

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

July 29, 2025

[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 05/13/2025 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: 07/22/2025  
 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: Total Daily Staff: 115 Waking Staff: 86

## Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 05/19/2025

## Inspection Dates and Department Representative

05/13/2025 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 65 Residents Served: 64

## Secured Dementia Care Unit

In Home: Yes Area: Memory Care Capacity: 44 Residents Served: 44

## Hospice

Current Residents: 4

## Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 51 Have Physical Disability: 0

## Inspections / Reviews

05/13/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/27/2025

06/30/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/28/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/28/2025

Inspections / Reviews *(continued)*

07/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

#### Description of Violation

On [REDACTED], at 10 am, the med tech staff computer was open displaying resident medical/medication information, in the memory care unit near room [REDACTED]. The computer was unlocked, unattended, and accessible to any resident or visitor.

#### Plan of Correction

Accept [REDACTED] - 06/30/2025)

1. The identified med tech staff computer was immediately closed.? Privacy screens were provided to all med tech computers on 5/13/25.

2. Education will be completed with Memory Care neighborhood direct care staff to remind them that computers may not display resident medical/medication information when unattended by staff and in an area accessible to residents and visitors. Education will be completed on 75% of direct care staff by 7/21/25 and 100% of direct care staff by 8/21/25.

3. Beginning 6/30/25, daily audits will be completed in Memory Care for two weeks Q-shift and then weekly Q-shift for one month, to ensure unattended computers are not displaying resident medical/medication information.

4. Beginning with July 2025 QAPI meeting, Audit results will be reviewed x 2months.  
Completion Date 7/25/25

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented [REDACTED] - 07/29/2025)

## 42b - Abuse

### 2. 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

Resident [REDACTED] assessment and support plan dated [REDACTED] indicates that resident will have outbursts of anger or irritability but with a notation that this "has not happened here". The RASP also indicates that Resident [REDACTED] has moderately impaired decision-making skills and staff are to provide cues and supervision as required. On [REDACTED] at 7:45 pm, Resident [REDACTED] was pacing back and forth in the hallway, requesting their medication and became agitated with Staff Member A, who was providing care assistance to resident [REDACTED]. Resident [REDACTED] interrupted Staff Member A by coming into resident [REDACTED]'s room. Staff member A redirected the resident to the tv room and closed the door to resident [REDACTED] room to continue with care assistance. Resident [REDACTED] returned to Resident [REDACTED] room, pushing open the door which knocked over the mobile cart, supplies and computer that Staff Member A had brought into the room. Staff member A again requested Resident [REDACTED] to leave the room to allow for privacy for Resident [REDACTED]. Resident [REDACTED] then grabbed Staff Member A by the shirt/arm and would not let go. Staff member A was not able to get loose from

## 42b Abuse (continued)

Resident █ grip. Staff Member A stated that Resident █ appeared to very agitated but would not say a word. Staff Member A escorted Resident █ to the TV room and had them sit down at which time Resident █ let go of Staff Member A's arm. Staff Member A returned to Resident █ room to complete care leaving Resident █ in an agitated state with other resident's present, however, no other staff member was present in the TV room at this time.

While In the TV room, Resident █ and Resident █ were sitting in separate chairs with a table between them which had a decorative fake plant in a pot on top. Though Resident █ still appeared to be in an agitated state, Staff member A left the residents unattended to return to Resident █ care. Per Resident █ account, Resident █ told Resident █ "The hell with you." Resident █ stood up and said, "You go to hell." Resident █ stated that Resident █ went on to call Resident █ a bitch at which time Resident █ reacted by grabbing the pot and started swinging it at Resident █ Resident █'s head was struck by the pot, and Resident █ yelled out in pain. Staff Member A heard Resident █ screaming. Staff member A rushed to the TV room and saw Resident#1 standing with the pot in hand and Resident █'s head dripping blood. At this time, Staff member A called for help, and Staff Member B arrived and took Resident █ to another room to provide first aid. Staff Person C also arrived. At this time, Staff Member B requested that Staff Member A and C closely monitor Resident █ Staff member A then left the TV room to return to Resident █'s room to finish care, and Staff Member C left at some undetermined time to return to their assignment, leaving Resident █ unsupervised in the TV room. Approximately 15 minutes later Staff Member A went to speak to Staff Member B who was in the medication room with Resident █ when they heard yelling from Resident █'s room. Staff Member A responded to the room and observed Resident █ standing in the doorway with an empty cup and Resident █ seated on their bed dripping with water from their head. Resident █ stated that Resident █ entered their room again, Resident █ asked them to leave their room and Resident █ responded by throwing water in the face of Resident █ For some time, staff were unable to redirect Resident █ back to their room while they stood in the doorway/hallway outside of Resident █'s room. Resident's family member was called to assist in redirecting the resident. Resident █ returned to their room on their own, before a family member arrived, where they remained for the rest of the night.

Resident █ was sent to the hospital for evaluation of a head wound and returned to the home with sutures to the head. The police were notified however, they did not speak with Resident █ Resident █ was not evaluated by a mental health provider or other doctor until several days later.

