



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 07 2016

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

RE: Ann's Choice
16000 Ann's Choice Way
Warminster, Pennsylvania 18934
License #: 129010

Dear Mr. Donati:

As a result of the Department of Human Services' annual licensing inspections on April 11, 2016 and April 12, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12901 - 04/11/2016 - Keppel, Autumn PCH Name: ANN S CHOICE	
1. REGULATION 56 Pa.Code §2600 2600.65(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 Member A only received 7.5 hours on annual training during the 2015 training year. - Direct care Staff Member B only received 8 hours of annual training during the 2015 training year.	
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>	
<p>Regulation 2600.65(e) Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.</p> <p><u>Plan of correction:</u></p> <ul style="list-style-type: none"> • Staff development coordinator (SDC) to implement, use, and maintain the Department's <i>Staff Training Plan form</i> for PC employee's education hours ensuring each has 12hrs annually. • The Department's <i>Staff Training Plan form</i> has already been implemented for training hours in 2016 by our SDC. • The Department's <i>Staff Training Plan form</i> will keep us updated on education hours preventing employee's from missing 12hrs of training. • Wellness Nurse Manager and/or designee will educate staff by June 1, 2016 on requirement of annual training. • Staff member A, and Staff member B will complete the required 12hrs of annual training by June 1, 2016 or be removed from the schedule until complete. • <i>Staff member A will receive additional 4.5 hours during the 2016 training year for a total of 16.5 hours.</i> • <i>Staff member B will receive additional 4 hours of training during the 2016 training year for a total of 12 hours.</i> (5) 	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ryan Fitzpatrick, PC Administrator</i>	Date <i>4/29/2016</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5/23/16</i> (Date)	Plan of correction implementation status as of <i>5/23/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</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: 12901 - 04/11/2016 - Kappel, Autumn
 PCH Name: ANN S CHOICE

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 - Staff Member A did not receive training on (2) as required by this regulation during the 2015 training year.
 - Staff Member B did not receive training on (1) and (2) as required by this regulation during the 2015 training year.

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.

Plan of correction:

- Staff development coordinator (SDC) to implement all seven (7) topics in regulation 2600.65(f) into staff annual training calendar.
- Staff training calendar will be updated with all seven (7) topics in regulation 2600.65(f) by 5/23/2016.
- The Department's *Staff Training Plan form* implemented in plan of correction for violation 2600.65(e) will be used to track PC employee's training hours which covers all seven (7) topics.
- Wellness Nurse Manager and/or designee will educate staff by June 1, 2016 on requirement of annual training.

v Staff A + B will complete the required training within 30 days of receipt of this plan of correction. 2

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

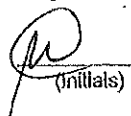
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ryan Fitzpatrick, PC Administrator	Date 4/29/2016
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The above plan of correction is approved as of 5/23/16
 (Date)

Plan of correction Implementation status as of 5/23/16
 (Date)

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

The above plan of correction was approved by 
 (Initials)

Violation Report: 12901 - 04/11/2016 - Keppel, Autumn
 PCH Name: ANN S CHOICE

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for Accucheck three times daily. Readings in the resident's glucometer do not match what was documented on their medication administration record (MAR) as follows:

- On 4/6/16 at 4PM their blood sugar was 281 but 291 was documented.
- On 4/9/16 at 8AM their blood sugar was 196 but 179 was documented.
- On 4/9/16 at 12PM their blood sugar was 281 but 291 was documented.
- On 4/10/16 at 8AM their blood sugar was 170 but 171 was documented.
- On 4/10/16 at 12PM their blood sugar was 318 but 321 was documented.

- Resident #2 has an order for Accucheck three times weekly at 6AM and 4:30PM. On 4/8/16, at 3:43PM their blood sugar was checked twice with readings of 600 and 207. These blood sugar levels were not documented on the resident's MAR.

- Resident #3 has an order for Accucheck three times daily. The readings in the resident's glucometer do not match what was documented on their MAR as follows:

- On 4/7/16 their blood sugar was taken in the AM and was 233. This blood sugar level was not documented.
- On 4/9/16 at 4:30PM their blood sugar was 209 but 201 was documented.
- On 4/10/16 at 8:30AM their blood sugar was 144 but 141 was documented.
- On 4/10/16 at 11:30AM their blood sugar was 95 but 141 was documented.

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 POC

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Ryan Fitzpatrick, PC Administrator

Date *4/29/16*

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

The above plan of correction is approved as of 7/12/16
 (Date)

Plan of correction implementation status as of 8/22/16
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

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

Regulation 2600.182(c) Medication administration includes the following activities, based on the needs of the resident: (1) Identify the correct resident. (2) If indicated by the prescribers orders, measure vital signs and administer medications accordingly. (3) Remove the medication from the original container. (4) Crush or split the medication as ordered by the prescriber. (5) Place the medication in a medication cup or other appropriate container, or in the residents hand. (6) Place the medication in the residents hand, mouth, or other route as ordered by the prescriber, in accordance with the limitations specified in 2600.182(b)(4). (7) Complete documentation in accordance with 2600.187 (relating to medication records).

