

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WATERMARK OPERATOR, LLC

LEGAL ENTITY

To operate ROSE TREE PLACE

NAME OF FACILITY OR AGENCY

Located at 500 SANDY BANK ROAD, MEDIA, PA 19063

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 149  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 26

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 10, 2010 until May 10, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132812

*Robert E. Robinson*

ISSUING OFFICER

*Kami O Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670

FAX: (717) 783-5662

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:**

**NOV 17 2010**

Mr. David Barnes, Authorized Agent  
Watermark Operator, LLC  
2020 West Rudasill Road  
Tucson, Arizona 85704

RE: Rose Tree Place  
500 Sandy Bank Road  
Media, Pennsylvania 19063

Dear Mr. Barnes:

As a result of the Department of Public Welfare's (Department) licensing inspection on May 20, 2010, August 9, 2010, August 26, 2010, September 21, 2010, September 22, 2010 and November 5, 2010, of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

Mr. David Barnes

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55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
65g	II	101	\$5	\$505	5 calendar days from mailing date of this letter
41e	III	101	\$3	\$303	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director  
Adult Residential Licensing  
Department of Public Welfare  
423 Health and Welfare Building  
7<sup>th</sup> and Forster Streets  
Harrisburg, Pennsylvania 17120

Mr. David Barnes

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "K T Casey". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Rosé Tree Place 500 Sandybank Road Media, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATE(S) (Include all dates of the inspection) May 20, 2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, and Jacob Herzing	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Pro Pauland</i>	DATE 10/20/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherrie McNeill</i>	DATE 11/5/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
16c 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 15 (relating to abuse reporting covered by law).	Resident #1 did not receive the following medications at their prescribed times:  -Senna 8.6mg 9pm dose on 4/28/10. -Oscal 500+D Lemon Chiffon 500mg-400 9am and 1pm doses on 4/27/10, 4/28/10; and 4/29/10. 5pm dose on 4/26/10. -Cymbalta 20mg 9am dose on 4/29/10.  These medication errors were not reported to the department.	10/18/10	<ol style="list-style-type: none"> <li>① All missed medications will be reported to the family, prescriber and DPW within the prescribed time frame</li> <li>② MAs will be checked by RCD and spot checked by ED/or designee</li> <li>③ All incident reports will be completed and reviewed by Resident Care Director and ED</li> <li>④ Invoice on abuse was completed on 10/5/10 by Resident Care Director</li> </ol>	<p>Steps have been taken to correct violation. Full compliance is not verifiable</p> <p><i>WEM</i> Initials (DPW)</p> <p>11/5/10 Date</p>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandybank Road Media, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATE(S) (Include all dates of the inspection) May 20, 2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, and Jacob Herzing	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Paul Paulak</i>	DATE 10/20/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 11/5/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5	DATE COMPLIANCE VERIFIED BY DPW
141b-1 A resident shall have a medical evaluation at least annually.	Resident #1's most recent medical evaluation was completed 4/14/10. The resident's prior medical evaluation was completed on 8/18/08.	10/18/10	<p>① An audit of all resident's MASS's were completed by 11/10 by Resident Care Director and Memory Care Director</p> <p>② All new residents MASS will be reviewed and then signed off by Marketing Director, Resident Care Director, Memory Care Director and ED for accuracy and completeness</p> <p>③ Training Tool has been developed and is being used (see attached)</p> <p>④ Inservice on MASS's was completed on 10/6/10 for all department heads</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>W. S. H.</i> Date</p> <p><i>W. S. H.</i> Initials (DPW)</p>	

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandybank Road Media, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATE(S) (Include all dates of the inspection) May 20, 2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, and Jacob Herzing	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 10/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/5/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>-Resident #1 is prescribed Acetaminophen ER Caplet 650mg tablet. The medication administration record was left blank for the 10pm dose on 4/22/10.</p> <p>-Resident #1 is prescribed Namenda 10mg tablet. The 5pm dose on 4/29/10 was left blank on the Medication Administration Record.</p> <p>-Resident #1 is prescribed Senna 8.6mg tablet. The 9pm dose on 4/22/10 was left blank on the Medication Administration</p>	10/10/10	<p>① Medication errors will be sent to prescriber by RPN</p> <p>② Families will be notified if there is a med error</p> <p>③ DPW will be notified</p> <p>④ MARs will be checked daily by RPN Supervisor after each shift</p> <p>⑤ Resident Care Director to check MAR's daily</p> <p>⑥ GO to spot check MAR's</p>	11/3/10 <i>[Signature]</i>

