**Department of Human Services**
**Bureau of Human Service Licensing**
## LICENSING INSPECTION SUMMARY PUBLIC

May 18, 2026

[redacted] ADMINISTRATOR
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 03/16/2026, 03/17/2026 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**: *01/02/2027*

**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 2* **Date**: *11/19/2018* **Issued By**: *Warminster Township*

## Staffing Hours

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

## Inspection Information

**Type**: *Full* **Notice**: *Unannounced* **BHA Docket #**:

**Reason**: *Renewal, Incident* **Exit Conference Date**: *03/17/2026*

## Inspection Dates and Department Representative

*03/16/2026 On Site:* [redacted]

*03/17/2026 On Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *98* **Residents Served**: *56*

### Special Care Unit

**In Residence**: *No* **Area**: **Capacity**: **Residents Served**:

### Hospice

**Current Residents**: *3*

### 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**: *30* **Have Physical Disability**: *0*

## Inspections / Reviews

### 03/16/2026 - Full

**Lead Inspector**: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *04/20/2026*

## Inspections / Reviews *(continued)*

**04/21/2026 POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *05/08/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/08/2026*

**05/18/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *05/08/2026*

**Reviewer:** [redacted] **Follow Up Type:** *Not Required*

## 16c Incident reporting

**1. Requirements**

2800.
16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

**Description of Violation**

*On 10/19/2025, resident #1 did not receive acetaminophen 500 mg tablet at 8:00 pm. The residence did not report this incident to the Department until 10/22/2025 at 12:00 pm.*

*On 11/16/2025, at approximately 1:40 pm, the neighborhood bridge door alarm was sounding after resident #2, who wears a roam alert, was able to exit the community. The residence did not report this incident to the Department until 11/17/2025 at 4:30 pm.*

*On 12/5/2025, resident #3 did not receive ropinirole 25 mg tablet at 8:00 pm. The residence did not report this incident to the Department until 12/10/2025 at 12:15 pm.*

**Plan of Correction** ***Accept ([redacted] - 04/21/2026)***

*1. Assisted Living Manager educated as to the Department of Health and Human service regulation 16c.*
*2. Assisted Living Manager, or designee to file reportable incident within 24 hours of occurrence.*
*3. Assisted Living Manager, or designee to audit 100% of reportable incidents to verify time of incident and time report was sent to the Department of Health and Human services, two times monthly.*
*4. Results of audits will be presented at the monthly Quality Assurance Performance Improvement meetings x 2 months beginning in April of 2026.*

**Licensee's Proposed Overall Completion Date:** *05/08/2026*

***Implemented ([redacted] - 05/18/2026)***

## 18 Other laws, regs, ordins.

**2. Requirements**

2800.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**Description of Violation**

*The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information". The Privacy Rule protects all individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. "Individually identifiable health information" is information, including demographic data, that relates to: the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).*

*On 3/16/2026, the agent of the Department observed a sign posted outside of resident #4's door stating the resident's*

## 18 Other laws, regs, ordins. (continued)

*name, and medical diagnosis.*

**Plan of Correction** ***Accept ( - 04/21/2026)***

*1. Assisted Living Manager and Direct Care Staff will be educated as to the Department of Health and Human service regulation 18, including signs not to be posted displaying resident's name and medical diagnosis.*
*2. Assisted Living Manager, or designee to audit 50% of apartments weekly x 6 weeks to ensure residents apartment doors do not display signs that violate Federal, State and local laws, ordinances and regulations.*
*3. Results of audits will be presented at the monthly Quality Assurance Performance Improvement meetings x 2 months beginning in April of 2026.*

**Licensee's Proposed Overall Completion Date:** *05/08/2026*

***Implemented ( - 05/18/2026)***

## 23a ADL assistance

**3. Requirements**

2800.
23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

**Description of Violation**

*The assessment and support plan (RASP), dated 12/10/2025, for resident #5, indicates the resident requires assistance with toileting. On 1/7/2026, the resident did not receive this assistance as required.*

*The assessment and support plan, dated 2/24/2026, for resident #6, indicates the resident requires assistance with eating. On 3/17/2026, the resident did not receive this assistance as required.*

**Plan of Correction** ***Accept ( - 04/21/2026)***

*1. Assisted Living Manager, or designee to provide comprehensive education to direct care staff explaining the purpose and implementation of the support plan.*
*2. Wellness manager, Assisted Living Manager, or designee will observe 10% of Direct Care Staff completing ADLs as indicated in the residents' support plan weekly x 6 weeks.*
*3. Results of audits will be presented at the monthly Quality Assurance Performance Improvement meetings x 2 months beginning in April of 2026.*

**Licensee's Proposed Overall Completion Date:** *05/08/2026*

***Implemented ( - 05/18/2026)***

## 42b Abuse/Neglect

**4. Requirements**

2800.