Plan of correction:

- Wellness Nurse Manager reviewed all readings in glucometers from 4/1/2016 – 4/12/2016.
- Wellness Nurse Manager to review glucometer machine readings and MAR for consistent documentation daily x 2 weeks, then weekly x 4 weeks, then monthly x 3 months and report audit results to PIRMS/Quality Improvement Committee.
- ^{All} Staff to be trained on accurate documentation of glucometer results on MAR by June 1, 2016 by Wellness Nurse Manager ~~or designee~~ and Diabetic Educator .
- The administrator will review the MAR's for all residents at least monthly for the next 6 months to ensure the residents glucometer readings are recorded accurately, starting with 30 days of receipt of this plan of correction.

Violation Report: 12901 - 04/11/2016 - Kappel, Autumn
 PCH Name: ANN S CHOICE

1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
 Resident #3 had an order for Triamcinolone Acetonide 0.1% cream three times daily starting on 3/30/16. On 4/12/16 this medication was still in the resident's medication box.

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.

Plan of correction:

- Wellness Manager or designee will train licensed nurses on processing physician orders to place the last day of administration in "Notes" section of physician order in Vision (EMR system).
- This process is already implemented.
- The licensed nurse will communicate to HHAs on last day of administration and nurse and/or HHA will remove the medication, cream, etc. from medication cabinet.
- Medications, treatments (creams) to be assessed for continuation of use when nurses complete monthly MAR to cabinet reconciliation. Orders will be reviewed for accuracy and all medications, treatments (creams, etc.) will be evaluated for proper labeling, expiration dates, and d/c dates.
- Staff to be trained on proper disposal of discontinued medications by Wellness Nurse Manager and/or designee by June 1, 2016.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ryan Fitzpatrick, PC Administrator</i>	Date <i>4/29/2016</i>
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The above plan of correction was approved by <u>[Initials]</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 - 04/11/2016 - Keppel, Autumn
 PCH Name: ANN S CHOICE


1. REGULATION 85 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

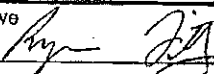

2a. DESCRIPTION OF VIOLATION
 Resident #3's glucometer was not calibrated to the correct time.

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.

Regulation 2600.185(a) The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Plan of correction:

- All glucometers were accurately calibrated to date and time on 4/11/2016 by Wellness Nurse Manager.
- Wellness Nurse Manager to perform 100% audit on all glucometers ensuring proper calibration weekly x 6 weeks, *and monthly thereafter* 
- Staff to be trained on how to properly calibrate the glucometer machine.
- Skills competency on glucometer machines will be implemented into annual training by SDC.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) 			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page): <i>Ryan Fitzpatrick, PC Administrator</i>			Date: <i>4/29/16</i>
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Violation Report: 12901 - 04/11/2016 - Keppel, Autumn
 PCH Name: ANN S CHOICE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident #1 is on sliding scale insulin as follows: 0-150= 0 units, 151-200= 2 units, 201-250= 4 units, 251-300= 6 units, 301-350= 8 units, and 351 or above 12 units. On 4/6/16, their blood sugar was 281 and they should have received 6 units of insulin. It was documented that their blood sugar was 192 and the resident received 2 units.
- Resident #2 has an order for Accucheck three times weekly at 6AM and 4:30PM. On 4/1/16 and 4/4/16, at 4:30PM, there was no reading found in the resident's glucometer.
- Resident #3 has an order for Accucheck three times daily. On 4/9/16 at 8:30AM, and 4/10/16 at 4:30PM, there was no reading found in the resident's glucometer.
- Resident #4 has an order for Accucheck three times weekly. On 4/4/16, and 4/8/16 there was no reading found in the resident's glucometer.
- Resident #5 has an order for Accucheck two times weekly on Tuesday and Friday. On Wednesday, 4/6/16, the resident's blood sugar was taken.
- On Friday, 4/1/16, there was no blood sugar reading found in Resident #5's glucometer.

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 POC

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ryan Fitzpatrick, PC Administrator	Date 4/29/16
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The above plan of correction is approved as of <u>7/12/16</u> (Date) The above plan of correction was approved by <u>B</u> (Initials)	Plan of correction implementation status as of <u>8/22/16</u> (Date) <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
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Regulation 2600.187(d) The home shall follow the directions of the prescriber.

Plan of correction:

- Wellness Nurse Manager or designee to review glucometer readings compared to documentation on MAR for residents on sliding scale insulin.
- Wellness Nurse Manager to review all resident orders utilizing sliding scale by 5/4/2016.
- Wellness Nurse Manager or designee to complete this review daily x 2 weeks, then weekly x 4 weeks, then monthly x 3 months and report audit results to PIRMS/Quality Improvement Committee.
- Staff to be trained by Wellness Nurse Manager or designee on: Proper use of glucometer machines, utilizing glucometer machines per resident, ensuring residents name is labeled on case and glucometer machine, and immediate documentation upon glucometer results. Training to be completed by June 1, 2016.
- The Wellness Nurse will conduct random audits of all glucometers to ensure they are being used and that the readings are accurately reflected on the MAR's.
- All staff will be trained by a Diabetic Educator on proper glucometer use, the administration of insulin and proper documentation, within 45 days of receipt of this plan of correction.