⑦ Inservice on MAR'S will be conducted on 10/21/10

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandybank Road Media, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATE(S) (Include all dates of the inspection) May 20, 2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, and Jacob Herzing	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Paul Paul</i>	DATE 10/20/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chiron Mitchell</i>	DATE 11/5/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
	<p>Record.</p> <p>-Resident #1 is prescribed Synthroid 0.25mg tablet. The 6am dose on 4/18/10 and 4/23/10 was left blank on the Medication Administration Record.</p> <p>-Resident #1 is prescribed Loprox cream. This medication was to start on 4/30/10. The 9am and 5pm dose on 4/30/10 was left blank on the Medication Administration Record.</p>	10/18/10	<p><i>See Page 3 of 8</i></p> <p><i>Same process to be followed.</i></p>	

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandybank Road Media, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATE(S) (Include all dates of the inspection) May 20, 2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, and Jacob Herzing	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Paul Paulant</i>	DATE 10/20/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>	DATE 11/5/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	Resident #1 has a physicians order dated 7/7/09 to receive assistance toileting every two hours. The home does not follow the two hour toileting schedule.	10/20/10	<ul style="list-style-type: none"> <li>① Physicians will be notified when order is not followed.</li> <li>② Service plans will be reviewed for completeness by Memory Care and Resident Care Director</li> <li>③ Inservice on Service plans was conducted on 10/19.</li> <li>④ RCD to insure orders are being followed</li> </ul>	11/5/10 CWL

**VIOLATION REPORT**  
**PERSONAL CARE HOMES — 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandybank Road Media, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATE(S) (Include all dates of the inspection) May 20, 2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, and Jacob Herzing	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Joe Paulak</i>	DATE 10/20/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chevon Mitchell</i>	DATE 11/5/10

1. REGULATION 55 Pa.Code § 2600.	2. VIOLATION	3. DATE BY WHICH CORRECTION WILL BE COMPLETED	4. PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5. DATE COMPLIANCE VERIFIED BY DPW
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	Resident #1 did not receive the following medications at their prescribed times:  -Senna 8.6mg 9pm dose on 4/28/10. -Oscal 500+D Lemon Chiffon 500mg-400 9am and 1pm doses on 4/27/10, 4/28/10, and 4/29/10. 5pm dose on 4/26/10. -Cymbalta 20mg 9am dose on 4/29/10.  The resident's prescriber was not notified of these medication errors.	10/18/10	<ol style="list-style-type: none"> <li>① All medication errors will be reported to the prescriber by the LPA</li> <li>② Family members will also be notified by LPA</li> <li>③ DRs will be notified via state reportable incident form within prescribed time</li> <li>④ MARS will be checked daily by LPA Supervisor</li> <li>⑤ Resident Care Director will check MARS weekly</li> </ol>	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: small; margin: 0;">Date: 11/5/10</p> <p style="font-size: small; margin: 0;">Initials (DPW): <i>[Signature]</i></p> </div>