Repeat Violation Date: 5/14/24

**Plan of Correction**

Accept █ - 06/30/2025)

1. Staff worked with family to update █ doctor to our onsite medical center to ensure more timely follow up.
2. The Support Plan for resident █ was updated to include the event and positive intervention techniques for their actions and expressions.
3. Education on de escalation was provided to Staff A prior to █ return to work. Education will be provided to direct care staff in the Memory Care neighborhood on de escalation techniques for memory care populations; including continued monitoring and redirection. Education will be completed on 75% of direct care staff by 7/21/25 and 100% of direct care staff by 8/21/25.
4. Beginning 6/30/25, RASP/Support Plans will be audited for residents who have been identified in Actions and Expressions Review in past two months to ensure information is updated including individual positive intervention techniques. Beginning 6/30/25, RASP/Support Plans of new admissions will be audited weekly for one month to confirm positive interventions are in place for those residents who have been assessed upon admission as having

**42b Abuse (continued)**

*exhibited Actions and Expressions.*

*5. Beginning with July 2025 QAPI, results of Audit and resulting updated interventions will be reviewed in QAPI*

*Completion Date 7/25/25*

**Licensee's Proposed Overall Completion Date: 07/25/2025**

**Implemented [REDACTED] - 07/29/2025)**

**82c - Locking Poisonous Materials****3. 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**

*A container of Oxivir Tb Wipes, with a manufacture's label indicating "keep out of reach of children", was unlocked, unattended, and accessible to residents in the memory care unit. Not all the residents of the home, including resident [REDACTED], have been assessed as capable of recognizing and using poisons safely.*

*Repeat Violation Date: [REDACTED]*

**Plan of Correction**

**Accept [REDACTED] - 06/30/2025)**

*1. The door to the storage closet containing the container of Oxivir Tb Wipes was immediately shut and automatic lock engaged to prevent accessibility of the wipes to the residents.*

*2. Education on proper storage of poisonous items including ensuring storage doors remain locked, will be completed on 75% of direct care staff by 7/21/25 and 100% of direct care staff 8/3/25.*

*3. Audit was completed on 5/16/25 to Memory Care common areas and storage closets to ensure supply closets were locked and poisonous items were not accessible to residents.*

*4. Beginning 6/30/25, daily audits will be completed for two weeks Q shift, and then weekly for one month, of Memory Care common areas and supply closets to ensure supply closet doors are closed and locked, and poisonous items are not accessible to residents.*

*5. Beginning with July QAPI meeting, audits will be reviewed x 2 months*

*Completion Date 7/25/25*

**Licensee's Proposed Overall Completion Date: 07/25/2025**

**Implemented [REDACTED] - 07/29/2025)**

**183e - Storing Medications****4. Requirements**

2600.

183e - Storing Medications (*continued*)

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

On [REDACTED] an opened bottle of [REDACTED], prescribed for Resident [REDACTED] was in the residents locked medication cabinet, however there was no "opened on" date listed on the bottle. According to the manufacturer's instructions, any unused medication must be discarded 4 weeks after first opening.

**Plan of Correction**

Accept [REDACTED] - 06/30/2025)

1. The eye drops for Resident [REDACTED] were immediately disposed and a new bottle pulled from medication storage was opened, dated and placed in cabinet.
2. An audit of all Memory Care medication cabinets was completed 5/16/25 to confirm that medications were properly stored and that those residents with eye drop orders had medications available and labeled with open date. Audit also confirmed that expired medications were discarded.
3. Education on the proper storage and dating of medications began on 5/14/25 for Memory Care staff who pass medications. 75% of staff training will be completed by 7/3/25; and 100% will be trained by 8/3/25.
4. Beginning the week of 6/16/25 random audits of 20% of residents with eye drops orders began to confirm medications were dated when opened and that none had expired. Weekly audits will continue for 4 weeks.
5. Beginning with July QAPI, results of audits will be reviewed x two months

Completion Date 7/25/25

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented [REDACTED] 07/29/2025)

## 201 - Positive Interventions

**5. Requirements**

2600.

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]'s assessment and support plan dated [REDACTED] indicates that resident will have outbursts of anger or irritability but with a notation that this "has not happened here". The RASP also indicates that Resident [REDACTED] has moderately impaired decision making skills and staff are to provide cues and supervision. On [REDACTED] Resident [REDACTED] was exhibiting increased agitation and aggressive behaviors however, staff members A, B and C, continued to leave Resident 1 unsupervised and failed to implement positive interventions resulting in a physical attack on two residents.

Repeat Violation Date: [REDACTED]

201 - Positive Interventions (continued)

**Plan of Correction**

**Accept** [redacted] - 06/30/2025)

1. Education will be provided to direct care and ancillary staff in MC neighborhood on de-escalation techniques to include the need for continued monitoring and redirection. Education of 75% of staff will be completed by 7/21/25; and 100% of direct care staff by 8/21/25.

2. Beginning 6/30/25, RASP/Support Plans will be audited for residents who have been identified in Actions and Expressions Review in the past two months to ensure information is updated, including individual positive intervention techniques. Beginning 6/30/25, RASP/Support Plans of new admissions will be audited weekly for one month to confirm positive interventions are in place for those residents who have been assessed upon admission as having exhibited Actions and Expressions.

3. Beginning with July 2025 QAPI, results of Audit and resulting updated interventions will be reviewed in QAPI

Completion Date 7/25/25

Licensee's Proposed Overall Completion Date: 07/25/2025

**Implemented** [redacted] - 07/29/2025)