



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: February 24, 2011**

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 August 12, 2010 and September 3, 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.

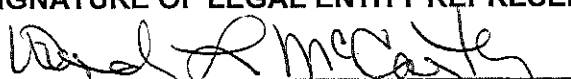
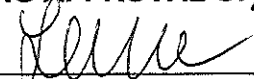
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,

Laura Helmuth  
Regional Licensing Administrator

Enclosure(s)  
Violation Report

**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> 132810	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> August 12, 2010 and September 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Kimberli A. Foulkes and Trula Hollywood	
<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> Wendy McCarthy signing for William Burland out of town/training			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 		<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	
<b>DATE</b> 11/11/10		<b>DATE</b> 2/4/11	

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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's incident policy does not address the prevention or management of reportable incidents and conditions.	<del>immediate</del> 11/11/10 VAF 2/4/11	Have associate give RCD the details of the incident. RCD/supervisor to complete the report and submit to the state within the required time frames. ED to review + complete follow up. The prevention management will be accomplished through a thorough review of the circumstances surrounding the incident.	Steps have been taken to correct violation; full compliance is not verifiable 2/18/11 Date VAF Initials (DPW)

3/1/11

The home's policy will be updated to include the prevention + management of reportable incidents.

**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 132810	
INSPECTION DATE(S) (Include all dates of the inspection) August 12, 2010 and September 3, 2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes and Trula Hollywood	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Wendy McCarty signing for William Berberd out of town/training</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Wendy McCarty</i>	DATE <i>11/11/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>2/4/11</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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 8/9/10 at 6:30am, Direct Care Staff Person A, came into Resident #1's room to assist the resident with getting dressed. Direct Care Staff Person A seemed to be in a hurry, per the resident and pushed and pulled the resident around, grabbing their left upper arm causing pain and making the resident struggle to maintain their balance. Direct Care Staff Person A was forcing the neck of a shirt over the resident's head which was too tight and did not remove the resident's glasses. Per the resident, when they stated that "it	<i>immediate</i> <i>11/11/10</i> <i>WBF</i> <i>2/4/11</i>	<i>IF there is an allegation of abuse or neglect the employee will be sent home immediately pending an investigation into the allegations.</i> <i>IF the investigation on Direct Care Staff person A. The administrator will report such findings</i> <i>to the appropriate authorities if Direct Care Staff person A was substantiated. The employment of the responsible individual will be terminated.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>2/4/11</i> <i>[Signature]</i> Date Initials (DPW)

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

No. 0234 P. 3/18

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank Road Media, PA 19063		CURRENT LICENSE NUMBER 132810
INSPECTION DATE(S) (Include all dates of the inspection) August 12, 2010 and September 3, 2010	REGIONAL REPRESENTATIVE Kimberli A. Foulkes and Trula Hollywood	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>William Bullock - Executive Director</i>		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>William Bullock</i>	DATE <i>2/7/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE <i>2/18/11</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
	hurt" Direct Care Staff Person A responded by telling Resident #1 to "do it your self then." Resident #1 also stated to Direct Care Staff Person A that "she gets paid to take care of [redacted]" to which Direct Care Staff Person A stated, "You don't pay me." Resident #1 was then later found crying in their room. Resident #1 reported the incident to Direct Care Staff Person B.	<i>immediate</i>  <i>10/7/10</i>	<i>Direct Care Staff person A was terminated on 9/2/10.</i>  <i>Training for staff on neglect and abuse was conducted on 10/7/10. was 7/12/11</i>	

Feb. 7. 2011\_ 2:46PM

**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> 132810	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) August 12, 2010 and September 3, 2010		<b>REGIONAL REPRESENTATIVE</b> Kimberli A. Foulkes and Trula Hollywood	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION</b> (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center"><i>William Burkhard Executive Director</i></p>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <p align="center"><i>William Burkhard</i></p>		<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <p align="center"><i>KMF</i></p>	
<b>DATE</b> <p align="center"><i>2/7/11</i></p>		<b>DATE</b> <p align="center"><i>2/18/11</i></p>	

