

Department of Human Services
Bureau of Human Service Licensing

November 7, 2022

[REDACTED]

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

RE: ANN'S CHOICE
16000 ANN'S CHOICE WAY
WARMINSTER, PA, 18974
LICENSE/COC#: 12901

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/19/2021, 07/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: ANN'S CHOICE License #: 12901 License Expiration: 07/22/2022
Address: 16000 ANN'S CHOICE WAY, WARMINSTER, PA 18974
County: BUCKS Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] 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: Other Date: 04/18/2007 Issued By: Warminster Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 78 Waking Staff: 59

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 07/20/2021

Inspection Dates and Department Representative

07/19/2021 On Site [REDACTED]
07/20/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 44 Residents Served: 39

Secured Dementia Care Unit

In Home: Yes Area: Garden View Court Capacity: 44 Residents Served: 39

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 39 Have Physical Disability: 0

Inspections / Reviews

07/19/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow Up Date: *08/29/2021*

09/08/2021 POC Submission

Submitted By: [REDACTED]

Date Submitted: *08/27/2021*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission* Follow Up Date: *09/30/2021*

11/07/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/07/2022*

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License**1. Requirements**

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/19/21, the home's copy of 55 Pa.Code Chapter 2600, and current violation report, dated 9/10/19, was not posted in a conspicuous and public place in the home.

POC Submission**Accept**

-The home's copy of 55 Pa. Code Chapter 2600, and current violation report have been posted in a conspicuous place on the neighborhood.

-Audits will be completed weekly times 4 weeks, then monthly times 2 to ensure copies are in place.

-Memory Care Manager or designee shall complete the audits.

-Results will be reported at QAPI x 3 months.

Licensee's Proposed Overall Completion Date: 11/29/2021

Document Submission**Implemented ([REDACTED] - 11/07/2022)**

See attached.

Licensee's Proposed Overall Completion Date: 11/24/2021

16c - Written Incident Report**2. Requirements**

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED]/21, resident 1 passed away in the home. The home did not report this death to the Department until [REDACTED].

On [REDACTED] 21, resident 2 was not administered [REDACTED] pm [REDACTED]. The home did not report this medication error to the Department until [REDACTED]/21.

POC Submission**Accept**

-Education will be provided by the Memory Care Manager and/or the Staff Development Coordinator on reporting timely/within 24 hours of occurrence, as well as how to define a reportable incident and the process for reporting incidents to Memory Care Manager, nursing leadership and nursing staff.

-All education will be completed within 30 days of receipt of this Plan of Correction.

-Audits will be completed by Memory Care Manager or designee, once weekly times 4 weeks then biweekly times 1 month, then monthly times 1 month.

-Results will be reported at QAPI times 3 months.

Licensee's Proposed Overall Completion Date: 11/29/2021

Document Submission**Implemented ([REDACTED] 11/07/2022)**

See attached.

Licensee's Proposed Overall Completion Date: 11/29/2021

28e - Death of a Resident

3. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident 1 passed away on [REDACTED] 2021. Resident 1's personal belongings were removed from the home on [REDACTED] /21; however, the refund check was not issued until [REDACTED] /21.

Resident 2 passed away on [REDACTED] /21. Resident 2's personal belongings were removed from the home on [REDACTED] /21; however, the refund check was not issued until [REDACTED] /21.

Resident 3 passed away on [REDACTED] /20. Resident 3's personal belongings were removed from the home on [REDACTED] /20; however, the refund check was not issued until [REDACTED] /21.

Resident 4 passed away on [REDACTED] /20. Resident 4's personal belongings were removed from the home on [REDACTED] /20; however, the refund check was not issued until [REDACTED] /21.

Resident 5 passed away on [REDACTED] /20. Resident 5's personal belongings were removed from the home on [REDACTED] /21; however, the refund check was not issued until [REDACTED] /21.

Resident 6 passed away on [REDACTED] /21. Resident 6's personal belongings were removed from the home on [REDACTED] /21; however, the refund check was not issued until [REDACTED] /21.

Resident 7 passed away on [REDACTED] /21. Resident 7's personal belongings were removed from the home on [REDACTED] /21; however, the refund check was not issued until [REDACTED] /21.

Resident 8 passed away on [REDACTED] /21. Resident 8's personal belongings were removed from the home on [REDACTED] /21; however, the refund check was not issued until [REDACTED] /21.

POC Submission

Accept

-The resident account will be credited with a refund within 30 days from the date the room is cleared of resident's personal property.

-A monthly audit times 3 months of account credits will be completed by the Business Office Manager.

-Results will be reported on at QAPI times 3 months.

Licensee's Proposed Overall Completion Date: 11/29/2021

Document Submission

Implemented [REDACTED] - 11/07/2022)

See attached.

Licensee's Proposed Overall Completion Date: 11/29/2021

85e - Trash Outside Home

4. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

According to staff person A, trash is removed from the premises on Thursdays, however, there were 3 empty white 5 gallon containers of liquid detergent and 2 empty white 5.1 gallon containers of Hydrogen Peroxide outside of the recycle containers.

85e - Trash Outside Home *(continued)***POC Submission****Accept**

-Housekeeping Supervisor or designee will inspect the loading dock twice weekly times one month, then biweekly times 2 months to ensure that all trash is being kept in covered receptacles to prevent penetration of insects and rodents.

-Results will be reported at QAPI times 3 months.

Licensee's Proposed Overall Completion Date: 11/29/2021

Document Submission**Implemented (█ - 11/07/2022)**

See attached.

