



Sent via e-mail sharon.mcdermond@erickson.com
Sent via e-mail lara.smith@erickson.com
February 6, 2020

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

RE: Ann's Choice
License #: 144390

Dear Ms. McDermond:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 8, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: ANN'S CHOICE
Address: 16000 ANN'S CHOICE WAY, WARMINSTER, PA 18974
County: BUCKS Region: SOUTHEAST

License Number: 14439

Administrator

Name: Lara Smith Phone: 2154433900 Email: Lara.smith@erickson.com

Legal Entity

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

Certificate(s) of Occupancy

Type: I-2 Date: 11/19/2018 Issued By: Warminster Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 76 Waking Staff: 57

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

01/08/2020 - On-Site: Alexander Goldstein, Youn Chung, David Carrion

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 98 Residents Served: 64

Special Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 12 Have Physical Disability: 0

17 Record confidentiality

Requirements

- 2800.
17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 01-08-20 at approximately 4:18 pm, there was an unlocked laptop with resident's health information showing on cart #3 in front of multiple residents in plain view of anybody who passes it.

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.

Home verified HIPPA compliance and privacy polices for health information training was completed.
SP 02-06-2020

Legal Entity Representative

Lara Smith ARM
Signature

Lara Smith - Asst. Dir. Manager 1/30/20.
Printed Name and Title Date

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

The above plan of correction is approved as of 02-06-2020
(Date)

Plan of correction implementation status as of 02-06-2020
(Date)

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

Implemented
 Not Implemented

2800.17 – Record Confidentiality

- Laptop was immediately logged out by RN Wellness Manager to protect residents' health information.
- Staff Educator or designee to educate Assisted Living staff on HIPAA compliance and logging out of lap tops when not in use within 30 days.
- Audit:
 - Complete daily rounds for 2 weeks to check for HIPAA compliance, then
 - Complete rounds 3 times a week for 2 weeks to check for HIPAA compliance, then
 - Complete rounds 1 time a week for 4 weeks to check for HIPAA compliance
- Review findings from audits at the monthly QAPI meeting

Kara Smith - Asst. Living Manager 1/30/20.

82c Locked poisons

Requirements

2800.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

Cleaning products were found unlocked in resident bathrooms. The home stated all residents are safe with poisons, however safety with poisons is not addressed on the ASP, DME, or anywhere else in the resident records.

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.*

Home verified staff education on poisonous materials was completed and residents ASP and DME's were updated to reflect status.

SP 02-06-2020

Legal Entity Representative

Lara Smith ALM
Signature

Lara Smith Asst. Liv. Manager 1/30/20
Printed Name and Title Date

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 Not Implemented

2800.82(c) – Locked poisons

- Residents' support plan was updated immediately to include information on being able to use or avoid poisonous materials.
- Full audit completed of current support plans to include information on being able to use or avoid poisonous materials.
- Staff Educator or designee to educate nursing staff to include information on being able to use or avoid poisonous materials on support plan under safety within 30 days.
- Audit new admissions and annual support plans for 8 weeks for inclusion of information on being able to use or avoid poisonous materials.
- Review findings from audits at the monthly QAPI meeting

Jara Jimenez ALM Asst Living Manager 1/30/20.

141b1 Annual medical evaluation

Requirements

- 2800.
- 141.b. A resident shall have a medical evaluation:
 1. At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 12/26/19. The resident's previous medical evaluation was completed on 12/4/18. The Annual DME should have been completed no later than 12 months and 15 days, which would have been 12/19/1019.

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.

Within 15 days receipt of accepted POC; the administrator or designated staff person will check all resident records to ensure a current medical evaluation is completed and present in each resident's record. Home did verify checklist..... SP 02-06-2020

Legal Entity Representative

Lara Smith ACM
Signature

Lara Smith Asst. Liv. Manager 1/30/20
Printed Name and Title Date

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- Implemented
- Not Implemented

2800.141(b)(1) – Annual medical evaluation

- Resident #1 was seen on:
 - 11/26/19 by physician
 - 12/9/19 by nurse practitioner
 - 12/17/19 by nurse practitioner
- Audit completed of all current ADMEs in house.
- Tickler audit form initiated to capture annual ADME due dates.
- Review findings from initial audit at monthly QAPI meeting.

Yara Smith ACM Asst. Living Manager 1/30/20.

183d Current medications

Requirements

2800.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On 1/8/2020, Nystatin 100000/gr cream prescribed for resident #1, was in the residence's cabinet; however, the medication label stated use for 10 days starting 10/30/2019. On 1/8/2020, multivitamin bottle prescribed for resident #1, was in the residence's cabinet; however, the medication had an expiration date of 12/28/2019.

On 1/8/2020, Amlodipine 5 mg prescribed for resident #2, was in the residence's cabinet; however, the medication was discontinued on 5/31/19

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.

