



Sent via e-mail sharon.mcdermond@erickson.com
Sent via e-mail barbara.wolfgang@erickson.com
June 6, 2019

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

RE: Ann's Choice
License #: 129010

Dear Ms. McDermond:

As a result of the Department's Bureau of Human Services Licensing inspection on April 17, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) 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. 2600 must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: ANN'S CHOICE

License Number: 129010

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

County: BUCKS

Region: SOUTHEAST

Administrator

Name: Barbara Wolfgang

Phone: 2154433801

Email: SHARON.MCDERMOND@ERICKSON.COM

Legal Entity

Name: ANNS CHOICE INC

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

Certificate(s) of Occupancy

Type: Other

Date:

Issued By:

Staffing Hours

Resident Support Staff: 43

Total Daily Staff: 129

Waking Staff: 97

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

04/17/2019 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 44

Residents Served: 43

Secured Dementia Care Unit

In Home: Yes

Area: SDU

Capacity: 44

Residents Served: 43

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 43

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 43

Have Physical Disability: 0

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #1 is prescribed .25mg of Ativan at 8AM daily.

However, on 03/28/19, staff person A administered .5mg of Ativan at 8AM to resident #1.

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.)

Staff Development Coordinator or designee will re-inservice CNA/Med Techs on the following.

- 5 Rights of Medication Administration
- 3 Checks for medication pass
- This inservicing will be completed in 30 days.
- Staff Development Coordinator or designee will ensure annual training on the 5 Rights of Medication Administration is completed.
- Medication Administration observations and MAR reviews will be on going by the Train the Trainer or Practicum Observers

Administrator or designee will ensure directions of prescriber are followed. In-service for CAN's and med techs will occur within 15 days receipt of this POC. In-service will be maintained by home for Department review.

SP 06-06-19

Legal Entity Representative

Lara Smith
Signature

Lara Smith Asst. Living Manager
Printed Name and Title
6/5/19.
Date

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

The above plan of correction is approved as of 06-06-19
(Date)

Plan of correction implementation status as of 06-06-19
(Date)

The above plan of correction was approved by SP
(Initials)

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