

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

July 1, 2024

[REDACTED]
ANNS CHOICE INC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/14/2024 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 #: 12901 License Expiration: 07/22/2024
 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: [REDACTED]
 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: 117 Waking Staff: 88

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 05/14/2024

Inspection Dates and Department Representative

05/14/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 65 Residents Served: 61

Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Capacity: 44 Residents Served: 42

Hospice
 Current Residents: 11

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 56 Have Physical Disability: 0

Inspections / Reviews

05/14/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/08/2024

06/07/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/28/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/05/2024

Inspections / Reviews *(continued)*

07/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] and [REDACTED], Resident [REDACTED] exited the SDCU floor by entering the service elevator when it opened on the third floor after staff persons exited the elevator, traveled to the basement and the first floor. On both occasions, Resident [REDACTED] was redirected back to the memory care area, by staff of the home. While a code must be entered to call the elevator to the third floor, the elevator does not require a code to operate once in the elevator to get to any other floor. All staff who work in the building received training on the operation and monitoring of residents in and around the elevators to prevent elopement in April 2024 following the previous incidents. The training included waiting for the elevator doors to close before leaving the area on the 3rd floor to ensure residents do not enter the elevator behind the staff persons. On [REDACTED], at [REDACTED] Staff Person A was observed at the third-floor service elevator. Staff person A pushed the button to call the elevator, then walked away before it got to the third floor, leaving it unattended with the door open, which would have allowed and SDCU resident to enter the elevator, travel to any floor and/or leave the facility without any staff supervision. The 1st floor leads to the main entrance of the building and unsecured areas and the 3rd floor has direct access to the kitchen, laundry and parking lots and service areas of the home where there are multiple hazards to SDCU resident safety.

Plan of Correction

Accept [REDACTED] - 06/07/2024)

Dispute:

Regulation 42b 2600.42(b) states that "A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. "

Per the Discussion Section in the Personal Care Home 2600 Regulation Guide, pg 34, " this regulation prohibits the following: • The infliction of injury on a resident by staff or other residents • Unreasonable confinement •

Intimidation or punishment with resulting physical harm • Deliberately causing pain or mental anguish •

Deprivation by the personal care home or its staff persons of goods or services which are necessary to maintain physical or mental health • Sexual harassment, rape, or abuse, as defined in 23 Pa.C.C. Chapter 61 (relating to

protection from abuse) • Exploitation by an act or course of conduct, including misrepresentation or failure to obtain informed consent which results in monetary, personal or other benefit, gain of profit for the perpetrator, or monetary or personal loss to the resident • Neglect of the resident, which results in physical harm, pain or mental anguish •

Abandonment or desertion by the personal care home or its staff persons • Mistreatment or discipline of any kind • Any sexual contact, regardless of consent, between a resident and a staff person."

1. Once entering the elevator, the Resident never exited on a different floor.

2. There was not physical harm, pain or mental anguish observed as a result of being found on the elevator. The staff immediately saw Resident once returning to the third floor and were able to observe the resident and attempt to redirect to other activities. The staff continued to observe the Resident and documented that the Resident did not obtain any injuries.

3. There was no intent or deliberate act by any staff or personal care home against the Resident.

Plan of Correction:

1. Staff person A was reeducated by SDC on 5/14/24 to please remember not to leave elevator in SDCU unattended once he calls it.

42b - Abuse (continued)

2. Memory Care Manager will place a sign at Service Elevator reminding staff to please not leave elevator unattended once called and to ensure no residents access elevator before door closes.

3. Residents who have been assessed to be an elopement risk will have roam alerts provided to their person that will alert staff when resident is entering elevator. Roam alerts will be placed on identified residents by 6/15/24. Staff will reinforce appropriate behavior by redirecting residents away from service elevator by using positive comments.

4. Memory Care Manager will report the residents who have had roam alerts placed and review the effectiveness of the intervention at the June QAPI meeting.

Completion Date: 6/30/24

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented (████) - 07/01/2024)

82c - Locking Poisonous Materials**2. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On █████ a closet in the SDCU was observed to be open and unlocked. Mouthwash, cleaning wipes, hand sanitizer, and other items with warning labels indicating to "contact poison control center if swallowed" were stored in the closet. The closet door was unlocked and unattended, making these items accessible to all residents in the memory care facility. Residents of the SDCU are not all assessed as capable of recognizing or using poisons safely.

Repeat Violation Date: 2/8/23 et al.

Plan of Correction

Accept (████) - 06/07/2024)

Plan of Correction:

1. The staff member immediately closed the closet door to secure the supplies.

2. Memory Care Direct Care Staff will be educated by Memory Care Manager and Wellness Manager that all closet doors must remain closed and secured in the neighborhood. Education to be completed 6/30/24

3. Memory Care Manager or █████ designee, will place signs on closet doors to remind staff to close doors after each use. Signs will be posted by 6/14/24.

4. Beginning the week of June 3, 2024, audits will be completed by Memory Care Manager or her designee, weekly x 4 weeks to ensure closet doors remain closed. Audits will be reviewed in QAPI meeting for June 2024.

Completion Date: 6/30/24

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented (████) - 07/01/2024)

201 - Positive Interventions**3. Requirements**

2600.

201 - Positive Interventions (continued)

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident [redacted] exited the SDCU floor on [redacted], at [redacted] and again on [redacted], at [redacted] using the service elevator. Despite receiving training on [redacted], Staff Person A was observed on [redacted] at [redacted] calling the elevator, using the code, then departing the elevator area before it arrived. The elevator was left unattended with the door open, which would have allowed and SDCU resident to enter the elevator, travel to any floor and/or leave the facility without any staff supervision.

Plan of Correction

Accept [redacted] - 06/07/2024)

1. Staff person A was reeducated by SDC on [redacted] to please remember not to leave elevator in SDCU unattended once [redacted] calls it.
 2. Memory Care Manager will place a sign at Service Elevator reminding staff to please not leave elevator unattended once called and to ensure no residents access elevator before door closes.
 3. Residents who have been assessed to be an elopement risk will have roam alerts provided to their person that will alert staff when resident is entering elevator. Roam alerts will be placed on identified residents by [redacted] Staff will reinforce appropriate behavior by redirecting residents away from service elevator by using positive comments.
 4. Memory Care Manager will report the residents who have had roam alerts placed and review the effectiveness at the June QAPI meeting.
- Completion Date: 6/30/24

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [redacted] - 07/01/2024)

236 - Staff Training

4. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person B, who works in the Secure Dementia Care Unit (SDCU) had only 3.25 hours of training in dementia care during the January 2023 to December 2023 training year.

Direct care staff person C, who works in the Secure Dementia Care Unit (SDCU) had only 4 hours of training in dementia care during the January 2023 to December 2023 training year

Plan of Correction

Accept [redacted] 06/07/2024)

Plan of Correction:

1. Staff member B & C will complete required dementia care education by [redacted].
2. Our new SDC has revised Training Plan to include 6 hours of dementia training in addition to the 12 hour annual training.
2. On [redacted], SDC completed audit of training records for direct care staff who work in the secured dementia care unit to confirm that their Training Records included 6 hours of dementia care and service in addition to the 12

236 - Staff Training (continued)

hours of annual training. SDC or her designee will complete education with Memory Care Direct Care staff based on the audit results. Education to be completed by [REDACTED].

4. SDC will provide a summary of dementia training hours for review in QAPI meeting for those direct care staff who work in the Secured Dementia Unit beginning in June 2024 x 2 months.

Completion Date: 6/30/24

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 07/01/2024)