⑥ ED to Spot check MARS

⑦ An increase on medication errors to be completed on 10/21/10

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandybank Road Media, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATE(S) (Include all dates of the inspection) May 20, 2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, and Jacob Herzing	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Free Pauland</i>	DATE <i>10/20/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE <i>11/5/10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
225c The resident shall have additional assessments as follows:  (1) Annually.	Resident #1's most recent assessment was completed on 4/14/10. The resident's prior assessment was completed on 8/22/08.  Repeated Violation-1/6/10 et. al	<i>10/18/10</i>	<ul style="list-style-type: none"> <li>① An audit of assessments was completed on 9/1/10 by Memory Care Director and Resident Care Director</li> <li>② A tracker has been developed for all assessments support plans and MASS's</li> <li>③ Tracker will be updated by Resident Care Director</li> <li>④ Assessment on resident was completed</li> <li>⑤ Tracking tool attached.</li> </ul>	<i>11/5/10</i> <i>Over</i>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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INSPECTION DATE(S) (Include all dates of the inspection) May 20, 2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Christine McHale, and Jacob Herzing	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 10/20/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/5/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5	DATE COMPLIANCE VERIFIED BY DPW
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The resident's medical evaluation completed 4/14/10 noted that the resident as "unable to move from one location to another without oral prompting from others and difficulty understanding and following oral directions in the event of an emergency." The resident's assessment completed 4/14/10 does not agree with the resident's medical evaluation and notes the resident as not having mobility needs.	10/21/10 10/21/10 BB	<ol style="list-style-type: none"> <li>① Assessment Completed (see attached)</li> <li>② All assessment and support plans to be reviewed for agreement with updated MASS!</li> <li>③ Re-assessment audits were done by resident care Director and memory care Director on 9/1/10</li> <li>④ Invoice on completing assessments &amp; support plans to be done on 10/21/10.</li> </ol>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: small; margin: 0;">11/5/10 [Signature] Date Initials (DPW)</p> </div>	11/5/10

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank Road, Media, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATE(S) (Include all dates of the inspection) August 9, 2010		REGIONAL REPRESENTATIVE Christine McHale and Michelle Morton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>BILL BOLLAND EXECUTIVE DIRECTOR</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Bill Bolland</i>	DATE 11/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherion Mitchell</i>	DATE 11/5/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	Resident #1 was admitted to the home's secured dementia unit on 7/28/10. The written cognitive preadmission screening was completed on 7/29/10.	<i>Ongoing 9/7/10</i>	<i>① Before admission all admission paperwork will be reviewed and signed off by the following ED, Resident Case Director, Pathways Director and Marketing Director.</i>	<p style="font-size: small;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: x-small;">Date <i>11/5/10</i> Initials (DPW) <i>MM</i></p>

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank Road, Media, PA 19063		CURRENT LICENSE NUMBER 132811	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Ali Bulad</i>	DATE 11/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron McHale</i>	DATE 11/5/10

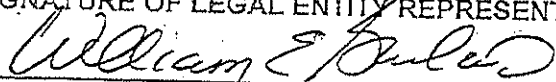

1 REGULATION 55 Pa.Code § 2600:	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	Resident #1 was admitted to the home's secured dementia unit on 7/28/10. The written cognitive preadmission screening was completed on 7/29/10.	9/7/10          9/7/10	<p>(2) Management to meet and review all paperwork prior to admission</p> <p>(3) Resident Care Director will advise Nursing team about Preadmission Paperwork and its completion.</p>	


**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank Road, Media, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATE(S) (Include all dates of the inspection) August 26, 2010		REGIONAL REPRESENTATIVE Christine McHale and Jacob Herzing	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>William E. Bulard</i>	DATE 9/28/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 11/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:  (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.	Direct care staff member A, hired on 7/28/09 did not complete the Department-approved direct care training course.	9/26/10	Direct care staff A had a CNA license and was exempt from the competency exam. A current copy of her registry was not in the file at the time it is now part of their file. (see attached)  To ensure compliance with this regulation going forward the business office manager is responsible to obtain either the record of successful completion of the direct care training certificate course or a valid CNA license prior to the first day of work for all direct care staff.  The ED will monitor compliance by reviewing the file for all new direct care staff prior to their start date. No new direct care staff will be allowed to work without the file review and approval of the ED or his designee.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date Initials (DPW)

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Rose Tree Place 500 Sandy Bank Road, Media, PA 19063		<b>CURRENT LICENSE NUMBER</b> 132811
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> August 26, 2010	<b>REGIONAL REPRESENTATIVE</b> Christine McHale and Jacob Herzing	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>		
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 9/28/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
		<b>DATE</b> 11/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	Resident #1 is prescribed Celexa 10 mg daily. The medication was not available in the home.	8/27/10	Resident Care Director will monitor medications and inventory to insure all medications are in house.  All medication will now be ordered through the pharmacy. Family will no longer supply medication either prescription or OTC per physician orders.  Medication Celexa was d/c by physician on 9/24/10.  In-service nurses and med techs on new process with the family.	11/5/10 

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER I32811	
INSPECTION DATES (Include all dates of the inspection) 09/21/2010, 9/22/10		REGIONAL REPRESENTATIVE Leslie Erhardt James Jesse Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Watermark Operator, LLC			
SIGNATURE OF LEGAL ENTITY <i>Bree Pauland</i>	DATE 11/5/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 11/5/10

25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	-The contract for resident #1 was not signed by the administrator or designee.	10/22/10	① Contract signed by administrator for #1	11/5/10 CCM
	-The contract for resident #2 was not signed by the resident.	11/15/10	② Contract to be signed by resident representative for #1	
	-The contract for resident #3 was not signed by the resident.	10/27/10	③ Contract signed on 10/27/10 for #2	
	-The contract for resident #4 was not signed by the resident.		④ Contract signed on 10/22/10 for #3	
			⑤ No contract signed by resident #4. resident is still hospitalized and will not return to community	
			⑥ In the future all contracts will be signed by administrator or designee on or before move in	

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (Include all dates of the inspection) 09/21/2010		REGIONAL REPRESENTATIVE Leslie Erhardt	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Pauland</i>	DATE 10/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherish Mitchell</i>	DATE 11/5/10

25c11 11) A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.	<p>-The contract for resident #1 does not include a support plan.</p> <p>-The contract for resident #5 does not include a copy of the most recent support plan.</p>	10/22/10	<ol style="list-style-type: none"> <li>① Support plan added to contract</li> <li>② Support plan is current and due for annual update on 4/28/2011 (attached)</li> <li>③ A report is available to community to alert staff of upcoming renewals</li> <li>④ Any changes in support plans due to change in condition will be updated within 24 hours of change.</li> <li>⑤ The long term plan for compliance will include the monitoring by the Resident Care Director through the use of a spreadsheet.</li> </ol>	<p>Steps have been taken to correct violation; full compliance is not yet attainable</p> <p><i>WJW</i> Date: 11/5/10 Initials (DPW)</p>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (Include all dates of the inspection) 09/21/2010		REGIONAL REPRESENTATIVE Leslie Erhardt	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE, only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul [unclear]</i>	DATE 11/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chiron Mitchell</i>	DATE 11/5/10

26a. The home shall establish and implement a quality management plan.	The home has not implemented it's quality management plan as it has not conducted a quality management review in the past year.	11/15/2010	<ol style="list-style-type: none"> <li>① Quality Management Program will be in place on this date</li> <li>② Meetings will be held quarterly</li> <li>③ Meeting on the 15th will be a yearly review</li> <li>④ Quality Management Binder with minutes and attendees will be maintained by ED</li> </ol>	11/5/10 <i>CEW</i>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
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SIGNATURE OF LEGAL ENTITY <i>Paul Paulak</i>	DATE 10/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 11/5/10

65a	<p>Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:</p> <p>(1) Evacuation procedures.</p> <p>(2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.</p> <p>(3) The designated meeting place outside the building or within the fire safe</p>	<p>Staff person A, whose first day of work was 8/30/10, did not receive orientation in evacuation procedures, staff duties and responsibilities in fire drills, smoking safety procedures, the home's smoking policy and location of smoking areas, location of fire extinguishers, smoke detectors and fire alarms, or telephone use and notification of emergency services until 9/22/10.</p>	<p>11/1/10</p>	<p>① New hire manager to start</p> <p>② All staff will receive orientation prior to their first day of work.</p> <p>③ If they do not receive this for any reason they will not be allowed to work.</p> <p>④ ED will verify the attendance before signing off on a first day.</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">11/2/10 Date</p> <p style="text-align: center;"><i>[Signature]</i> Initials (DPW)</p>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
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<p>area in the event of an actual fire.</p> <p>(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.</p> <p>(5) The location and use of fire extinguishers.</p> <p>(6) Smoke detectors and fire alarms.</p> <p>(7) Telephone use and notification of emergency services.</p>		11/1/10	See previous page
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Pauland</i>	DATE 10/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>	DATE 11/5/10

<p>65e - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.</p>	<p>Direct care staff person B received only 11 hours of annual training in training year 2009.</p>	<p>11/1/10</p>	<ol style="list-style-type: none"> <li>① New HR Manager to start</li> <li>② All training will be monitored by her.</li> <li>③ Staff will receive periodic updates on new states.</li> <li>④ All training documentation will be maintained by HR Manager.</li> <li>⑤ ED level meet monthly to review training logs w/ HR Manager.</li> <li>⑥ Staff person will complete training by Nov 15th 2010</li> </ol>	<p>Steps have been taken to correct violation; full compliance is not verifiable 11/5/10 Date Initials (DPW) <i>CM</i></p>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
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SIGNATURE OF LEGAL ENTITY <i>Free Medical</i>	DATE 10/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 11/5/10

<p>65g 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 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).</p>	<p>-Direct Care Staff Person B did not receive training in Older Adult Protective Services Act or Falls and Accident Prevention during training year 2009. -Direct Care Staff Person C did not receiving training in Resident Rights, Older Adult Protective Services Act, or Falls and Accident Prevention during the training year 2009.</p> <p>Repeated violation - 1/6/10, et al. 1/14/10</p>	<p>11/1/10  11/5/10</p>	<p>① New HR manager to start this date. ② Staff person C did receive older Adult Protective Services Training 5/31/10. ③ Both staff persons will receive this training by Nov 5th. ④ HR manager to monitor all training. ⑤ ED to meet with HR manager monthly to review status.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 11/5/10 Date Initials (DPW) <i>MEK</i></p>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
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SIGNATURE OF LEGAL ENTITY <i>Paul Paulus</i>	DATE 11/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherone Mitchell</i>	DATE 11/3/10

<p>65g</p> <p>Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:</p> <p>(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.</p> <p>(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.</p> <p>(3) Resident rights (under these regulations).</p> <p>(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).</p>	<p>-Direct Care Staff Person B did not receive training in Older Adult Protective Services Act or Falls and Accident Prevention during training year 2009.</p> <p>-Direct Care Staff Person C did not receiving training in Resident Rights, Older Adult Protective Services Act, or Falls and Accident Prevention during the training year 2009.</p> <p>Repeated violation - 1/6/10, et al.</p> <p>with 10/14/10</p>	<p>11/5/10</p>	<p>⑦ HR Manager to monitor all required trainings via a spread sheet. On a monthly basis HR Manager to inform associates as to their training status on a monthly basis.</p>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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(5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.		11/1/10  11/5/10	See previous Page.
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 10/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/5/10

<p>91</p> <p>Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.</p>	<p>-The telephones located in the kitchen and living room in resident room #302 did not have the emergency phone numbers posted on or near the phone.</p> <p>-The telephones located in the kitchen or living room in resident room #340 were not posted on or near the phones.</p>	<p>11/5/10</p>	<p>① Maintenance Director will inspect all phones and install new stickers where needed</p> <p>② Maintenance Director will conduct monthly checks going forward</p>	<p>11/5/10 CROWN</p>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
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SIGNATURE OF LEGAL ENTITY <i>Paul Paulant</i>	DATE 10/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron McNeil</i>	DATE 11/5/10

<p>105g1</p> <p>To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.</p>	<p>On 9/21/10, there was an accumulation of lint in the lint trap of the second floor dryer located across from resident room #223.</p>	<p>9/22/10</p> <p>ongoing</p> <p>10/1/10</p>	<p>① Lint was removed day of inspection</p> <p>② Daily checks will be conducted by maintenance staff</p> <p>③ Signs posted in each laundry room to remind staff and visitors to clean lint traps after each use.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>MS/10</i></p> <p>Date _____ Initials (DPW)</p>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
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SIGNATURE OF LEGAL ENTITY <i>Brian Paulson</i>	DATE <i>10/22/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chevon Mitchell</i>	DATE <i>11/3/10</i>



<p>133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain, legible letters shall be placed at all exits.</p>	<p>The door adjacent to the Chancellor Dining room which leads to a patio was not marked as an "Exit."</p>	<p><i>10/1/10</i> <i>ongoing</i></p>	<p><i>1</i> Sign installed <i>2</i> Periodic check of all signs will be conducted by maintenance Dept <i>3</i> Monthly door checks for signage will be done</p>	<p><i>11/5/10 CRW</i></p>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
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SIGNATURE OF LEGAL ENTITY <i>Joe Paul</i>	DATE 10/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 11/5/10

<p>183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.</p>	<p>On 9/22/10, a bottle of Vicks Chloroseptic throat spray was unlocked and accessible to residents in room 127, located on the secure dementia unit.</p>	<p>9/22/10  10/22/10</p>	<p>① Medicine was removed and discarded day of inspection.</p> <p>② All prescription and OTC meds will be secured in medication room at all times</p> <p>③ Daily room checks to be done for these items</p> <p>④ Interview on 10/22/10 about medication storage.</p> <p>⑤ Director to review on 10/22 these items that need to be secured</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>[Signature]</i> Date: 11/5/10 Initials (DPW)</p>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	Resident #4's Risperdone 1mg medication was discontinued on 9/14/10. On 9/22/10, the medication was still stored in the medication cart.	10/29/10	<p>① Credits of the med carts will be done weekly by Med Techs and verified by Resident Case Director.</p> <p>② When a medication is discontinued by the Physician the LPN will destroy medication in a safe manner. 11/5/10 ERW</p> <p>③ Instructions for all Med Techs and LPN's will be completed on 10/21/10 on how to handle discontinued medication. (See attached)</p>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
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SIGNATURE OF LEGAL ENTITY <i>Lee Paul</i>	DATE 10/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 11/5/10

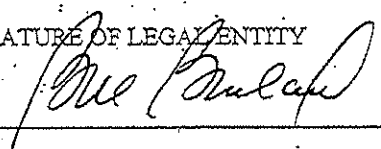
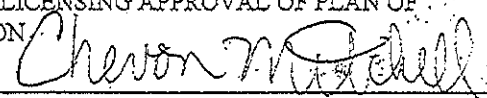
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	On 9/22/10, a package of Lopermide HCL 2 mg capsule belonging to resident #6, was not labeled with the resident's name.	9/24/10	① All medications will be labeled immediately on delivery with resident's name and date received.	
		10/26/10	② Sign in sheet indicating when medications are received will be placed in MAR Book	11/5/10 ERM
		10/26/10	③ Invoice to be held on labeling of all OTC medication ④ Medication was discarded.	

VIOLATION REPORT  
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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	On 8/19/10, 8/20/10, and 8/21/10, Resident #6 did not receive Namenda and Flomax medications because the medication was not available in the home. The error was not reported to the prescriber.	10/22/10	① Effective immediately when a medication is not readily available for a resident. Med tech / LPA will contact pharmacy for a stat delivery of said medication.	Claps have been taken to, correct violation; full compliance is not verifiable 11/5/10 [Signature] Date Initials (DPW)
		11/2/2010	② In service will include proper ordering of medications, when to order, how to report to prescriber. Also daily checking of MAR to med cart as to number of pills left. This will alleviate the possibility of needing to order	
		11/5/10	③ Stat med's Doctor Notified	

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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<p>191</p> <p>The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.</p>	<p>Resident #9 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.</p>	<p>10/20/10</p> <p>Ongoing</p>	<ol style="list-style-type: none"> <li>① Resident will be educated on the right to refuse medication (See attached)</li> <li>② Documentation will be kept in chart</li> <li>③ Refusal of medication will be reported to the physician</li> <li>④ Call new residents. Let all sign this upon move in.</li> <li>⑤ Residents will be informed of their right to refuse medication by signing resident rights on or before move in.</li> </ol>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Puleo</i>	DATE 10/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Channon Mitchell</i>	DATE 11/5/10

<p>187a A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ul style="list-style-type: none"> <li>(1) Resident's name.</li> <li>(2) Drug allergies.</li> <li>(3) Name of medication.</li> <li>(4) Strength.</li> <li>(5) Dosage form.</li> <li>(6) Dose.</li> <li>(7) Route of administration.</li> <li>(8) Frequency of administration.</li> <li>(9) Administration times.</li> <li>(10) Duration of therapy, if applicable.</li> <li>(11) Special precautions, if applicable.</li> <li>(12) Diagnosis or purpose for the medication, including pro re nata</li> </ul>	<p>The medication administration record for resident #6 does not include the dosage for the resident's Clonozepam 0.5 mg medication.</p>	<p>9/24/10</p>	<p>① All orders taken will be checked against orders in MAR and make sure clarifications are correct</p>	<p>Items have been taken to correct violation; full compliance is not verifiable 11/5/10 Date Initials (DPW) <i>DPW</i></p>
	<p>10/27/10</p>	<p>② Answers will be held. Topics to include five rights of medication and chart checking</p>		
	<p>11/5/10</p>	<p>③ LPN'S to check MAR'S to orders for accuracy plus check the MAR'S for all required information</p>		

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (Include all dates of the inspection) 09/21/2010		REGIONAL REPRESENTATIVE Leslie Erhardt	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Bruce Pauland</i>	DATE <i>10/22/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Mitchell</i>	DATE <i>11/5/10</i>

(PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>See previous page</i>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (Include all dates of the inspection) 09/21/2010		REGIONAL REPRESENTATIVE Leslie Erhardt	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Paul Paulan</i>	DATE 10/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 11/5/10

<p>187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.</p>	<p>On 8/5/10 and 8/6/10, resident #7 refused all medications. The home did not report the refusal to the resident's doctor as required.</p>	<p>10/22/10  Ongoing</p>	<p>① Med Tech will report refusal to LPN supervisor if a resident refuses medication ② LPN supervisor will notify resident's physician and document in chart ③ LPN / Med Tech will also note a breach of MAR the refusal ④ Doctor was notified on 8/7/10</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 11/5/10 Date Initials (DPW) <i>MM</i></p>
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VIOLATION REPORT  
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (Include all dates of the inspection) 09/21/2010		REGIONAL REPRESENTATIVE Leslie Erhardt	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Dee Pulare</i>	DATE 10/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 11/5/10

<p>187d The home shall follow the directions of the prescriber.</p>	<p>-Resident #6's medication administration record for 8/19/10, 8/20/10, and 8/21/10 indicates that the resident did not receive Namenda and Flomax medications because the medications were not available at the home.</p> <p>-Resident #8 has a physician's order to receive 0.5 mg of Lorazepam as needed for anxiety. The home did not have this medication available for this resident.</p>	<p>10/22/10</p> <p>11/2/2010</p>	<p>① Effective immediately when a medication is not readily available for a resident. The Med Tech/LPN will contact Pharmacy for a stat delivery of the medication. 11/5/10 Cheron</p> <p>② In service will include proper ordering of medications, when to order, how to report to prescriber, also daily checking of MAR to med cart as to number of medications left. This will alleviate the possibility of needing to order stat meds.</p>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (include all dates of the inspection) 09/21/2010		REGIONAL REPRESENTATIVE Leslie Erhardt	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Greg Pauland</i>	DATE 11/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chiron Mitchell</i>	DATE 11/5/10

187d The home shall follow the directions of the prescriber.	<p>-Resident #6's medication administration record for 8/19/10, 8/20/10, and 8/21/10 indicates that the resident did not receive Namenda and Flomax medications because the medications were not available at the home.</p> <p>-Resident #8 has a physician's order to receive 0.5 mg of Lorazepam as needed for anxiety. The home did not have this medication available for this resident.</p>	<p>③ LPN'S/LED to check medication supply 7 days before scheduled refills are needed to ensure that proper amounts of medication will be available at all times</p> <p>④</p>	
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME ROSE TREE PLACE, 500 SANDY BANK ROAD MEDIA, PA 19063		CURRENT LICENSE NUMBER 132811	
INSPECTION DATES (Include all dates of the inspection) 09/21/2010		REGIONAL REPRESENTATIVE Leslie Erhardt	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Pace Pauland</i>	DATE 11/5/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 11/3/10

233d Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.	On 9/21/10 at 8:20am, representatives of the Department observed a six foot table blocking the door that leads to the outside patio of the secure dementia unit. Upon further investigation, it was found that the magnetic lock on the interior door that leads to this outside area was non-operable.	9/21/10  Ongoing  9/21/10  Ongoing  11/5/10	<p>① Door magnet was repaired day of inspection.</p> <p>② All magnetic locks will be periodically checked by maintenance</p> <p>③ Table was removed</p> <p>④ Periodic checks will be made to ensure no exits are blocked. Checks will be done daily for compliance.</p>	11/3/10 <i>Crew</i>
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