



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ANNS CHOICE INC
LEGAL ENTITY

To operate ANN'S CHOICE
NAME OF FACILITY OR AGENCY

Located at 16000 ANN'S CHOICE WAY, WARMINSTER, PA 18974
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Assisted Living
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 98
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 2, 2019 until January 2, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **144390**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

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.



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JAN 03 2019

Ms. Sharon McDermond
Director of Continuing Care
Ann's Choice, Inc.
16000 Ann's Choice Way
Warminster, Pennsylvania 18974

RE: Ann's Choice, Inc., Chestnut Pointe
License #: 144390

Dear Ms. McDermond:

As a result of the Department's Bureau of Human Services Licensing inspection on December 18, 2018 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 pa. Code Ch. 2800 (relating to Assisted Living Residences), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of assisted living residences) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

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

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 applicant responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa. Code § 2800

| | | |
|---|--|----------------------------------|
| ALR Name: Ann's Choice, Inc. (Chestnut Pointe) | | License Number: 144390 |
| Address: 16000 Ann's Choice Way Warminster, PA 18974 | | County: Bucks |
| Administrator: Barbara Wolfgang | | |
| Legal Entity Name: Ann's Choice, Inc. | | |
| Legal Entity Address: 16000 Ann's Choice Way Warminster, PA 18974 | | |
| Certificate(s) of Occupancy: Warminster Township Department of Licenses & Inspections Institutional Group I-2 Issue Date: 11/19/18 | | |
| Type of Inspection: New | | |
| Reason(s) for Inspection(s): New Assisted Living Building | | |
| On-Site Inspections Dates and Department Representatives On-Site: 12/18/18 – Dean Gray | | |
| Off-Site Inspection Dates and Inspectors, if Applicable: N/A | | |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 98 | Number of Residents who: | |
| Number of Residents Served: 0 | Receive Supplemental Security Income: n/a | |
| Secured Dementia Care Unit in Home: n/a | Are 60 Years of Age or Older: n/a | |
| Area: n/a | Have Mental Illness: n/a | |
| Secured Unit Capacity, if Applicable: n/a | Have an Intellectual Disability: n/a | |
| Number of Residents Served in Secured Dementia Care Unit, if applicable: n/a | Have a Mobility Need: n/a | |
| Number of Current Hospice Residents: n/a | Have a Physical Disability: n/a | |
| Number of Hospice Residents in past year: n/a | | |

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa. Code § 2800

| |
|-----------------------------------|
| Regulation |
| Violation No Violations |
| Plan of Correction |

| | |
|--|--|
| Printed Name and Title of Legal Entity Representative (Required on all pages) | |
| Signature of Legal Entity Representative (Required on all pages) | Date |
| DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE! | |
| The above plan of correction is approved as of _____ (Date) | Plan of correction implementation status as of _____: (Date) |
| The above plan of correction was approved by _____ (Initials) | <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented |