

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

July 25, 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 06/18/2025 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: C-2 LP Date: 11/19/2018 Issued By: Warminster Township L&I

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 86 Waking Staff: 65

## Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 06/18/2025

## Inspection Dates and Department Representative

06/18/2025 - On-Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 65 Residents Served: 43

## Secured Dementia Care Unit

In Home: Yes Area: Garden View Court Capacity: 44 Residents Served: 43

## Hospice

Current Residents: 7

## Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 63  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 43 Have Physical Disability: 0

## Inspections / Reviews

06/18/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/03/2025

07/03/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/24/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/25/2025

Inspections / Reviews *(continued)*

07/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

**234b Support Plan Needs Elements****1. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

**Description of Violation**

The support plan, dated [REDACTED] for resident [REDACTED] does not address how the home will assist the resident with meeting the resident's physical, medical, social, cognitive and safety goals.

**Plan of Correction**

Accept ([REDACTED] - 07/03/2025)

1. The RASP/Support Plan for resident [REDACTED] was updated on 6/28/2025.
2. PC Administrator will provide education to Memory Care Manager and Memory Care Wellness Manager on completion of RASP/Support plans by 7/8/25.
3. Beginning the week of 6/30/25, PC Administrator or designee will audit memory care residents RASP/Supports Plans to ensure that residents needs have been identified, and a description of services is completed. Audit to be completed by 7/11/25.
4. With the week beginning 7/7/25, RASP/Support Plans identified in the audit as needing additional information will be updated by the Memory Care Manager and MC Wellness Manager by 7/18/25.
5. Beginning in July 2025 QAPI, PC Administrator will review audit and progress of updated RASP/Service Plans x 2 months.

Overall Completion 7/25/25

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

Implemented ([REDACTED] - 07/25/2025)