## 42b Abuse/Neglect *(continued)*

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 11/16/2025, resident #2 exited the assisted living residence by walking across the neighborhood bridge exit that connects to independent living without staff being aware or any supervision. Staff person A reported being unaware that the resident was missing until approximately 30 minutes later. The progress note indicates that resident #2 asked staff what time it was at 1:33 pm. The residents roam alert system recorded a notification at 1:34 pm and another at 1:40 pm, which was canceled at 1:45 pm. The resident was later discovered by security in the chapel and returned to the community at approximately 2:00 pm accompanied by staff person A and B. The exit doors to the neighborhood bridge are designed to engage when a resident with roam alert is in the vicinity of the exit door. Staff interviews disclosed that there was a church service occurring that day, and it is possible that other residents and visitors held the door open for the resident to exit. Staff person A stated that resident #2 was assessed and did not sustain any injuries.*

*Staff person A reported that resident #2 told [redacted] that [redacted] was going to the chapel with friends earlier that day and that staff person C had given permission. Staff person A disclosed that [redacted] told the resident that someone would have to accompany [redacted] to the chapel. Staff person A stated that [redacted] was under the impression that a family or friend was coming to accompany the resident. Staff person A reported that checks were completed every 1–2 hours and that the resident was last observed in the bathroom between 12:30 pm - 1:00 pm. Staff person A reported that resident #2 was dressed in attire consistent with attending a church service.*

**Plan of Correction** ***Accept ([redacted] - 04/21/2026)***

*1. Immediate action was taken to test that the Roam Alert system was functioning properly, including verification that doors secure appropriately.*
*2. The Maintenance Director, or designee, to audit the Roam Alert system weekly to ensure proper functionality, including verification that doors secure appropriately.*
*3. Assisted Living Manager, or designee, to provide comprehensive education to direct care staff explaining the purpose and implementation of the support plan.*
*4. Following event, education provided to multidisciplinary staff members "Just in time training: Elopement Prevention" with members signing indicating attending and understanding policy.*
*5. Results of audits will be presented at the monthly Quality Assurance Performance Improvement meetings x 2 months beginning in April of 2026.*

**Licensee's Proposed Overall Completion Date:** *05/08/2026*

***Implemented ([redacted] - 05/18/2026)***

## 132f Alternate exit routes

**5. Requirements**

2800.
132.f. Alternate exit routes shall be used during fire drills.

## 132f Alternate exit routes *(continued)*

**Description of Violation**

*The exit behind fire doors was the only exit route used during the fire drills held from 6/2025 to 2/2026.*

**Plan of Correction** ***Accept ( - 04/21/2026)***

*1. Assisted Nursing Home Administrator contacted Croker Fire Safety Corporation to request documenting the exit route used during fire drills with further clarification.*
*2. Beginning with April's fire drill, documentation will be audited monthly by Assisted Living Manager or designee to verify fire drill documentation clarifies the exit routes used and ensure alternate routes are utilized.*
*3. Results of audits will be presented at the monthly Quality Assurance Performance Improvement meetings x 2 months beginning in April of 2026.*

**Licensee's Proposed Overall Completion Date:** *05/08/2026*

***Implemented ( - 05/18/2026)***

## 141a Medical evaluation

**6. 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 #7, dated does not include that the resident's needs could safely be met at the assisted living residence. This area of the form is blank.*

**Plan of Correction** ***Accept ( - 04/21/2026)***

*1. Immediate action was taken for provider to revise the ADME to include that the resident's needs could safely be met at the Assisted Living Residence and signed appropriately.*
*2. Assisted Living Manager or designee will complete a comprehensive review of all ADME's for compliance to*

