



**Sent via e-mail sharon.mcdermond@erickson.com**  
**Sent via e-mail barbara.wolfgang@erickson.com**  
**July 31, 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 April 11 and 17, 2019 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed violation report were found.

All citations 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. 2800 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Violation Report

## Violation Report

## Facility Information

Name: ANN'S CHOICE

License Number: 144390

Address: 16000 ANN'S CHOICE WAY, WARMINSTER, PA 18974

County: BUCKS

Region: SOUTHEAST

## Administrator

Name: BARBARA WOLFGANG

Phone: 2154433900

Email: barbara.wolfgang@erickson.com

## Legal Entity

Name: ANNS CHOICE INC

Address: 16000 ANN'S CHOICE WAY, PA, 18974

## Certificate(s) of Occupancy

Type: I-2

Date:

Issued By:

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 60

Waking Staff: 45

## Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint, Monitoring

## Inspection Dates and Department Representative

04/11/2019 - On-Site: Natasha Braswell

04/17/2019 - On-Site: Natasha Braswell

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 98

Residents Served: 53

## Special Care Unit

In Home: No

Area:

Capacity:

Residents Served:

## Hospice

Current Residents: 1

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 53

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 7

Have Physical Disability: 0

ANN'S CHOICE

144390

85a Sanitary conditions

Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4-17-19, at 3:20 pm, there was a full mini hazardous container on top of the mobile medication cart.

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.)

Within 10 days of the In -service, documentation of the training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. Maintain audits for Department review.

6/17/19 *MJ*

Legal Entity Representative

*Jana Smith*  
Signature

Assisted Living Manager 6/13/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/17/19  
(Date)

Plan of correction implementation status as of 6/17/19  
(Date)

The above plan of correction was approved by *MJ*  
(Initials)

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

**2800.85.a - Sanitary conditions shall be maintained**

**Plan of correction:**

1. Soiled Utility Room designated for both 1<sup>st</sup> and 2<sup>nd</sup> floors.
2. Staff to be educated on how to dispose of full hazardous containers.
3. Audits of medication carts to ensure sanitary conditions to be completed 3 times a week for 30 days and then weekly for 60 days.
4. Reviews of all audits at QAPI meeting monthly for 3 months.

*Kara Smith Assisted Living Manager 6/13/19*

ANN'S CHOICE

144390

184a Labeling

Requirements

2800.

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.

Description of Violation

The pharmacy label for resident # 1's eye drop container NDC# 24208-295-05 does not include the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber.

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.)

Within 10 days of the In -service, documentation of the training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. Maintain audits for Department review.

6/17/19 *MJ*

Legal Entity Representative

*Yara Smith*  
Signature

*Assisted Living Manager* 6/13/19  
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 6/17/19  
(Date)

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(Initials)

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

**2800.184.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**

**Plan of correction:**

1. Audit all medication cabinets to ensure all prescription medications are labeled with:
  - a. The resident's name
  - b. The name of the medication
  - c. The date the prescription was issued
  - d. The prescribed dosage and instructions for administration
  - e. The name and title of the prescriber
2. Educate med techs to ensure the above is understood and followed.
3. Audit 5 medication cabinets weekly for 30 days and then 2 cabinets weekly for 60 days.
4. Reviews of all audits at QAPI meeting monthly for 3 months.

*Kara Smith Assisted Living Manager 6/13/19.*

ANN'S CHOICE

144390

184b Resident meds labeled

Requirements

2800.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 4/17/19, resident #1's, OTC medication, Vitamin-D3 25 mcg was not labeled.

On 4/17/19, resident #2's, OTC medications, Vitamin-D3, Cranberry Capsules, Bosmeric, Balanced B-Complex, Vitamin B-12 liquid and Florastor Supplement was not labeled.

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.)

Within 10 days of the In -service, documentation of the training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. Maintain audits for Department review.

6/17/19 *MJ*

Legal Entity Representative

*Jana Smith*  
Signature

*Assisted Living Manager* 6/13/19  
Printed Name and Title Date

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**2800.184.b – If the OTC and CAM belong to the resident, they shall be identified with the resident's name.**

**Plan of Correction:**

1. Audit med cabinets to ensure OTC medications are labeled with resident's name of current residents.
2. Educate med techs that all OTC medications must have resident's name
3. Audit 5 med cabinets weekly for 30 days, then 2 med cabinets weekly for 60 days.
4. Reviews of all audits at QAPI meeting monthly for 3 months.

*Janet Smith* Assisted living Manager 6/13/19

ANN'S CHOICE

144390

187d Follow prescriber's orders

Requirements

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Azelastine 1 puff BID, Lasix 40 mg tablet and Spironolactone 25 mg tablet. However, this medication was not administered to resident #1 over a 4 day period.

Resident #4 is prescribed Tylenol 325 mg tablet. However, this medication was not administered to resident #4 since her admission to the home because the medication was not available in the residence.

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.)

Within 10 days of the In -service, documentation of the training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarlsoutheast@pa.gov or fax at 610-270-1147. Maintain audits for Department review.

6/17/19 *MJ*

Legal Entity Representative

*Jana Finner*  
Signature

Assisted Living Manager 6/13/19.  
Printed Name and Title Date

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**2800.187.d – The home shall follow the direction of the prescriber.**

**Plan of Correction:**

1. Audit Medication Administration Records of current residents.
2. Educate med techs on the re-ordering process for medications.
3. Audit Medication Administration Records of 5 residents, 2 times weekly for 30 days,  
then 5 residents weekly for 60 days.
4. Reviews of all audits at QAPI meeting monthly for 3 months.

*Jana Smith* Assisted Living Manager 6/18/19