



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

July 29, 2022

[REDACTED]
[REDACTED]
Ann's Choice, Inc.
16000 Ann's Choice Way
Warminster, Pennsylvania 18974

RE: Ann's Choice
License #: 14439

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on 02/03/2021, 02/04/2021, 02/05/2021, 02/09/2021, 02/11/2021, 02/18/2021, 02/22/2021, 02/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *ANN'S CHOICE* License #: *14439* License Expiration: *01/02/2022*
Address: *16000 ANN'S CHOICE WAY, WARMINSTER, PA 18974*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2154433801* Email: [REDACTED]

Legal Entity

Name: *ANNS CHOICE INC*
Address: *16000 ANN'S CHOICE WAY, WARMINSTER, PA, 18974*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *11/19/2018* Issued By: *Warminster Township, L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *63* Waking Staff: *47*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *02/23/2021*

Inspection Dates and Department Representative

02/03/2021 - Off-Site: Dean Gray
02/04/2021 - Off-Site: Dean Gray
02/05/2021 - Off-Site: Dean Gray
02/09/2021 - Off-Site: Dean Gray
02/11/2021 - Off-Site: Dean Gray
02/18/2021 - Off-Site: Dean Gray
02/22/2021 - Off-Site: Dean Gray
02/23/2021 - Off-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 98

Residents Served: 51

Special Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0/5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 51

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 12

Have Physical Disability: 0

Inspections / Reviews

02/03/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/15/2021

02/03/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 03/20/2021

187b Date/time of med admin

1. 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 #1 is prescribed Tramadol as needed for pain. Resident #1's [REDACTED] 2020 and [REDACTED] 2021 medication administration records do not include the initials of the staff person who administered the Tramadol on the following dates: [REDACTED]/20 at 8:50 AM, [REDACTED]/20 at 10:40 PM, [REDACTED]/20 at 6:00 PM, [REDACTED]/21 at 8:00 PM, [REDACTED]/21 at 10:30 PM, [REDACTED]/21 at 8:00 AM and [REDACTED]/21 at 7:00 PM. These missing dates were entries in the narcotics count log but were not entered on the respective MAR's.

Additionally, the times for the administration of the Tramadol are different in the narcotic log than the times entered on the MAR's on the following dates: [REDACTED]/20, [REDACTED]/20, [REDACTED]/21, [REDACTED]/21, [REDACTED]/21, [REDACTED]/21 and [REDACTED]/21.

Plan of Correction

Implemented MJ 7/28/22

2800.187b Date/time of med admin

- Staff member will be reeducated 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:
 - o 25% of residents taking narcotics MARs weekly for 4 weeks for proper documentation of narcotic administration.
 - o 10% of residents taking narcotics MARS weekly for 4 weeks for proper documentation of narcotic administration.
- Review findings from audits at monthly QAPI meetings for two months.

Completion Date: 03/15/2021

187d Follow prescriber's orders

1. Requirements

2800.

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

Description of Violation

Resident #1 is prescribed Tramadol 50 mg tablet - (1) TABLET Oral As Needed Every Eight Hours Starting [REDACTED]/20. However, resident #1 was administered 1/2 tablet or 25 mg on the following dates and times: [REDACTED]/20 5:30 AM, [REDACTED]/20 6:00 PM, [REDACTED]/20 6:00 AM, [REDACTED]/20 4:00 PM, [REDACTED]/20 10:30 PM, [REDACTED] 20 8:00 PM, [REDACTED]/20 8:00 AM, [REDACTED]/20 11:20 PM, [REDACTED]/21 8:00 PM, [REDACTED]/21 5:00 AM, [REDACTED]/21 12:19 PM, [REDACTED]/21 10:30 PM, [REDACTED]/21 8:00 PM, [REDACTED]/21 9:40 AM, [REDACTED]/21 8:00 AM, [REDACTED]/21 11:15 PM, [REDACTED]/21 7:00 PM and [REDACTED]/21 7:00 PM.

Plan of Correction

Implemented MJ 7/28/22

2800.187d Follow prescriber's orders

- Resident #1's med error was self-reported to DHS on [REDACTED]/21. Physician was contacted on [REDACTED]/21 and order given by physician to reduce the residents Tramadol to 25mg.
- Staff Development Coordinator or designee to educate nursing staff of proper administration of narcotics per physician's orders within 30 days.

187d Follow prescriber's orders (continued)

- *Audit:*
 - o *25% of residents taking narcotics MARs weekly for 4 weeks for proper documentation of narcotic administration.*
 - o *10% of residents taking narcotics MARS weekly for 4 weeks for proper documentation of narcotic administration.*
- *Review findings from audit at monthly QAPI meetings for two months.*

Completion Date: 03/15/2021

190a Completion of course—meds**1. 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 person A, who is listed on the employee roster as an ALF Med-Tech and currently administers medications, completed an annual practicum on [REDACTED] 2019. The previous annual practicum completed for staff person A was on [REDACTED]/2018.

Plan of Correction

Implemented MJ 7/28/22

2800.190a Completion of course- meds

- *Audit to be completed by the Staff development Coordinator or designee of all current med tech certifications for staff that work in the Assisted Living.*
- *Excel spreadsheet initiated by HR to track annual medication administration certificates.*
- *Audit spreadsheet weekly for 8 weeks to ensure compliance, then monitor continually.*
- *Review findings from audits at monthly QAPI meetings for two months.*

Completion Date: 03/15/2021

225a1 Assessment – annually**1. Requirements**

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED] 20. The resident's previous assessment was completed on [REDACTED]/2019.

Plan of Correction

Implemented MJ 7/28/22

2800.225a1 Assessment Annually

- *Complete new holistic assessment for resident.*
- *Audit of all residents holistic assessments for to ensure compliance.*
- *Spreadsheet initiated by ALR to track holistic due dates.*

225a1 Assessment – annually (continued)

- Review findings from audits at monthly QAPI meeting.

Completion Date: 03/15/2021

227b Final support plan – RN**1. Requirements**

2800.

227.b. A residence may use its own support plan form if it includes the same information as the Department's support plan form. An LPN, under the supervision of an RN, shall review and approve the final support plan.

Description of Violation

The residence does not use the Department's support plan form. The residence's support plan does not include Date of Admission, Date of Birth and Date of Last ASP.

Plan of Correction

Implemented MJ 7/28/22

2800.227b Final support plan- RN

- Residents Date of Admission, Date of Birth, and Date of last ASP handwritten in all support plans.
- While completing new ASPs the ALM/WM will add dates of admission, birth, and last ASP.
- Audit new admissions for 8 weeks for inclusion of these pertinent dates
- Review findings from audits at the monthly QAPI meetings for two months.

Completion Date: 03/15/2021

227c Final support plan - revision**1. Requirements**

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

Resident #1 support plan has not been reviewed on a quarterly basis, the last review was completed on [REDACTED]/20 (annual ASP).

Plan of Correction

Implemented MJ 7/28/22

2800.227c Final support plan- revision

- New quarterly review to be completed for resident and family meeting to be held.
- All residents will be scheduled for a quarterly review throughout the year.
- Audit support plans for 12 weeks to ensure compliance.
- Review findings from audits at monthly QAPI meetings for three months.

Completion Date: 03/15/2021