Violation 2600.51

Criminal background checks were obtained and placed in the personnel file for all staff identified by the surveyor.

A one time 100% audit of all new hires from 10/1/2011 will be conducted to ensure the PA State Police criminal background checks are in the personnel files appropriately.

In-service education will be provided to the Human Resource staff regarding the regulatory requirements for background checks for PCH staff. This will be completed by 7/16/2012.

100% of all new hires will be audited monthly x 3 to ensure compliance of background checks. Results of the audits will be reviewed at the monthly QI meeting. Additional audits to be conducted as warranted.

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative (Required on EVERY Page) *Gloria Smith, Administrator*

| | |
|---|--------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Gloria Smith, Administrator</i> | Date <i>7/6/12</i> |
|---|--------------------|

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

| | |
|---|---|
| The above plan of correction is approved as of <i>7/11/12</i> (Date) | Plan of correction implementation status as of <i>7/11/12</i> (Date) |
| The above plan of correction was approved by <i>CSM</i> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 12001 - 06/22/2012 - McHale, Christline
 RGH Name: RENAISSANCE GARDENS AT ANN S CHOICE INC

- 1. REGULATION 55 Pa.Code §2600**
2600.107(b) - The home shall have written emergency procedures that include the following:
- (1) Contact information for each resident's designated person.
 - (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
 - (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
 - (4) Means of transportation in the event that relocation is required.
 - (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
 - (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures do not include the home's plan to provide the emergency medical information for each resident that ensures confidentiality.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Violation 2600.107 (b)

The current Emergency Disaster Policy has been revised to include a plan to provide confidential emergency medical information during a disaster.

In-service education will be provided to the staff and administration regarding the security and availability of the resident's confidential medical information during an emergency. This will be completed by 7/16/12.

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative (Required on EVERY Page) *Gloria Smith, PC Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Gloria Smith, PC Administrator* Date *7/5/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/11/12
 (Date)

Plan of correction implementation status as of 7/11/12
 (Date)

The above plan of correction was approved by *OSM*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12901 - 08/22/2012 - McHale, Christine
 PCH Name: RENAISSANCE GARDENS AT ANN S CHOICE INC

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(6) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the home's vehicle did not contain a thermometer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Violation 2600.171 (b) (5)

A thermometer was added to the First Aid kit in transport van. This was reported to the surveyors prior to their exit.

A one time 100% audit of all First Aid kits will be conducted to ensure that all required components are in the kit. Material will be added as needed.

In-service education will be provided to PCH staff and administration as well as van drivers regarding the requirements of the contents of the First Aid kit. A list of required components for the First Aid kit will be placed into the kit for easy reference.

Monthly x 3 audit of all First Aid kits will be conducted by PCH Administrator or designee to ensure compliance. Results of the audits will be reviewed at the monthly QI meeting. Additional audits to be conducted as warranted.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Gloria Smith, Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Gloria Smith, Administrator* Date *7/5/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/12
 (Date)

Plan of correction implementation status as of 7/11/12
 (Date)

The above plan of correction was approved by CRM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12001 - 06/22/2012 - McHale, Christine
 PCH Name: RENAISSANCE GARDENS AT ANN S CHOICE INC

- 1. REGULATION 55 Pa.Code §2600**
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special precautions, if applicable.
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

- The medication administration record for resident #2 does not include a diagnosis or purpose for Plavix U-D 75mg.
- The medication administration record for resident #3 does not include a diagnosis or purpose for Lithium Carbonate 450 mg, Fiber Therapy, Multivitamin, Propranolol 20 mg, and Niacin 250 mg. The medication administration also listed the incorrect dosage form and strength or Fiber Therapy listing it as a 2 gm/10 gm powder when the dosage form was a tablet.
- The medication administration record for resident #4 does not include the diagnosis or purpose for Sertraline 50 mg, Senna Plus 0.6 mg, and Lorazepam 0.5 mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached sheet.

| | | | |
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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | <i>Gloria Smith, Administrator</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | Date <i>7/1/12</i> | |
| Gloria Smith, Administrator. | | | |

| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | |
|---|---|
| The above plan of correction is approved as of <u><i>7/1/12</i></u> (Date) | Plan of correction Implementation status as of <u><i>7/1/12</i></u> (Date) |
| The above plan of correction was approved by <u><i>GRM</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation 2600.187 (a)

Provider was notified of the deficient practice. New orders were received to add diagnosis or purpose for the residents identified during the survey. Clarification was received on Resident # 3 regarding the correct form and dosage of the ordered medication (Fiber).

