

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 05/04/2022 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: 01/02/2023  
 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: I-1 Date: 11/19/2018 Issued By: Warminster Township

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 67 Waking Staff: 50

## Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 05/04/2022

## Inspection Dates and Department Representative

05/04/2022 - 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: 0

## 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: 7 Have Physical Disability: 7

## Inspections / Reviews

05/04/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/20/2022

Inspections / Reviews (*continued*)

11/23/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/20/2022

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/10/2022

12/05/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42c Dignity/Respect

## 1. Requirements

2800.

42.c. A resident shall be treated with dignity and respect.

## Description of Violation

Resident 1 was having dinner with two other residents when [REDACTED] asked for a straw from staff person A. Staff person A mumbled something under [REDACTED] breath and resident 1 asked [REDACTED] to repeat what [REDACTED] said. Staff person A then repeated "[REDACTED] you" to resident 1 loud enough for other residents sitting in the vicinity to hear. Staff person A also said, "you should have asked me in the first place, now I have to walk all the way back to get it".

## POC Submission

Accept

- Education including Resident Rights, Positive Communication Techniques, and Customer Service will be reviewed with the Dining Services Staff.
- General Manager or designee to present education, education will be completed within 30 days.
- Rounding will be completed by General Manager or designee in the restaurant to ensure residents are being treated with dignity and respect, and being spoken to in a positive manner.
- Rounds to be completed daily for 2 weeks, 3x week for 2 weeks, then weekly for 4 weeks.
- Results will be reported at QAPI x2 months, and at the annual Quality Management meeting.

Licensee's Plan Completion Date: 06/20/2022

Implemented (MJ - 12/05/2022)

## 141a Medical evaluation

## 2. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day-to-day assisted living service needs.

## Description of Violation

The medical evaluation for resident 1, dated [REDACTED] does not include the date completed or the type of evaluation. This area of the form is blank.

## 141a Medical evaluation (continued)

**POC Submission****Accept**

- Resident ADME will be corrected to reflect date and reason for assessment
- Wellness Manager to review procedure for completing ADME with physicians
- Wellness Manager to audit current ADME's to ensure compliance
- Wellness Manager will review all new ADME's prior to admission to ensures compliance

Licensee's Plan Completion Date: 06/20/2022

**Implemented (MJ - 12/05/2022)**

## 227g Support plan - signatures

**3. 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 his/her support plan on [REDACTED]. However, the resident did not sign and date the support plan.

**POC Submission****Accept**

- Resident's support plan shall be reviewed with resident again and signed by resident
- All current resident's support plans will be audited to ensure compliance
- ALM or designee will audit of new admissions weekly x2 week and monthly x2 months
- ALM or designee will ensure resident or responsible party signs support plan at time of review

Licensee's Plan Completion Date: 06/20/2022

**Implemented (MJ - 12/05/2022)**

## 227h Support plan – refusal sign

**4. Requirements**

2800.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**Description of Violation**

Resident 1 participated in the development of his/her support plan on [REDACTED]. The resident did not sign the support plan. The residence did not make a notation regarding the resident's refusal to sign.

**POC Submission****Accept**

- Resident's support plan shall be reviewed with resident again and signed by resident, if refused documentation of refusal shall be noted
- All current resident's support plans will be audited to ensure compliance
- ALM or designee to audit of new admissions weekly x2 weeks, monthly x2 months
- ALM or designee will ensure resident or responsible party signs support plan at time of review, unless refused,

*227h Support plan – refusal sign (continued)*

*then documentation of refusal shall be noted*

Licensee's Plan Completion Date: 06/20/2022

*Implemented (MJ - 12/05/2022)*