



JUN 21 2013

Mr. Christopher Donati, Executive Director  
Anns Choice, Inc.  
10000 Ann's Choice Way  
Warminster, Pennsylvania 18934

RE: Ann's Choice  
16000 Ann's Choice Way  
Warminster, Pennsylvania 18934

Dear Mr. Donati:

As a result of the Department of Public Welfare's licensing inspection on April 15, 2013, 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.

Your regular license for the period of July 22, 2013 to July 22, 2014 was issued on April 4, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to be "R. Melusky", written in a cursive style.



Ronald Melusky  
Director

Enclosure  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 65 Pa.Code Chapter 2600**

PCH Name: ANN S CHOICE		License Number: 12901
Address: 16000 ANN S CHOICE WAY, WARMINSTER, PA 18934		County: Bucks
Administrator: Ryan Fitzpatrick		Region: SOUTHEAST
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 Warmminster Township L & I		
Staffing Hours Resident Support: 0 Total Daily Staff: 46 Waking Staff: 35		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/15/2013; Scharpf, Amy; Foulkes, Kimberl		
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: 44 Number of Residents Served: 43 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 7	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

*Ryan Fitzpatrick, PCHA*  
*Ryan Fitzpatrick 5/9/2013*

Violation Report: 12901 - 04/15/2013 - Scharpf, Amy POH Name: ANN S CHOICE	
1. REGULATION 58 Pa.Code §2600 2600.66(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	
2a. DESCRIPTION OF VIOLATION Direct care staff person A received only 8.5 hours of annual training in training year January, 2012 to December, 2012.  Direct care staff person B received only 4.5 hours of annual training in training year January, 2012 to December, 2012.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<ol style="list-style-type: none"> <li>1. Staff Development coordinator (SDC) and PC Administrator to implement and maintain spreadsheet of PC employee's education hours ensuring each has 12hrs annually.</li> <li>2. SDC and PC Administrator to implement change.</li> <li>3. Education spreadsheet to be created and implemented by 5/8/2013.</li> <li>4. The change will be made by implementing spreadsheet.</li> <li>5. The education spreadsheet will keep us updated on education hours preventing employee's from missing 12hrs of training.</li> <li>6. Clinical Care Coordinator, SDC, and PC Administrator will educate staff on importance of annual training and their responsibility to ensure completion. Annual evaluations of employee's now include education/training goal. Staff will be in-serviced on education/training by 5/17/13.</li> </ol>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 	
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> RYAN FITZPATRICK, PCHA	Date 5/2/2013
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>5/8/13</u> (Date)	Plan of correction implementation status as of <u>5/8/13</u> (Date)
The above plan of correction was approved by  (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: 12901 - 04/16/2013 - Scharpf, Amy	
PGH Name: ANN S CHOICE	
<p><b>1. REGULATION 65 Pa.Code §2600</b>                  2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:</p> <ol style="list-style-type: none"> <li>(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert,</li> <li>(2) Emergency preparedness procedures and recognition and response to crises and emergency situations,</li> <li>(3) Resident rights.</li> <li>(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).</li> <li>(5) Falls and accident prevention.</li> <li>(6) New population groups that are being served at the home that were not previously served, if applicable.</li> </ol>	
<p><b>2a. DESCRIPTION OF VIOLATION</b>                  Direct care staff person B did not receive training in the areas in regulation 65g during training year January, 2012 to December, 2012</p>	
<p><b>3. PLAN OF CORRECTION (POC)</b> (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> <ol style="list-style-type: none"> <li>1. Staff Development Coordinator (SDC) and PC Administrator to implement all six (6) topics in regulation 2600.65(g) into agenda of facility Enrichment Training Day (E-Day).</li> <li>2. SDC and PC Administrator to implement change.</li> <li>3. Agenda for facility E-Day will be updated with all six (6) topics in regulation 2600.65(g) by 5/8/2013.</li> <li>4. The change will be made by incorporating all six (6) topics in regulation 2600.65(g) in E-Day agenda.</li> <li>5. The education spreadsheet implemented in plan of correction for violation 2600.65(e) will be used to track PC employee's training hours, including E-Day which covers all six (6) topics.</li> <li>6. Clinical Care Coordinator, SDC, and PC Administrator will educate staff on importance of annual training and their responsibility to ensure completion. Annual evaluations of employee's now include education/training goal. Staff will be in-serviced on education/training by 5/17/13.</li> </ol>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Ryan Fitzpatrick</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ryan Fitzpatrick, PEHA</i>	Date <i>5/2/2013</i>
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The above plan of correction was approved by <u>ORM</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: 12901 - 04/15/2013 - Scharf, Amy PCH Name: ANN S CHOICE	
1. REGULATION 56 Pa.Code §2640 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.	
2a. DESCRIPTION OF VIOLATION Resident #1's medical evaluations were completed on 1/6/12 and 1/29/13.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
1. Clinical Care Coordinator to create and implement tracking spreadsheet for all 44 Personal Care residents related to their annual medical evaluation. A one-time 100% audit of all medical evaluations will be completed by PC Administrator and Clinical Care Coordinator. 2. Clinical Care Coordinator and PC Administrator to implement tracking spreadsheet and complete 100% audit of medical evaluations. 3. The tracking spreadsheet for all 44 Personal Care residents related to their annual medical evaluation and the one-time 100% audit of medical evaluations will be implemented and completed by 5/10/2013. 4. The change will be made by implementing the tracking spreadsheet for all 44 Personal Care residents related to their annual medical evaluation. 5. Clinical Care Coordinator will forward tracking spreadsheet for all 44 Personal Care residents related to their annual medical evaluation to Ann's Choice Medical Center to ensure physicians are aware of when medical evaluations are to be completed. 6. Clinical Care Coordinator and PC Administrator will educate PC nursing staff and Medical Center staff to ensure all know time frame of when annual medical evaluations need to be completed. (Physicians on-site at Ann's Choice - Doctor's outside facility will be called by Clinical Care Coordinator)	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Ryan Fitzpatrick</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RYAN FITZPATRICK</i>	Date <i>5/2/2013</i>
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The above plan of correction was approved by <u>DM</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: 12901 - 04/15/2013 - Scharf, Amy  
 PCH Name: ANN S CHOICE

**1. REGULATION 55 Pa.Code §2800**  
 2800.187(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 the diagnosis for Chlordiazepoxide-clidinium 5mg-2.5mg capsule and Lumigan 0.01% drops.

**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.

1. Resident #2's MAR was updated to include diagnosis for both Chlordiazepoxide-clidinium 5mg-2.5mg capsule and Lumigan 0.01% drops. Pharmacy contacted by Clinical Care Coordinator to ensure monthly recaps include these two diagnoses.
2. Clinical Care Coordinator and PC Administrator to perform a one-time 100% audit on all MARs to ensure compliance with this regulation. Thereafter, a 10% audit weekly x 4 then monthly x 2.
3. A one-time 100% audit will be completed by 5/10/2013.
4. The change will be made by performing the audits, educating the staff, and correcting any missed diagnosis found by the audits.
5. Bi-weekly check by the Clinical Care Coordinator or designee of resident medication record will be implemented to ensure compliance with this regulation. Documentation will be kept of each audit.
6. Clinical Care Coordinator will educate PC nursing staff and PC aide staff on ensuring each medication record has a diagnosis listed for each medication present.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/22/2012	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ryan Fitzpatrick*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *RYAN FITZPATRICK, PEHA* Date *5/2/2013*

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