Home verified staff education on discontinued medication was completed. Home also sent verification of updated medication administration, receipt, storage, and disposal policy.

SP 02-06-2020

Legal Entity Representative

Lara Smith ALM
Signature

Lara Smith Asst. Dir. Manager 1/30/20.
Printed Name and Title Date

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Implemented
 Not Implemented

2800.183 (d) – Current medications

- All discontinued and expired medications were disposed of on 1/8/20 by RN Wellness Manager.
- Staff educator or designee to complete education with nursing staff regarding removing expired and discontinued medications from the med cabinet within 30 days.
- Audit med cabinets:
 - 3 med cabinets daily for 2 weeks, then
 - 3 med cabinets, 3 times a week for 2 weeks, then
 - 3 med cabinets weekly for 4 weeks.
- Review findings from audits at the monthly QAPI meeting.

Jana Smith ALM Assisted Living Manager 1/30/20.

183e Storing Medications

Requirements

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1's Artificial Tears 1.4% (label says 1 drop to affected eye 4 times a day as needed) was located in the cart but with no open date specified. Resident #2's Lantus 100 unit bottle, was opened and kept in the refrigerator, but had no open date specified.

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.

Home verified staff education on medication storage. Also audit tracking forms verified.
SP 02-06-2020

Legal Entity Representative

Yara Smith ALM
Signature

Lara Smith Asst. Liv Manager 1/30/22.
Printed Name and Title Date

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2800.183(e) – Storing Medications

- Lantus and Artificial Tears were removed and disposed of by RN Wellness Manager.
Medications re-ordered from pharmacy.
- Staff Educator or designee to educate nursing staff on proper labeling of medications with “open” and “expiration” dates within 30 days.
- Audit:
 - 5 med cabinets for bottles/vials for correct labeling weekly for 8 weeks.
- Review findings from audits at the monthly QAPI meeting.

Jana Smith Assisted Living Manager 1/30/20

184a Labeling

Requirements

- 2800.
- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 - 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #3's Zolpidem label states administer as needed, however it is listed on the MAR as a strait order.

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.

Home verified staff education on medication labeling. Also audit tracking forms verified.

SP 02-06-2020

Legal Entity Representative

Lara Smith AUM
Signature

Lara Smith Asst Living manager 1/30/20
Printed Name and Title Date

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- Not Implemented

2800.184(a) – Labeling

- Medication change label immediately placed on Zolpidem with current administration instructions by RN Wellness Manager.
- Staff educator or designee to educate the nursing staff on proper labeling of medications within 30 days.
- Audit med cabinets:
 - 3 med cabinets daily for 2 weeks, then
 - 3 med cabinets, 3 times a week for 2 weeks, then
 - 3 med cabinets weekly for 4 weeks.
- Review findings from audits at the monthly QAPI meeting.

Jana Smith Asst Living manager 1/30/20.

185a Storage procedures

Requirements

2800. 185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2's glucometer was not calibrated to correct date and time. The glucometer read 3/19/19 12:45 on 1/8/2020 at 3:45 pm.

Resident #4 was prescribed Tramadol 0.5 mg (1/2 tablet) 3 times a day as needed. There were two packets of the medication available in the home. The 2nd packet which contained 30 pills was broken and re-taped.

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.

Home verified staff education on Glucometers which includes calibration. Also verified Narcotics/ controlled substances policy.

SP 02-06-2020

Legal Entity Representative

Lara Smith ALM
Signature

Lara Smith, Asst Liv Manager 1/30/20
Printed Name and Title Date

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2800.185(a) – Storage Procedures

Resident #2

- Resident #2's glucometer was recalibrated by the RN Wellness Manager.
- Staff educator or designee to educate nursing staff to check the calibrations on the glucometer with each usage and report discrepancies to supervisor within 30 days.
- Audit:
 - Audit glucometer weekly for 2 weeks, then
 - Audit glucometer monthly for 2 months.
- Review findings from audits at the monthly QAPI meeting.

Resident #4

- Tramadol was immediately disposed of by 2 licensed nurses per policy and re-ordered from pharmacy.
- Staff Development Coordinator or designee to educate nursing staff on proper handling and wasting procedures of medications within 30 days.
- Audit:
 - Audit narcotic box and medications 3 times a week for 4 weeks for proper storage procedures, then
 - Audit narcotic box and medications weekly for 4 weeks for proper storage procedures.
- Review findings from audits at the monthly QAPI meeting.

Jana Smith Asst Living Manager 1/30/20

187b Date/time of med admin

Requirements

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident # 4 is prescribed Tramadol 50mg tablet(1/2 tablet) . Resident # 4's Tramadol medication administration record does not include the initials of the staff person who administered the Tramadol on 12/31/2019, 1/1/2020, 1/2/2020, 1/4/2020,1/5/2020, and 1/6/2020

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.

