



**Sent via e-mail sharon.mcdermond@erickson.com**  
**Sent via e-mail lara.smith@erickson.com**  
**November 14, 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 September 10 and 11, 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,

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: 12901

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

County: BUCKS

Region: SOUTHEAST

#### Administrator

Name: Lara Smith

Phone: 2154433801

Email: SHARON.MCDERMOND@ERICKSON.COM

#### Legal Entity

Name: ANNS CHOICE INC

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

#### Certificate(s) of Occupancy

Type: Other

Date:

Issued By:

#### Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 84

Waking Staff: 63

#### Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint,Incident

#### Inspection Dates and Department Representative

09/10/2019 - On-Site: Tahesia Thomas

09/11/2019 - On-Site: Tahesia Thomas

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: 44

Residents Served: 42

##### Secured Dementia Care Unit

In Home: Yes

Area: Entire 3rd floor

Capacity: 44

Residents Served: 42

##### Hospice

Current Residents: 2

##### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 42

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 42

Have Physical Disability: 0

ANN'S CHOICE

12901

42b - Abuse

Regulations

2600.  
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 09/02/19, staff member A stated, "you can kiss my black fucking ass", to resident #1 when she shouted out, "shut up."

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 - page 1

Within 45 days of receipt of this POC all staff including direct care staff and management staff will receive training in mandatory abuse reporting, resident rights, and the prevention of resident abuse by an outside source approved by the department such as the Area Agency on Aging. Maintain documentation of audits and training for Department review. 11/13/19 *MG*

Legal Entity Representative

*Lara Smith*  
Signature

*Lara Smith AL Manager 10/30/19*  
Printed Name and Title Date

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

The above plan of correction is approved as of 11/13/19  
(Date)

Plan of correction Implementation status as of 11/13/19  
(Date)

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

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

**2600.42.b – A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.**

- Staff member was suspended Immediately (9/2/19) upon report of alleged abuse, and then terminated (9/19/19) from employment at Ann's Choice.
- Resident was seen by mental health practitioner on 9/5/19.
- Education including abuse with emphasis on verbal abuse to be reviewed with Memory Care employees.
- Staff Development Coordinator or designee to present education.
- Rounds will be completed by Memory Care Manager, Wellness Manager, Clinical Nursing Team Member or designee to ensure residents are not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way:
  - \*Rounding daily x2 weeks
  - \*Rounding three times weekly x2 weeks
  - \*Rounding weekly x4 weeks
- Results to be reviewed with staff at monthly staffing meetings as well as QAPI meetings monthly x2.

11/13/19 *MG*

*Kara Smith ALM 10/20/19.*

234a - Admission Support Plan

Regulations

2600.  
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on 08/31/18. However, the resident's initial support plan was completed on 09/05/18.

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 - page 2

Within 15 days receipt of this POC, Administrator or designee will conduct an audit of all support plans for residents admitted to the SDCU. 11/13/19 *MSJ*

Legal Entity Representative

*Lara Smith*  
Signature

*Lara Smith AL Manager 10/30/19*  
Printed Name and Title Date

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The above plan of correction is approved as of 11/13/19 Plan of correction implementation status as of 11/13/19  
(Date) (Date)

The above plan of correction was approved by *MSJ*  
(Initials)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

**2600.234.a- Admissions Support Plan: Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident's record.**

- Audits will be completed by Memory Care, Wellness Manager or designee to review new admissions and to ensure initial support plans are timely and in compliance within 72 hours of the admission.

\*Weekly audits of new admissions x 4 weeks

\*Monthly audits of new admissions x3 months

- Results will be reported at QAPI x4 months

11/13/19 *MG*

*Jana Smith AL manager 10/30/19.*

234b - Support Plan Needs Elements

Regulations

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The holistic support plan, dated 06/27/19, for resident #1 does not address their behavioral needs (shouting out, "shut up") and how the staff will appropriately meet these needs.

The holistic support plan, dated 07/30/19, for resident #2 does not address their behavioral needs (taking off / out bilateral hearing aides) and how the staff will appropriately meet these needs.

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 - page 3

Maintain audits and documentation of education for Department review. 11/13/19 *MSJ*

Legal Entity Representative

*Lara Smith*  
Signature

*Lara Smith AL Manager 10/30/19*  
Printed Name and Title Date

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

**2600.234.b- Support Plan Needs Elements: The support plan must identify resident's physical, medical, social, cognitive and safety needs.**

- The holistic support plans for resident #1 and resident #2 have been updated to appropriately meet their behavioral needs.
- Support plans of the residents whom wear hearing aids to be audited within 30 days of receipt of this plan of correction to reflect needs.
- Audits will be completed by Memory Care, Wellness Manager or designee to review that the holistic support plans are addressing resident behavioral needs, and how the staff will appropriately meet these needs.
  - \*Weekly audits of 20% (8 residents) of resident support plans x 4 weeks
  - \*Monthly audits of 20% (8 residents) of resident support plans x3 months
- Results will be reported at QAPI x4 months
- Education including documentation to identify and support resident's physical, medical, social, cognitive and safety needs with interventions to be reviewed with Memory Care employees.
- Staff Development Coordinator or designee to present education within 30 days of receipt of this plan of correction. 11/13/19 *my*

*Lara Smith AL Manager. 10/30/19.*