## 141a Medical evaluation (continued)

*ensure the form is filled out in its entirety.*
*3. Assisted Living Manager or designee will complete a random weekly audit x6 weeks of 10% of resident's ADME's to ensure compliance.*
*4. Results of audits will be presented at the monthly Quality Assurance Performance Improvement meetings x 2 months beginning in April of 2026.*

**Licensee's Proposed Overall Completion Date:** *05/08/2026*

***Implemented ( - 05/18/2026)***

## 162b Missed meals

**7. Requirements**

2800.
162.b. When a resident misses a meal, food adequate to meet daily nutritional requirements shall be available and offered to the resident.

**Description of Violation**

*On 3/17/2026, resident #6 went to the dining room for breakfast; however the resident did not eat breakfast. Resident #6 stated [redacted] waited 10 minutes for someone to take [redacted] order and no one did. The resident left the dining room and went back to [redacted] room. The resident was not offered food adequate to meet daily nutritional requirements. Per resident #6's assessment and support plan (RASP) dated [redacted] the resident requires assistance with eating. The resident needs reminders and encouragement to eat as well as trays brought to their room.*

**Plan of Correction** ***Accept ( - 04/21/2026)***

*1. Assisted Living Manager to review resident Service Plans to confirm level of assistance with meals is appropriately documented for each resident.*
*2.Assisted Living Manager, or designee to provide comprehensive education to direct care staff explaining the purpose and implementation of the support plan, including offering food adequate to meet daily nutritional requirements.*
*3. Assisted Living Manager, or designee will observe 10% of Direct Care Staff providing assistance with resident meals as indicated in the residents' support plan x 6 weeks.*
*4. Results of audits will be presented at the monthly Quality Assurance Performance Improvement meetings x 2 months beginning in April of 2026.*

**Licensee's Proposed Overall Completion Date:** *05/08/2026*

***Implemented ( - 05/18/2026)***

## 183e Storing Medications

**8. Requirements**

2800.
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.

## 183e Storing Medications *(continued)*

**Description of Violation**

*On 3/17/2026, Loperamide 2 mg belonging to resident #8, had a puncture on pill slot #4 the pill remained in package.*

*Repeated Violation: 03/19/2025, et al.*

**Plan of Correction** ***Accept ( - 04/21/2026)***

*1. Immediate action was taken by Wellness Manager to discard punctured medication.*
*2. Assisted Living Manager or designee, to educate staff that medication packaging is to be free of punctures.*
*3. Wellness Manager, Assisted Living Manager, or designee, will complete a random weekly audit x 6 weeks of 10% of medication cabinets to ensure packaging is free of punctures.*
*4. Results of audits will be presented at the monthly Quality Assurance Performance Improvement meetings x 2 months beginning in April of 2026.*

**Licensee's Proposed Overall Completion Date:** *05/08/2026*

***Implemented ( - 05/18/2026)***

## 227d Support plan – med/dental

**9. Requirements**

2800.
227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

**Description of Violation**

*The assessment for resident #2, dated indicates the resident has a need for minimal supervision as adjusts to new environment to be provided by direct care staff. On 11/16/2025, resident #2 exited the residence without supervision.*

**Plan of Correction** ***Accept ( - 04/21/2026)***

*1. Immediate action was taken to review residents' current support plan for compliance with regulation.*
*2. Following event, education provided to multidisciplinary staff members "Just in time training: Elopement Prevention" with members signing indicating attending and understanding policy.*
*3. Resident reassessed, family provided education and resident transitioned to secured neighborhood.*
*4. Assisted Living Manager to review resident Service Plans to confirm supervision level is appropriate for each resident.*

## 227d Support plan – med/dental (continued)

*5 .Assisted Living Manager, or designee to provide comprehensive education to direct care staff explaining the purpose and implementation of the support plan.*
*6. Assisted Living Manager, or designee will complete a random weekly audit x 6 weeks of 10% of Support plans to review for compliance with regulation requirements.*
*7. Results of audits will be presented at the monthly Quality Assurance Performance Improvement meetings x 2 months beginning in April of 2026.*

**Licensee's Proposed Overall Completion Date:** *05/08/2026*

***Implemented ([redacted] - 05/18/2026)***