



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 28 2018

Mr. Christopher R. Donati  
Executive Director  
Ann's Choice, Inc.  
10000 Ann's Choice Way  
Warminster, Pennsylvania 18974

RE: Ann's Choice  
16000 Ann's Choice Way  
Warminster, Pennsylvania 18974  
License #: 129010

Dear Mr. Donati:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 16, 2018 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](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.

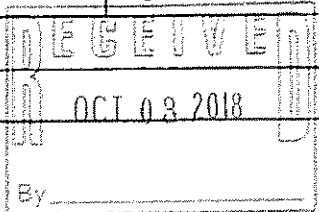
Sincerely,

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 2600**

PCH Name: ANN S CHOICE		License Number: 12901
Address: 16000 ANN S CHOICE WAY, WARMINSTER, PA 18974		County: Bucks
Administrator: Barbara Wolfgang		Region: SOUTHEAST
Legal Entity Name: ANNS CHOICE INC		
Legal Entity Address: 16000 ANN'S CHOICE WAY, WARMINSTER, PA 18974		
Certificate(s) of Occupancy Other 04/17/2007 Warminster Borough		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 86	Waking Staff: 65
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/16/2018: Gillespie, Denise; Chung, Youn Hle		
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: Yes Area: Whole Area Secured Dementia Unit Capacity, if Applicable: 44 Number of Residents Served in Secured Dementia Care Unit, if applicable: 43 Number of Current Hospice Residents: 1 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: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 43 Have a Physical Disability: 0

Violation Report: 12901 - 08/16/2018 - Gillespie, Denise  
 PCH Name: ANN S CHOICE

1. REGULATION 55 Pa.Code §2600  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
 On 8/16/18 at 4:00 P.M. the temperature of the freezer located in the dining room of the 3rd floor was 10 degrees farenheit.

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*

-All dining staff was educated on temperatures/documentation. Audit of freezer temperatures began 8/28/18 3 times weekly times 1 month, then weekly times 3 months.

Findings to be presented at monthly OAPI meetings times 3 months.

Survey Notes/ Corrective Actions

Dining Room Freezer was noted above 0 during a recent survey. Per regulation, temperature must be at 0 or below. To ensure compliance, along with daily temperatures documented, an audit will be conducted by General Manager or designee.

*Supporting documents reviewed 11/14/18*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Barbara Wolfgang</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Barbara Wolfgang, AL Manager</i>			Date <i>10/2/18</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>10/3/18</u> (Date)		Plan of correction implementation status as of <u>11/14/18</u> (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 - 08/16/2018 - Gillespie, Denise  
 PCH Name: ANN S CHOICE

1. REGULATION 55 Pa.Code §2800

2800.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

The label for Resident # 1's Vitamin D3 1000 units reads 1 tablet 4 times per week. The physician's order for Resident # 1's Vitamin D3 1000 units reads 1 tablet daily.

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.*

-Charge nurses will document all new medication orders on the "Medication Order Audits" form. All Memory Care nurses are responsible to note the orders they have received on their shift. The 7-3 nurse will verify the 3-11 nurses' orders and the 3-11 nurses will verify the 7-3 nurses' orders. Included in the audit is checking the medication cabinets to ensure "direction change" stickers are placed when appropriate as well as remove any discontinued medications. Only the nurse may accept a medication delivery from pharmacy and or family members. Upon receipt of delivery the nurse will compare medications to the orders to ensure accuracy.

Wellness nurse or designee will monitor for completion of audits.

Wellness nurse or designee will do random medication cabinet audits 3 times weekly times 1 month and then monthly times 3 months.

Findings will be reported at monthly QAPI meetings times 3 months.

*Support documentation received @ 11/14/18*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/05/2017
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Wolfgang*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Wolfgang, AL Manager* Date *10/2/18*

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The above plan of correction is approved as of <u>10/3/18</u> (Date)	Plan of correction implementation status as of <u>11/14/18</u> (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