



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: January 18, 2011

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

RE: Blue Bell Place
777 DeKalb Pike
Blue Bell, Pennsylvania 19422

Dear Mr. Barnes:

As a result of the Department of Public Welfare's licensing inspection on August 28, 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,

Chevon Mitchell
Regional Licensing Administrator

Enclosure(s)
Violation Report

of the Department of Public Welfare

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

NAME AND ADDRESS OF PERSONAL CARE HOME Blue Bell Place 777 DeKalb Pike, Blue Bell, PA 19422		CURRENT LICENSE NUMBER 132800	
INSPECTION DATE(S) (Include all dates of the inspection) August 28, 2010		REGIONAL REPRESENTATIVE Michelle Morton, 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) Kathleen Wise Executive Director			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Kathleen Wise</i>	DATE 12/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheron Mitchell</i>	DATE 1/14/11

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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	Resident #1 was admitted to the personal care home on 10/24/09. On 11/25/09, the resident was assessed to be an elopement risk with a recommended intervention of a wander guard. The wander guard was not issued. On 7/20/10, the resident was again assessed to be an elopement risk. On 8/6/10, the resident moved to the home's secure dementia unit. The pre-admission screening dated 8/6/10 indicates the resident is "unsafe if leaves home"	12.8.10	See Attachment # 1	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date 1/14/11 Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Kathleen Wise</i>	DATE 8/18/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i>	DATE 1/14/11

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	unattended." Wandering is listed on the resident's assessment dated 8/6/10 as a current problem. On 8/8/10, the resident did not appear for lunch at noon in the dining room of the secure dementia unit. A passing motorist spotted the resident standing on the side of a busy road, approximately 1/2 mile from the home. The resident was unable to provide name and address, so the motorist drove the resident to the local Police Department at 12:55 p.m. An ambulance was called and arrived at 1:07 p.m. The			

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	Emergency Management Services report states the resident was dressed in a sweater and long sleeves although the outdoor temperature was 88 degrees Fahrenheit. The resident's skin was hot, warm and moist. The resident's blood pressure was 80/50. The resident was treated for hypotension and then transported to Mercy Suburban Hospital. The home noticed the resident missing at approximately 1:30 p.m. and had just started searching for the resident at about the time the			

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	police called the home. The hospital treated the resident for acute dehydration and heat exposure and then released the resident back to the home at 2:30 p.m.			

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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.	The pre-admission screening dated 8/6/10 lists the resident's problems as agitated, confused, delusional, sad/tearful, and lethargic. Nursing notes indicate the resident was confused, depressed, paranoid and was experiencing changes in behavior and decline in cognition and also that the resident needed 2 hour toileting. These issues were note addressed in the resident's assessment dated 8/6/10.	12.8.10	See attachment #2	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date 1/14/11 Initials (DPW)

*Kathy Wise
1/13/11*

ATTACHEMENT #1

42b

All Residents who are physically mobile and reside in the Secured dementia unit will receive a wanderguard bracelet Upon admission. An elopement risk assessment will also Be completed at the time of move in, with each Scheduled assessment, and upon change of condition. Daily checks of effectiveness of wanderguard will be Documented on medication administration record.

Resident did not come to lunch but was sitting in hall. When caregiver brought lunch to [REDACTED] she realized [REDACTED] was Not sitting where [REDACTED] was a few minutes prior. She began a Room to room search. When the police called to inform us they Had the resident, the supervisor was conducting a building search. It is believed that the resident followed a visitor out of the door. The new policy was initiated so every resident will automatically Have a wanderguard. A letter was sent to families asking them to be Be aware of their surroundings when entering and exiting. Letter attached.

Call placed to Katherine Young at DPW to discuss 30 second release on door. Katherine confirmed that we are permitted to remove the 30 second release So the doors will be locked at all times.

Valley Forge Security called to have delay switch removed from magnetic locking Doors. 30 second delay disabled from all exit doors in secured dementia unit on 12.8.2010.

ATTACHMENT #2

225c

Resident Assessment and Support plan were updated. A new assessment was completed. An audit was completed for residents in the secured dementia unit to assure that pre-admission screening information is carried over into assessment and support plan. The Audit will be reviewed monthly at Quality Improvement meetings monthly. For all new admissions, Resident Care Director will complete Initial Assessments and Support Plans to assure that Pre-admission information is carried over to assessments.

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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 8/6/10, Resident #1 left the home and wandered approximately ½ mile away before being picked up by a passing motorist and transported to the local police station. A letter from the home to family members on 8/10/20 indicates that the doors release if held for a complete 30 seconds, making it possible for a resident to slip out the door after visitors.	12.8.10	See Attachment #3	1/14/11 CRW

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234b The support plan shall identify the resident's physical, medical, social, cognitive and safety needs.	The resident's assessment dated 8/6/10 states the resident is a fall-risk, has problems with judgment, needs occasional checking, needs supervision for certain activities or certain times of day, and has a problem with wandering. These problems were not addressed on the resident's support plan dated 8/6/10.	12.8.10	See Attachment # 4	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date 1/14/11 Initials (DPW)</p>

NURSING

Kathy Nee
1/13/11

ATTACHMENT #3

233d

Exit doors in the secured dementia unit are equipped with magnetic locking devices. The doors were equipped with a 30 second release, however they were still alarmed. It is not believed that the resident eloped from the unit by holding the doors for the 30 second wait. The alarm was never activated that the doors were opened. We believe that the resident eloped from a visitor holding the door open. A letter was sent to the families requesting assistance when they visit to be aware of surroundings and never open doors for anyone. Valley Forge security was contacted to remove 30 second delay from doors. The 30 second delay was disabled from all exit doors in the secured dementia unit on 12.8.10

ATTACHMENT #4

234B

The Resident Care Director will complete all new admissions Assessments and Support Plans to assure that all information from Pre-Admission screening is carried over to Assessments. An audit was completed to review assessments and support plans for proper information. An Audit will be completed monthly and reviewed at Monthly Quality Improvement Meetings.