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

June 4, 2026

[redacted], ASSISTANT ADMINISTRATION
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#: 12901

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2026, 03/31/2026 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 #**: *12901* **License Expiration**: *07/22/2026*

**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**: *C-2 LP* **Date**: *11/19/2018* **Issued By**: *Warminster Township L & I*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *107* **Waking Staff**: *80*

## Inspection Information

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

**Reason**: *Renewal* **Exit Conference Date**: *03/31/2026*

## Inspection Dates and Department Representative

*03/30/2026 - On-Site:* [redacted]

*03/31/2026 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *65* **Residents Served**: *60*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Gardenview* **Capacity**: *44* **Residents Served**: *40*

### Hospice

**Current Residents**: *9*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *62*

**Diagnosed with Mental Illness**: *0* **Diagnosed with Intellectual Disability**: *0*

**Have Mobility Need**: *47* **Have Physical Disability**: *2*

## Inspections / Reviews

### 03/30/2026 Full

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/24/2026*

### 04/27/2026 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *05/07/2026*

**Reviewer**: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *05/07/2026*

## Inspections / Reviews *(continued)*

**06/04/2026 Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *05/07/2026*

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

## 16c - Written Incident Report

**1. Requirements**

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*On 2/24/26, Resident # 1 did not receive their 6:00 A.M. dose of Synthroid. The home did not report this incident to the department until 2/27/26.*

**Plan of Correction** ***Accept ( - 04/27/2026)***

*• The Memory Care manager was immediately educated on the Reportable Events as required under 2600 regulations, including timeframes.*
*• An audit was conducted by Personal Care Manager on all Reportable Events filed since 1/1/26 and results were that 52% of Reportable events were filed within the required timeframe.*
*• All Supervisors and Managers who perform On Call duties will receive additional education from the Personal Care Manager or their designee on Reportable Events as required under 2600 regulations, including timeframes and reporting channels, to ensure understanding and compliance. Training will be completed by 6/5/26.*
*•When a reportable event occurs "off-hours", the supervisor will immediately notify the On-Call Manager. The On-Call Manager will then notify the appropriate Operational Manager to ensure timely Department reporting.*
*• Beginning with the week of 4/27/26, a weekly audit of 100% of reportable events will be completed, x 6 weeks to ensure reportable events were reported in a timely manner.*
*• Results of audits will be presented at QAPI x 2 months beginning in May.*

**Licensee's Proposed Overall Completion Date:** *06/05/2026*

***Implemented ( - 06/04/2026)***

## 17 - Record Confidentiality

**2. 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 3/30/26, at 9:27 A.M., the special diet binder including resident's personal allergies was unlocked, unattended, and accessible in the windowsill of the memory care unit's dining room.*

**Plan of Correction** ***Accept ( - 04/27/2026)***

*• Diet book was immediately closed and removed from the windowsill to protect resident's confidentiality. The Diet book will now be maintained in pantry which has a locked entry door and is accessible only to staff.*
*• The Memory Care Direct Care Staff and Dining staff will be educated by the Memory Care Manager to maintain Diet Book in pantry. This education will be completed by 5/15/26, conducted by the administrator.*
*• Beginning with the week of 4/27/26, a weekly audit x 6 weeks will be completed to confirm that the diet book is maintained in the pantry, by the administrator or business manager.*
*• Results of audits will be presented at QAPI x 2 months beginning in May.*

## 17 - Record Confidentiality (continued)

*Proposed Overall Completion Date: 05/05/2026*

**Licensee's Proposed Overall Completion Date:** *06/05/2026*

***Implemented ( [redacted] - 06/04/2026)***

## 65f - Training Topics

**3. Requirements**

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

**Description of Violation**

*Direct Care Staff Person A did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year January 1, 2025 to December 31, 2025.*

**Plan of Correction** ***Accept ( [redacted] - 04/27/2026)***

*• Direct Care Staff Person A is scheduled to complete the required training on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan on [redacted] next scheduled work day 4/25/26.*

*• An Audit of Training Documentation for Personal Care Direct Care Staff will be completed by the Personal Care Administrator or their designee by 5/1/26 to ensure compliance with required annual topics.*

*• Any staff identified as missing required training will complete education by June 5, 2006.*

*• Beginning with the week of 4/27/26, a weekly audit x 6 weeks will be completed on newly hired staff to confirm compliance with required annual topics by the business manager.*

*• Results of audits will be presented at QAPI x 2 months beginning in May.*

*Proposed Overall Completion Date: 06/05/2026*

**Licensee's Proposed Overall Completion Date:** *06/05/2026*

***Implemented ( [redacted] - 06/04/2026)***

## 65g - Annual Training Content

**4. Requirements**

## 65g Annual Training Content *(continued)*

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

**Description of Violation**

*Staff Person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year January 1, 2025 to December 31, 2025.*

*Staff Person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year January 1, 2025 to December 31, 2025.*

**Plan of Correction** ***Accept ( - 04/27/2026)***

*• Direct Care Staff Person A is scheduled to be trained in fire safety by a staff person trained by a fire safety expert on next scheduled work day of 4/25/26. Staff Person B is on an extended vacation and will be trained immediately upon return.*

*• The Staff Development Coordinator (SDC) or their designee will revise the 2026 Fire Training Component to ensure staff receive all required training delivered by a fire safety expert or a staff person trained by a fire safety expert.*

*• Personal Care staff will receive fire safety training by a fire safety expert or staff trained by a Fire Safety expert by 6/5/26.*

*• Status of Fire Safety training by staff trained by Fire Safety Expert will be reviewed at QAPI x 2 months beginning in May.*