Home verified staff education on medication administration/documentation/ and storage. Audit tracking sheets also provided.

SP 02-06-2020

Legal Entity Representative

Lara Smith ALM
Signature

Lara Smith Asst. Liv. Manager 1/30/20
Printed Name and Title Date

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2800.187(b) – Date/Time of Med Admin

- Staff member will be counseled regarding proper documentation of narcotic administration record on both EMAR and Narcotic Sign Out Sheets.
- Staff Development Coordinator or designee to educate nursing staff on proper documentation of narcotic administration record on both EMAR and Narcotic Sign out sheets within 30 days.
- Audit:
 - 5 MAR's weekly for 8 weeks for proper documentation of narcotic administration.
- Review findings from audits at the monthly QAPI meeting.

Kara Smith Assisted living manager 1/30/20.

187d Follow prescriber's orders

Requirements

2800.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident # 2 is prescribed Novolog Subq 3 times daily on a sliding scale. If the blood glucose level is above 500, the MD is to be contacted. On 01/04/2020 at 12:00 pm, her blood glucose level was 600 but instead of contacting the MD, the resident was given 10 units of insulin. On 01/06/2020 at 12:00 pm, the blood glucose level was 347, which translates into 6 units of insulin. The resident was administered 8 units of insulin.

Resident # 2 is prescribed Celecoxib 200 mg 1 cap daily. However, resident # 2 was administered Celecoxib 200 mg 2 caps daily on 11/27/19, 11/28/19, and 11/29/19.

Resident # 2 is prescribed Mirtazapine 15 mg (1/2 tab) at 9:00 pm daily . However, this medication was not available in the home.

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.

Legal Entity Representative

Lara Smith AUM
Signature

Lara Smith Asst. Living Manager 1/30/20.
Printed Name and Title Date

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Implemented
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2800.187(d) – Follow prescriber's orders

Resident #2

- Resident #2's physician was contacted on XXXXXXX per the med record and order given by physician for an additional 6 units of insulin.
- Resident #2's Mirtazapine was delivered to the residence by the pharmacy and administered on time to the resident.
- Staff educator or designee to educate nursing staff on proper administration of insulin per physician orders within 30 days.
- Audit:
 - Audit medication records for sliding scale accuracy 3 times a week for 4 weeks, then
 - Audit medication records for sliding scale accuracy weekly for 4 weeks.
- Review findings from audits at the monthly QAPI meeting.

Resident #1

- Resident #1's med error was self-reported to DHS on 12/1/19.
- Nurse counseled on accurate med entry into EMAR system.

Kara Smith Assisted Living Manager 1/30/20.

190a Completion of course-meds

Requirements

2800.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff member A's medication administration certification expired on 10/19/19. The staff member completed the annual practicum on 11/20/19. Staff member A administered medications on 11/05/2019 and 11/13/2019.

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.

Only staff persons who have met the requirements of regulation 2600.190(a) shall be permitted to administer medications and the required documentation of training is in the staff person's record. If no staff persons in the home are qualified to administer medications, the administrator shall arrange for medication administration by an outside agency or person whom meets the requirements of regulation 2600.182(b). Documentation of qualifications of any person administering medications in the home shall be kept. The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record. Home did provide of staff members updated medication training.

SP 02-6-2020

Legal Entity Representative

Lara Smith ARM
Signature

Lara Smith Asst. Living Manager 1/30/20
Printed Name and Title Date

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Implemented
 Not Implemented

2800.190(a) – Completion of course – meds

- Audit to be completed of all current med tech certifications for staff that work in the Assisted Living.
- Excel spreadsheet initiated by HR to track expired medication administration certificates.
- Audit:
 - Audit spreadsheet weekly for 8 weeks to ensure compliance.
- Review findings from audits at the monthly QAPI meeting.

Lara Smith Asst. Living Manager 1/30/20.

191 Resident right to refuse

Requirements

2800.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident # 1, admitted 1/7/19, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. Resident rights does not include the right to refuse medications.

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.*

The administrator or designated staff person will review all current resident records to ensure all residents have been educated on the right to question of refuse medication if the resident believes there may be a medication error and the proper documentation is in the resident's record.

SP 02-06-2020

Legal Entity Representative

Lana Smith ALM
Signature

Lana Smith Asst. Living Manager 1/30/20.
Printed Name and Title Date

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2800.191 – Resident Right to Refuse

- Utilize Exhibit 2 – Resident Rights in the Assisted Living Addendum to Residence and Care Agreement on all new admissions.
 - Z. A resident has the right to question or refuse a medication if the resident believes there may be a medication error
- Review Resident Rights highlighting *The Right to Refuse Medications* at the February 2020 Resident Meeting and quarterly throughout the year.

Jana Smith Asst. Living Manager 1/30/20.