

Department of Human Services
Bureau of Human Service Licensing

December 22, 2021

[REDACTED]
16000 ANN'S CHOICE WAY
WARMINSTER, PA, 18974

RE: ANN'S CHOICE
16000 ANN'S CHOICE WAY
WARMINSTER, PA, 18974
LICENSE/COC#: 14439

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/22/2021, 07/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *ANN'S CHOICE* License #: *14439* License Expiration:
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*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *07/23/2021*

Inspection Dates and Department Representative

07/22/2021 - On-Site: [REDACTED]

07/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *98* Residents Served: *60*

Special Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *60*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *6* Have Physical Disability: *1*

Inspections / Reviews

07/22/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/06/2021*

Inspection Dates and Department Representative (*continued*)

09/08/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *10/08/2021*

12/22/2021 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3d Post license/VR/Regs

1. Requirements

2800.

3.d. The assisted living residence 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 assisted living residence.

Description of Violation

On 7/22/21, the residence's license, dated 01/02/2021 was not posted in a conspicuous and public place in the residence.

On 7/22/21, the residence did not have the 2800 regulations posted in a conspicuous and public place in the residence.

Plan of Correction

Accept

3d Post License/VR/Regs

2800.3.d. - The assisted living residence 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.

- The home's copy of 55 Pa. Code Chapter 2800, the current license and the current violation report have been posted in a conspicuous place in the neighborhood.
- Weekly audits will be completed once a week x4 weeks, then monthly x2 months to ensure the copies are in place.
- Assisted Living Manager or designee will complete the audits.
- Results will be reported at QAPI x3 months, and at the annual Quality Management meeting.

Completion date: 9/15/2021

Completion Date: 09/15/2021

Document Submission

Implemented

See Attached

Completion Date: 12/21/2021

25a Resident - residence contract

1. Requirements

2800.

25.a. Prior to admission, or within 24 hours after admission, a written resident-residence contract between the resident and the residence must be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident # 1 was admitted to the residence on [REDACTED] 2021. Resident #1's signed contract does not include the date.

Plan of Correction

Accept

25a Resident- Residence Contract

2800.25.a – Prior to admission, or within 24 hours after admission, a written resident-residence contract between the resident and the residence must be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

- All resident contracts will be reviewed prior to admission or within 24 hours after admission
- Audits of new admission contracts will be completed 1x/week for 4 weeks, biweekly x 1 month, then 1x/month for 2 months. Audits will be completed by the Assisted Living Manager or designee.
- Results will be reported at QAPI x3 months, and at the annual Quality Management meeting.

Completion date: 9/15/2021

25a Resident - residence contract (continued)**Completion Date:** 09/15/2021**Document Submission****Implemented***See Attached***Completion Date:** 12/21/2021**82c Locked poisons****1. 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

Quikrete, with a manufacture's label indicating "immediately seek medical attention if any symptoms are significant or persist", was unlocked, unattended, and accessible to residents. Not all the residents of the residence, including Resident # 2, have been assessed capable of recognizing and using poisons safely.

Plan of Correction**Accept***82c Locked Poisons*

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.

- Material removed and secured immediately at the time of inspection*
- At the time of inspection 1 resident did not have a poisonous material assessment completed; resident will be assessed for safety with poisonous materials.*
- Residence to ensure all residents are assessed for ability to safely use or avoid poisonous material.*
- Results will be reported at QAPI x3 months, and at the annual Quality Management meeting.*

*Completion date: 9/3/2021***Completion Date:** 09/03/2021**Document Submission****Implemented***See Attached***Completion Date:** 12/21/2021**88a Floors, walls, ceilings, windows, doors****1. Requirements**

2800.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The hallway leading to Resident bedrooms CP 201 and CP 202 had a tray from breakfast left on the floor. This poses a tripping hazard for residents.

Plan of Correction**Accept***88a Floors, Walls, Ceilings, Windows Doors*

2800.88.a Floors, walls, ceilings, doors and other surfaces must be clean, in good repair and free of hazards

- The meal tray that was identified as a tripping hazard was collected and removed immediately at time of inspection.*

88a Floors, walls, ceilings, windows, doors (continued)

- Assisted Living Manager or designee will inspect the residence twice a week for one month, then weekly x 2 months to ensure no tripping hazards are present.
 - Results will be reported at QAPI x3 months, and at the annual Quality Management meeting.
- Completion date: 7/22/2021

Completion Date: 07/22/2021

Document Submission

Implemented

See Attached

Completion Date: 12/21/2021

100a Exterior – free of hazards**1. Requirements**

2800.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The outdoor courtyard had construction material laying around. There were cinderblocks, loose rocks, and wedges of wood left out. These pose a tripping hazard for residents.

Plan of Correction

Accept

100a Exterior- Free of Hazards

2800.100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards

- *The construction materials identified as tripping hazards were condensed and the area was blocked off from resident access at the time of inspection.*
- *Assisted Living Manager or designee will inspect the courtyard twice a week for one month, then weekly x 2 months to ensure no tripping hazards are present.*
- *Results will be reported at QAPI x3 months, and at the annual Quality Management meeting.*

Completion Date: 7/22/2021

Completion Date: 07/22/2021

Document Submission

Implemented

See Attached

Completion Date: 12/21/2021

103e Leftovers**1. Requirements**

2800.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated applesauce on medication cart 3.

