



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 02 2017

Mr. Christopher 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 inspection on April 5, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800

PGH Name: ANN S CHOICE		License Number: 12901
Address: 16000 ANN S CHOICE WAY, WARMINSTER, PA 18974		County: Bucks
Administrator: LAURA SMITH CARL		Region: SOUTHEAST
Legal Entity Name: ANNS CHOICE INC		
Legal Entity Address: 10000 ANN'S CHOICE WAY, WARMINSTER, PA 18974		
Certificate(s) of Occupancy 1-2 04/17/2017 Warminster Township		
Staffing Hours Resident Support: Total Daily Staff: 55 Waking Staff: 41		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/05/2017: Braswell, Natasha; Kazimer, Loran		
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: 0	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: 12 Have a Physical Disability: 0	

Violation Report: 12901 - 04/05/2017 - Braswell, Natasha
PCH Name: ANN S CHOICE

1. REGULATION 55 Pa.Code §2600
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
The label for resident #1's Protonix 40mg read 1 tablet daily. Resident #1 had an order for Protonix 40mg every other day.
The label for resident # 2 Amiodarone 200mg read take 1 tablet daily. Resident # 2 had an order for Amiodarone 1 tablet twice a day.

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

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lara Smith*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lara Smith PC Administrator.* Date *5/1/17*

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

The above plan of correction is approved as of *5/2/17*
(Date)

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

Plan of correction implementation status as of *5/2/17*
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

2600.184(a) – The original container for prescription medications shall be labeled with pharmacy label that includes the following:

(1) The resident's name.

(2) The name of the medication.

(3) The date the prescription was issued.

(4) The prescribed dosage and instructions for administration.

(5) The name and title of the prescriber.

- The medication label for resident #1 and resident #2 were corrected
- Education on Medication Administration to be reviewed with Personal Care staff
 - Education to be completed by Wellness Nurse Manager and/or Staff Developer within 30 days
- Audit completed on every medication cabinet checking that all labels meet the requirements of the regulation
- Findings to be presented at the monthly PIRMS meeting x 3 months
- Continue to audit medication cabinets once a month ongoing