*Proposed Overall Completion Date: 06/05/2026*

**Licensee's Proposed Overall Completion Date:** *06/05/2026*

***Implemented ( - 06/04/2026)***

## 82c Locking Poisonous Materials

**5. 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**

*Micro-Kill Two Germicidal Wipes, with a manufacture's label indicating "call a poison control center or doctor or healthcare provider for treatment advice", was unlocked, unattended, and accessible to residents in the secured dementia care unit on 3/30/26 at 9:30 A.M. Not all the residents of the home, including all of the residents in the*

## 82c - Locking Poisonous Materials (continued)

*secured dementia care unit, have been assessed capable of recognizing and using poisons safely.*

**Plan of Correction** ***Accept ( [redacted] - 04/27/2026)***

*• The Memory Care Manager immediately removed Micro-Kill Two Germicidal Wipes labeled with "contact poison control" from Room*
*• Memory Care Direct Care staff will be educated by Memory Care Manager or designee by 5/15/26 on proper storage of any products labeled with "contact poison control" in locked areas inaccessible to residents.*
*• Beginning the week of 4/27/26, weekly audits x 6 weeks will be conducted by Memory Care Manager or designee to ensure there are no items listed with "contact poison control" left unlocked and accessible to residents in the Memory Care neighborhood.*
*• Results of audits will be presented at QAPI x 2 months beginning in May.*

**Licensee's Proposed Overall Completion Date:** *06/05/2026*

***Implemented ( [redacted] - 06/04/2026)***

## 101j7 - Lighting/Operable Lamp

**6. Requirements**

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*Resident # 2 does not have access to a source of light that can be turned on/off at bedside.*

**Plan of Correction** ***Accept ( [redacted] - 04/27/2026)***

*• Resident #2 had an operable lamp that resident could turn on/off in resident's room at time of survey, as well as light switches located on right side of bed. However, Resident had previously chosen to have lamp placed on stand behind bed so [redacted] could have those items that [redacted] preferred access to close. Resident was immediately encouraged on 3/31/26 by ALM and family to rearrange items so [redacted] would have access to lamp. Resident refused. Service plan was updated 4/3/26 to reflect resident's refusal to rearrange items on table beside [redacted] so bedside lamp would fit.*
*• An initial audit of Personal Care and Memory Care rooms will be completed by Personal Care Administrator or their designee to ensure that bedside lamps can be turned on/off at bedside. Those lamps that are not within reach will be moved to an accessible location with resident's permission. If resident refuses bed lamp change of location, Service Plans will be updated. Initial audit to be completed by 5/1/26.*
*• Personal Care Direct Care staff will be educated by Personal Care Manager or designee that all bedside lamps must be able to be turned on/off at bedside. If resident refuses it must be documented in Support Plan. Training to be completed by 5/15/26.*
*• Beginning with the week of 5/4/26, weekly audits x5 weeks will be completed by the PC Administrator or designee to ensure 100% of PC rooms have bedside lamps that are within resident's reach. Those lamps that are not within reach will be moved to an accessible location with resident's permission. If resident refuses bed lamp change of location, Service Plans will be updated.*
*• Results of audits will be presented at QAPI x 2 months beginning in May.*

**Licensee's Proposed Overall Completion Date:** *06/05/2026*

## 101j7 - Lighting/Operable Lamp *(continued)*

***Implemented ( - 06/04/2026)***

## 231e - No Objection Statement

**7. Requirements**

2600.
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

**Description of Violation**

*Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on . The home has no documentation that the resident and the resident's designated person have not objected to the admission.*

*Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on The home has no documentation that the resident and the resident's designated person have not objected to the admission.*

**Plan of Correction** ***Accept ( - 04/27/2026)***

*• Admissions Coordinator or designee will obtain documentation that the resident and the resident's designated person have not objected to the admission to the Secure Dementia Care Unit for Resident #3 and 4 by 4/24/26.*
*• Admissions Coordinator has completed audit of Memory Care Resident contracts. Four residents were identified as needing the objection statements. All families were contacted and signatures are being obtained. All signatures will be obtained by 5/1/2026.*
*• Assistant Administrator will educate Admissions Coordinator and staff on the requirement to have documentation that the resident and the resident's designated person did not object to the resident's admission or transfer to a secured dementia area. Education to be completed by 5/1/26.*
*• Beginning with the week of 4/27/26, weekly audits x 6 weeks of 100% of new Secured Dementia Care Unit admission contracts will be completed by PC Administrator or designee to ensure contracts include a completed No Objection statement or documentation of efforts made to obtain signature.*
*• Results of audits will be presented at QAPI x 2 months beginning in May 2026.*

**Licensee's Proposed Overall Completion Date:** *06/05/2026*

***Implemented ( - 06/04/2026)***

## 233c - Key-Locking Devices

**8. Requirements**

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

*The directions for operating the home's locking mechanism are not conspicuously posted near the emergency exit door in the outdoor courtyard in the Secure Dementia Care Unit (SDCU).*

**Plan of Correction** ***Accept ( - 04/27/2026)***

*• Operating instructions were immediately posted near the emergency exit door in the outdoor courtyard in the Secured Dementia Care Unit (SDCU).*
*• Assistant Administrator will educate Personal Care and Memory Care Manager that directions for operation must be conspicuously posted near the emergency exit door in the outdoor courtyard in the secured dementia area.*

## 233c - Key-Locking Devices (continued)

*Education to be completed by 5/1/26.*

*• Beginning with the week of 4/27/26, weekly audits x6 weeks will be completed by the PC Administrator or designee to ensure instructions are posted near the emergency exit door in the outdoor courtyard in the Secured Dementia Care Unit (SDCU)*

*• Results of audits will be presented at QAPI x 2 months beginning in May.*

**Licensee's Proposed Overall Completion Date:** *06/05/2026*

***Implemented ([redacted] - 06/04/2026)***