Plan of Correction

Accept

103e Leftovers

2800.103.e. Food served and returned from an individual's plate may not be served again or used in the

103e Leftovers (continued)

preparation of other dishes. Leftover food shall be labeled and dated.

- Applesauce that was observed undated on medication cart was removed and thrown away immediately at time of inspection.
- Nursing staff to be educated on proper labeling and dating of food items utilized during medication administration. Staff Development Coordinator and Assisted Living Manager to provide education.
- Audits will be completed by the Assisted Living Manager, or designee to ensure food items used by staff on medication carts are labeled and dated properly after opening.
- Audits will be completed 1x/week for 4 weeks, biweekly x 1 month, then 1x/month for 2 months
- Results will be reported at QAPI x3 months, and at the annual Quality Management meeting.

Completion Date: 10/6/2021

Completion Date: 10/06/2021

Document Submission

Implemented

See Attached

Completion Date: 12/21/2021

103g Storing food**1. Requirements**

2800.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The applesauce on medication cart 3 was opened and unsealed.

Plan of Correction

Accept

103g Storing Foods

2800.103.g. Food shall be stored in closed or sealed containers

- Applesauce that was observed uncovered on medication cart was removed and thrown away immediately at time of inspection.
- Nursing staff to be educated on proper handling and storing of food items utilized during medication administration. Staff Development Coordinator and Assisted Living Manager to provide education.
- Audits will be completed by the Assisted Living Manager, or designee to ensure food items used by staff on medication carts are being stored properly, either resealed or covered after opening.
- Audits will be completed 1x/week for 4 weeks, biweekly x 1 month, then 1x/month for 2 months
- Results will be reported at QAPI x3 months, and at the annual Quality Management meeting.

Completion Date: 10/6/2021

Completion Date: 10/06/2021

Document Submission

Implemented

See Attached

Completion Date: 12/21/2021

121a Unobstructed egress**1. Requirements**

2800.

121a Unobstructed egress (continued)

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On 7/22/21 Licensing Representative observed that every stairwell in the home that leads to an emergency exit is equipped with an electronic locking device. The residence did not have a code or operating instructions posted for these locking devices. Licensing Representative was unable to open any of the doors without the code.

Plan of Correction**Accept***121a Unobstructed Egress*

2800.121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

- Egress door codes were posted immediately at every stairwell in the home that leads to an emergency exit.
- Audits of egress door code postings to be completed by the Assisted Living Manager or designee to ensure the codes remain posted will be completed 1x/week for 4 weeks, biweekly x 1 month, then 1x/month for 2 months
- Results will be reported at QAPI x3 months, and at the annual Quality Management meeting.

Completion Date: 7/22/2021

Completion Date: 07/22/2021

Document Submission**Implemented**

See Attached

Completion Date: 12/21/2021

224c3 Support plan content**1. Requirements**

2800.

224.c.3. The written preliminary support plan must document the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the individual, or referrals for the individual to outside services if the individual's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The preliminary support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the individual.

Description of Violation

Resident # 2's preliminary support plan does not include whether Resident # 2 is able to safely use and avoid poisonous materials.

Plan of Correction**Accept***224c3 Support Plan Content*

2800.224.c.3 The written preliminary support plan must document the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the individual, or referrals for the individual to outside services if the individual's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay the cost of these medical and behavioral care services. The preliminary support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the individual.

- Assessment of Resident #2's ability to safely use and avoid poisonous material will be completed.
- Assisted Living Manager or designee to audit all support plans in residence for inclusion of resident's ability to safely use or avoid poisonous material.

224c3 Support plan content (continued)

- All new resident admissions will have their ability to safely use or avoid poisonous material included in their support plan.
- The ability to safely use or avoid poisonous material will be reassessed upon readmission, any significant change, or as needed.

Completion Date: 9/15/2021

Completion Date: 09/15/2021

Document Submission

Implemented

See Attached

Completion Date: 12/21/2021

227g Support plan - signatures**1. Requirements**

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident # 1 participated in the development of Resident #1's support plan on [REDACTED]/21. However, the resident did not sign and date the support plan.

Resident # 2 participated in the development of Resident #2's support plan on [REDACTED]20. However, the resident did not sign and date the support plan.

Resident # 3 participated in the development of Resident #3's support plan on [REDACTED]/20. However, the resident did not sign and date the support plan.

Resident # 4 participated in the development of Resident #4's support plan on [REDACTED]/21. However, the resident did not sign and date the support plan.

Resident # 5 participated in the development of Resident #5's support plan on [REDACTED]/21 However, the resident did not sign and date the support plan.

Plan of Correction

Accept

227g Support Plan- Signatures

2800.227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

- Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5 will have their support plans reviewed with them and signed.
- Assisted Living Manager or designee to audit all support plans for participant's signature and date.
- All new resident admissions will participate in the development of their support plan and sign and date them.
- All re-admitted residents, and those experiencing a significant change will participate in the development of their support plan and sign and date them.
- The Assisted Living Manager or designee will be responsible for this.

Completion Date: 10/6/2021

Completion Date: 10/06/2021

227g Support plan - signatures (*continued*)

Document Submission***Implemented****See Attached***Completion Date:** *12/21/2021*