A one time 100% audit of all residents Medication Administration Records will be conducted to ensure that appropriate diagnosis is reflected on the MAR and all orders have appropriate dosage and form. Any deviations will be corrected. This will be completed by 7/16/2012.

In-service education will be provided to the Provider group and PC staff and administration regarding the requirement to identify diagnosis for each medication ordered and providing correct dosing and form for each medication ordered. This will be completed by 7/16/2012.

10% audit weekly x 4 then monthly x 2 will be conducted by the Administrator or designee of all Medication Administration Records to ensure compliance of this regulation. Results of the audits will be reviewed at the monthly QI meeting. Additional audits to be conducted as warranted.

Gloria Smith, Administrator 7/5/12
Gloria Smith, Administrator

| | |
|--|---|
| Violation Report: 12901 - 06/22/2012 - McHale, Christine PCH Name: RENAISSANCE GARDENS AT ANN S CHOICE INC | |
| 1. REGULATION 65 Pa.Code §2800 2600.187(d) - The home shall follow the directions of the prescriber. | |
| 2a. DESCRIPTION OF VIOLATION Resident #1 had an order for Oyster Shell Calcium with Vitamin D 250 mg/125 mg. The resident was being administered Cliracal plus Magnesium. | |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. | |
| <p>Violation 2600.187 (d)</p> <p>Provider notified about discrepancy of medication and a clarification order was received. Incident report was faxed to DPW.</p> <p>A one time 100% audit of medications in medication cabinets will be compared to the medication records to make sure the correct medication is in the cabinets as ordered.</p> <p>An in-service will be provided to the PC staff regarding proper administration of medications that are ordered on the medication administration record. This will be completed by 7/16/12.</p> <p>10% of the medication administration records (MARS) will be audited weekly x 4 and then monthly x 2 by the administrator or designee to ensure compliance of this regulation. Results of the audits will be reviewed at the monthly QI meeting. Additional audits to be conducted as warranted.</p> | |
| Repeat Violation: No | Date(s) of Previous Violation(s): |
| Signature of Legal Entity Representative (Required on EVERY Page) <i>Gloria Smith, Administrator</i> | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Gloria Smith, Administrator</i> | Date <i>7/5/12</i> |
| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | |
| The above plan of correction is approved as of <u>7/11/12</u> (Date) | Plan of correction implementation status as of <u>7/11/12</u> (Date) |
| The above plan of correction was approved by <u>GRM</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 12001 - 06/22/2012 - McHale, Christine
 PCH Name: RENAISSANCE GARDENS AT ANN S CHOICE INC

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident #'s records does not include a specific destination for the resident upon discharge on 1/4/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Violation 2600.252

Medical record identified was corrected with the appropriate information as outlined by regulation.

A one time 100% audit of all discharged residents records from 1/1/12 will be conducted to ensure compliance. Any corrections will be made immediately.

A discharge checklist will be developed to ensure all required components are being accurately documented upon discharge. Staff will be educated on its use. This will be completed by 7/16/12.

100% of all discharged records will be reviewed by Administrator or designee monthly x 3 to ensure compliance. Results of the audits will be reviewed at the monthly QI meeting. Additional audits to be conducted as warranted.

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative (Required on EVERY Page) Gloria Smith, Administrator

| | |
|--|--------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Gloria Smith, Administrator.</u> | Date <u>7/5/12</u> |
|--|--------------------|

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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|---|---|
| The above plan of correction is approved as of <u>7/11/12</u> (Date) | Plan of correction implementation status as of <u>7/11/12</u> (Date) |
| The above plan of correction was approved by <u>CRM</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |