



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: November 9, 2010

Mr. David Barnes, Authorized Agent
Watermark Operator, LLC
2020 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 licensing inspection on June 29, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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.

Sincerely,

A handwritten signature in black ink that reads "Chevon Mitchell" followed by a stylized flourish.

Chevon Mitchell
Acting Regional Licensing Administrator



Enclosure(s)
Violation Report

**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) June 29, 2010		REGIONAL REPRESENTATIVE Michelle Morton, Kimberli Foulkes, 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 Paulino</i>	DATE 9/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chevon Mitchell</i>	DATE 10/12/10

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
15d The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.	On 5/22/10, Resident #1 assaulted Resident #2. The home did not notify Resident #2's designated person.	9/27/10	15d— (1-2-3) Resident #2, family has been notified by RCD on 09/09/2010 (4) Internal Investigation Reports (incident reports) will be completed with each incident (5) Each incident report will be reviewed the RCD and Ed for completeness and accuracy. (6) An in-service on abuse, neglect and completing the incident reports timely will be completed to all department managers along with the nurses and care associates. This will also include notifying the responsible party.	<p align="center"> <small>Must be signed by DPW</small> correct violation, but compliance is not verifiable <i>[Signature]</i> Date 10/14/10 Initials (DPW) </p>

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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 #3 fell on 6/3/10 and was sent to the emergency room. The resident was diagnosed with a fractured clavicle as a result of the fall. The home did not report the incident until 6/8/10. Repeat Violation-1/20/10	9/17/10	16c— (1-2-3) An incident report will be completed with each occurrence to a resident per state guidelines by any associate in the community of Rose Tree. If a resident is sent out to the hospital a follow up call with be placed to the hospital by the RCD or designee within a few hours to determine the condition of the resident if they have not returned. (4) The RDC/ED or designee will be notified of any incident and will be reported within 24 hours in a manner designated by the department. (5) The RCD/ED or designee will notify the state within 24 hours of the incident (6) In-service and education will be completed on all reportable incidents and the time frame they have to be completed, reported and sent to all nursing personal.	10/14/10 <i>LRM</i>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Bill Bulawa</i>	DATE 9/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 10/12/10



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23a A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.	Resident #4's assessment dated 8/21/09 indicated the resident required occasional checking. On 6/1/10, the resident fell at 10:30pm and laid on the floor in [redacted] room until 12:30pm on 6/2/10. Staff found the resident when [redacted] did not go to the dining room for lunch.	9/24/10	23a—(1) Resident #4 will be checked on frequently and at the beginning and end of each shift or when it is noticed that they are not at a specific function. Quarterly assessments and service plans will be reviewed and completed by RCD and appropriate personal. (2-3-4) The nursing department is responsible for checking and the RCD will be responsible to check the documentation of the information by 9/8/10. (5) Updating the service plan and the supervisor will be responsible to check each resident's documentation daily. (6) Education and in-servicing will be completed by the RCD for safety and rounds of each resident with documentation in the resident file.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">10/12/10 Date</p> <p align="center"><i>[Signature]</i> Initials (DPW)</p>

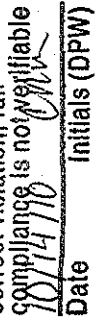
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Paul Burdard</i>	DATE 9/9/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 10/12/10

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42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 5/22/10, Resident #1 grabbed Resident #2 by the arms, leaving bruises on Resident #2's arms. Resident #1 has a history of aggressive and threatening behaviors.	9/27/10	42b—(1-2-3) A family meeting was held on 09/09/2010 to discuss the aggressive behavior of resident #2 with the RCD. The physician was notified and will review the medications to assure there is on interaction of meds. Resident and family was counseled on the resident behavior and that it would not be tolerated. (4) Communication between the team at Rose Tree, the resident and family will be ongoing related to the behaviors but not less than quarterly. (5) Aggressive behaviors will be reported to the state immediately and council with the resident and family for further interventions including the possible discharge. (6) All associates of Rose Tree Place will be educated through in-servicing and documentation of the information will be kept in their file on abuse, neglect, intimidation, and mistreatment or physically or verbally abused. The information will be given by the RCD/ED on 9/10/10.	<p>Site taken to correct violation; full compliance is not verifiable 10/14/10 Date Initials (DPW) <i>CM</i></p>

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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #5's assessment dated 5/20/10 did not address the resident's history of falls. A note was added to the assessment about the falls on 6/8/10 after the resident had a fall and was sent to the emergency room for evaluation and a repair of a laceration. Repeat Violation-1/6/10, et al	9/24/10	225c—(1-2-3) Resident # 5 had the assessment updated by the RCD on 09/09/2010 for accuracy. (4) The RDC will review all of the assessments to assure that falls or potential for fall is documented and service plans are completed by 9/10/10. (5) A review the assessments will be completed every 3 months, significant change or as needed by the residents condition by the RCD. (6) In-servicing and education will be completed to the RCD by the regional director of health services and the RCD will then education all of the nursing team on the process to update the resident file for needed information.	Steps have been taken to correct violation; full compliance is not verifiable 10/14/10 Date Initials (DPW) 


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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	-Resident #4's assessment dated 8/21/09 included a history of falls but the support plan dated 8/21/09 did not address falls. On 6/1/10 at 10:30pm, the resident fell in [redacted] bedroom and was not found by staff until 12:30pm the following day. -Resident #6's assessment dated 12/6/09 identifies the resident's history of falls. The resident's support plan dated 12/6/09 does not address the falls. The resident fell 4 times between 1/10/10 and 2/3/10.	9/17/10	227c—(1-2-3-) Review of Resident # 4 and 6 was completed and updated to include any falls by the RCD on 9/9/10. (4) All support plans will be updated every 3 months or as needed by the RCD. (5) The support plans will be reviewed and update at least every 3 months or more often as necessary by the RCD. (6) All team members will be educated on the information that is needed for each resident around falls and the RCD will educate all nursing associates to update the support plans as needed.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date 10/12/10 Initials (DPW)</p>

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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 #5 was admitted to the home's secured dementia care unit on 5/21/09. The preadmission screening was completed on 5/5/09. It did not include a cognitive screening and did not include that the needs of the resident could be met by the home.	9/24/10	231c— (1-2-3) Resident # 5 is deceased. Date of death was 05/05/2010 07/05/10 8/5/10 ^{com} 10/12/10 (4) Ongoing the pre-admission paper work will be completed before the resident moves into any program. The physician or psychiatric nurse practioner will be consulted for completion of the cognitive screening before admission to any program. (5) All department managers will be educated related to the pre admission paper work for any new residents moving into the programs at Rose Tree.	Steps have been taken to correct violation; full compliance is not verifiable 10/14/10  Date Initials (DPW)