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
54a Direct care staff persons shall have the following qualifications:  (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	The record for Direct Care Staff Person C hired 5/4/10, did not contain a high school diploma, GED diploma or proof of active registry status on the Pennsylvania Nurse aide registry.	<p align="center"><i>9/2/10</i></p>	<p><i>Direct Care Staff C had a CNA license and was exempt from the Competency exam. A current copy of his registry was not in the file at the time nor was his high school diploma.</i></p> <p><i>To ensure compliance going forward the HR manager is responsible to obtain either the record of successful completion of the direct care training certificate course or a valid CNA + GED diploma prior to the first day of work for all direct care staff. →</i></p>	<p align="center"><i>2/18/11</i></p>

Steps have been taken to correct violation; full compliance is not verifiable  
*2/18/11*  
 Date Initials (DPW)

No. 0234 P. 6/18

**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> 132810
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<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) August 12, 2010 and September 3, 2010	<b>REGIONAL REPRESENTATIVE</b> Kimberli A. Foulkes and Trula Hollywood
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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)

*William Bullard Executive Dir*

<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>William Bullard</i>	<b>DATE</b> <i>2/7/11</i>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> <i>2/18/11</i>
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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:  (1) Training that includes a demonstration of job duties, followed by supervised practice. (3) Initial direct care staff person training to include the following: (i) Safe management techniques.	Direct Care Staff Person C hired 5/4/10, was providing unsupervised ADL services and did not complete the following training: Training that includes a demonstration of job duties, followed by supervised practice, Safe management techniques, ADL's and IADL's, Personal hygiene, Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities, and The normal aging-cognitive, psychological and functional abilities of individuals who are older.	<i>11/11/10</i>	<i>New HR manager has started.                      Both staff persons will complete training by 11/19/2010.                      RCD+ HR manager to monitor all trainings                      ED to meet with HR manager monthly to review status.</i>	<div style="border: 1px solid black; padding: 5px; width: fit-content;">                         Steps have been taken to correct violation; full compliance is not verifiable  <i>2/18/11</i>                          Date                          Initials (DPW)                     </div>

Feb. 7, 2011 2:47PM

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

No. 0234 P. 7/18

NAME AND ADDRESS OF PERSONAL CARE HOME Rose Tree Place 500 Sandy Bank Road Media, PA 19063		CURRENT LICENSE NUMBER 132810	
INSPECTION DATE(S) (Include all dates of the inspection) August 12, 2010 and September 3, 2010		REGIONAL REPRESENTATIVE Kimberli A. Foulkes and Trufa Hollywood	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>William Buland - Executive Director</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>William Buland</i>		DATE <i>2/7/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE <i>2/18/11</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
(ii) ADL's and IADL's. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual assessment and support plan.	Direct Care Staff Person D, date of hire 7/15/10, was providing unsupervised ADL services and did not complete the following training: Training that includes a demonstration of job duties, followed by supervised practice, The normal aging-cognitive, psychological and functional abilities of individuals who are older, and Implementation of the initial assessment, annual assessment and support plan.	<i>11/11/10 RED</i>	<i>HR manage to monitor all required trainings via a spread sheet on a monthly basis. HR manage to inform associates as to their training status on a monthly basis. Both staff persons will be supervised until training complete.</i>	

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

No. 0234 P. 4/18

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Rose Tree Place 500 Sandy Bank Road Media, PA 19063	<b>CURRENT LICENSE NUMBER</b> 132810
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<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) August 12, 2010 and September 3, 2010	<b>REGIONAL REPRESENTATIVE</b> Kimberli A. Foulkes and Trula Hollywood
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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)  
*William Paulcup - Executive Director*

<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>William Paulcup</i>	<b>DATE</b> <i>2/7/11</i>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Lam</i>	<b>DATE</b> <i>2/19/11</i>
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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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention.	Direct Care Staff Person E hired 7/14/08, did not have annual training in 2009 in the following areas: Resident rights, The Older Adult Protective Services Act, and accident prevention.	<i>11/1/10</i>	<i>New HR manager in place. STAFF person E did receive Older Adult Protective Services training on 5/3/10. RCD+ HR manager will monitor all trainings ED to meet with HR manager monthly to review status. STAFF persons will complete training by 11/19/10. RCD+ HR manager to monitor all required trainings via spread sheet on a monthly basis. RCD+ HR manager to inform associates their training status.</i>	<i>2/18/11 UAH</i>

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