Licensee's Proposed Overall Completion Date: 11/29/2021

91 - Telephone Numbers

5. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone on the third floor of the Memory Care Unit.

POC Submission**Accept**

Emergency Telephone Numbers have been posted by all telephones. Rounds will be conducted by the Memory Care Manager, Wellness Manger, or designee to ensure the emergency numbers are in place.

Weekly audits will be made one time a week x4 weeks, then weekly x2 months to ensure the copies are in place.

Results will be reported at QAPI x3 months.

Licensee's Proposed Overall Completion Date: 11/29/2021

Document Submission**Implemented (█ - 11/07/2022)**

See attached.

Licensee's Proposed Overall Completion Date: 11/29/2021

101j7 Lighting/Operable Lamp

6. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 9 does not have access to a source of light that can be turned on/off at bedside.

POC Submission**Accept**

-A lamp was placed at the resident's bedside on 7/19/21.

101j7 - Lighting/Operable Lamp (continued)

- Audits will be completed by the Memory Care Manager, Wellness Manager, or designee to ensure each resident shall have an operable lamp or other source of lighting that can be turned on by bedside.
- Weekly audits of 25% (10 residents) lamps are within reach of bedside x4 weeks.
- Monthly audits of 25% (10 residents) lamps are within reach of bedside x2 months.
- Results will be reported at QAPI x3 months.

Licensee's Proposed Overall Completion Date: 11/29/2021

Document Submission

Implemented (█) - 11/07/2022)

See attached.

Licensee's Proposed Overall Completion Date: 11/29/2021

105g - Lint Removal and Duct Cleaning**7. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 07/20/21, there was lint accumulation in the lint trap of the main laundry dryer. There were no clothes in the dryer at the time.

On 07/20/21, there was lint accumulation in the lint trap of the 3rd floor laundry dryer. There were no clothes in the dryer at the time.

POC Submission

Accept

-Education including the removal of lint from the clothes dryer to reduce the risk of fire will be provided to our Personal Care nursing staff, and housekeeping staff.

-Memory Care manager and the Housekeeping Manager will present education.

-All education to be completed within 30 days of receipt of this plan of correction.

-Weekly audits will be made two times a week x4 weeks, the weekly x2 months to ensure the removal of lint from the dryer.

-Audits will be completed by the Memory Care Manager, Housekeeping Manager, or designee.

-Results will be reported at QAPI x3 months.

Licensee's Proposed Overall Completion Date: 11/29/2021

Document Submission

Implemented (█) - 11/07/2022)

See attached.

Licensee's Proposed Overall Completion Date: 11/29/2021

123b - Emergency Procedures Posted**8. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

123b - Emergency Procedures Posted (*continued*)**Description of Violation**

The home's emergency procedures are not posted in a conspicuous and public place in the home.

POC Submission**Accept**

-A copy of the Emergency Procedures have been posted in a conspicuous area on the third floor of the Memory Care Neighborhood. Rounds will be conducted by the Memory Care Manager, Wellness Manager, or designee to ensure the emergency preparedness plan is in place.

-Audits will be made two times a week x4 weeks, then once a week x2 months to ensure the plan is in place.

-Results will be reported at QAPI x3 months.

Licensee's Proposed Overall Completion Date: 11/29/2021

Document Submission**Implemented (█) 11/07/2022)**

See attached.

Licensee's Proposed Overall Completion Date: 11/29/2021

162c - Menus Posted

9. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 07/18/21 to 07/24/21 was not posted in a conspicuous place.

POC Submission**Accept**

-A copy of the weekly menus have been posted on the information boards on the third floor of the Memory Care Neighborhood. Rounds will be conducted by the Dining Manager, or designee to ensure the menus are in place.

-Weekly audits will be made x4 weeks to ensure the menus are in place.

-Biweekly audits will be made x2 months to ensure the menus are in place.

-Results will be reported at QAPI x3 months.

Licensee's Proposed Overall Completion Date: 11/29/2021

Document Submission**Implemented (█) - 11/07/2022)**

See attached.

Licensee's Proposed Overall Completion Date: 11/29/2021

162d - Past Menus

10. Requirements

2600.

162.d. Past menus of meals that were served, including changes, shall be kept for at least 1 month.

Description of Violation

Past menus of meals that were served, including changes, were not posted in a conspicuous place.

162d - Past Menus (continued)

POC Submission**Accept**

-Past menus of meals that were saved, including changes, shall be kept for at least one month. All changes are noted in the substitution log book.

-The Dining Manger, or designee will conduct weekly audits x1 month.

-Biweekly audits will be conducted x2 months.

-Results will be reported ay QAPI x3 months.

Licensee's Proposed Overall Completion Date: 11/29/2021

Document Submission**Implemented ([REDACTED] - 11/07/2022)**

See attached.

Licensee's Proposed Overall Completion Date: 11/29/2021

252 - Record Content

11. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Residents 10, 11, and 12's record does not include a current photograph.

POC Submission**Accept**

-Current copies of resident photographs are stored in our electric medial records. Every resident record contains a current photograph. Our surveyor did not access the electric records during the time of inspection. Audits will be conducted by the Memory Care Manager, or designee to ensure current photographs are in place.

-Weekly audits will be made two times a week x4 weeks to ensure the photos are in place.

-Weekly audits will be made once a week x4 weeks to ensure the photos are in place.

-Results will be reported at QAPI x3 months.

Licensee's Proposed Overall Completion Date: 11/29/2021

Document Submission**Implemented ([REDACTED] - 11/07/2022)**

See attached.

Licensee's Proposed Overall Completion Date: 11/29/2021