

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

December 5, 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#: 14439

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/30/2021, 12/01/2021, 12/02/2021 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

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: [REDACTED] Email: [REDACTED]

Legal Entity

Name: ANNS CHOICE INC
 Address: 16000 ANN'S CHOICE WAY, WARMINSTER, PA, 18974
 Phone: [REDACTED] 0 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: 68 Waking Staff: 51

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 11/30/2021

Inspection Dates and Department Representative

11/30/2021 - On-Site: [REDACTED]
 12/01/2021 - Off-Site: [REDACTED]
 12/02/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 98 Residents Served: 56

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: 56
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 12 Have Physical Disability: 0

Inspections / Reviews

11/30/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/16/2022

01/20/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/14/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/25/2022

11/23/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/25/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/28/2022

12/05/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/02/2022
Reviewer: [REDACTED] Follow-Up Type: Not Required

185a Storage procedures

1. 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

On 11/4/21, resident 1's Gabapentin Medication was not available in the home. The medication was ordered and received by the home but was not able to be located in the medication room.

The policy and procedure for medication and medication reordering to keep the residents medications in the home at all times is not being followed. There has been multiple errors relating to the ordering of medication from the pharmacy. There have been multiple residents whom have missed medication dosages due to the medication not being ordered timely and not being available in the home.

POC Submission

Accept

- *Medication reconciliation audit was completed for all Residents of Chestnut Pointe*
- *The medication cabinet will be audited a minimum of x1 weekly.*
- *All medications identified with a supply of 7 days or less will be reordered weekly to ensure medications are ordered timely and are available to the Residents per physician's orders.*
- *Delivered meds will be reconciled with the Pharmacy orders to ensure medications have been received. Medications not received will be followed up with the Pharmacy by the Wellness Manger/Designee.*
- *The Wellness Manager/Designee will be responsible for medication reordering & reconciliation and staff re-education.*

Licensee's Plan Completion Date: 03/01/2022

Implemented (MJ - 12/05/2022)

185b Medication procedures

2. Requirements

2800.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his living unit.

Description of Violation

The residence's procedures for the safe use of medications and medical equipment does not include limited access to medications. All Direct care staff members are accessing the medications in resident rooms and the medication storage room and this does not provide for limited access.

185b Medication procedures (*continued*)**POC Submission****Accept**

Staffing model has been adjusted to limit access to medications by decreasing the number of staff administering meds. Each floor on Chestnut Pointe has 1 nurse or Med Tech per shift assigned to administer medications, all other direct care staff assigned to preform care.

Licensee's Plan Completion Date: 03/01/2022

Implemented (MJ - 12/05/2022)

187d Follow prescriber's orders

3. Requirements

2800.

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

Description of Violation

Resident 1 is prescribed Gabapentin 300 mg. However, this medication was not administered to resident 1 on 11/4/21 at 8:00 pm, 11/5/21 at 8:00 am, 2:00 pm, and 8:00 pm, 11/6/21 at 8:00 am, 2:00 pm, and 8:00 pm because the medication was not available in the residence.

Resident 2 is prescribed Tramadol 50 mg. However, this medication was not administered to resident 2 on 11/2/21 at 8:00 pm because the medication was not available in the residence.

Resident 3 is prescribed Atenolol 25 mg. However, this medication was not administered to resident 3 on 11/6/21 at 8:00 pm because the medication was not available in the residence.

Resident 4 is prescribed Senna 8.6 mg. However, this medication was not administered to resident 4 on 11/6/21 at 8:00 pm because the medication was not available in the residence.

Resident 5 is prescribed Omeprazole 20 mg. However, this medication was not administered to resident 5 on 11/5/21 at 8:00 pm because the medication was not available in the residence.

Resident 5 is prescribed Lidocaine 4% Patch. However, this medication was not administered to resident 5 on 11/5/21 at 9:00 am because the medication was not available in the residence.

POC Submission**Accept**

- *Medication reconciliation audit was completed for all Residents of Chestnut Pointe*
- *The medication cabinet will be audited a minimum of x1 weekly.*
- *All medications identified with a supply of 7 days or less will be reordered weekly to ensure medications are ordered timely and are available to the Residents per physician's orders.*
- *Delivered meds will be reconciled with the Pharmacy orders to ensure medications have been received. Medications not received will be followed up with the Pharmacy by the Wellness Manger/Designee.*
- *The Wellness Manager/Designee will be responsible for medication reordering & reconciliation and staff re-education.*

Licensee's Plan Completion Date: 03/01/2022

187d Follow prescriber's orders (*continued*)*Implemented (MJ - 12/05/2022)*

190c Record of training

4. Requirements

2800.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The residence's medication administration training record for staff person A, B, C, and D does not include the staff person's signature and is incomplete..

POC Submission**Accept**

- *SDC will complete training record for staff person A, B, C, and D.*
- *SDC/Designee will ensure that all medication administration training records are completed, including signature of employee, upon successful completion.*
- *SDC will provide the ALM with quarterly Record of Training reports to ensure all training records are completed and are in compliance.*

Licensee's Plan Completion Date: 03/01/2022

Implemented (MJ - 12/05/2022)