

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WATERMARK OPERATOR, LLC

LEGAL ENTITY

To operate BLUE BELL PLACE

NAME OF FACILITY OR AGENCY

Located at 777 DEKALB PIKE, BLUE BELL, PA 19422

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 99
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 30

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 June 8, 2011 until June 8, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132800

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

JUN 14 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

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 March 2, 2011 and March 3, 2011 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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 DATES (include all dates of the inspection) 03/02/2011, 3/3/11		REGIONAL REPRESENTATIVE Sanford Stone, Paul Metzger	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Kathleen Fisher, Executive Director			
SIGNATURE OF LEGAL ENTITY <i>Kathleen Fisher</i>	DATE 4/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/1/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
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.	Contract addenda were not signed by the resident: <ul style="list-style-type: none"> #1 - 05/04/2010 rent increase. #2 - 09/26/2010 rent increase #3 - 02/01/2011 rent increase 	4/17/11	All Attachment "D" addendums were signed by Residents. Moving forward all Residents will sign off on Attachment D Addendums for rent increases in addition to Responsible Party for Billing. Business office manager will conduct Quality Improvement audits quarterly to assure on-going compliance.	<i>[Signature]</i> 6/1/11

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 DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Sanford Stone, Paul Metzger	
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>Kathleen Fisher</i>	DATE 4/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6/2/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	The home did not have a PA State Police Request for Criminal Record Check for home health care agency staff A.	4/1/11	An FBI check was completed for AGENCY A, FBI check indicates that the applicant meets the criteria for employment under the Older Adult Protective Services Act. A Pennsylvania State Police Criminal Record Check was completed on day of inspection and returned with no criminal records. Moving forward all outside agency vendors will have PA State Police Criminal Record Check completed prior to working in the home. If an agency has an FBI check a PA State Police check will be required in addition. An audit will be complete quarterly to assure on-going compliance. <i>By Business Office Manager</i>	VAH 6/2/11

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 DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Sanford Stone, Paul Metzger	
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>Kathie Fisher</i>	DATE 4/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
(relating to protective services for older adults) and other applicable regulations.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME BLUE BELL PLACE, 777 DEKALE PIKE, BLUE BELL, PA 19422		CURRENT LICENSE NUMBER 132800	
INSPECTION DATES (include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Sanford Stone, Paul Metzger	
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>Hanklen Fusha</i>	DATE 4/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6/1/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	The bed in resident #4 bed room had an enabler/grip handle that had a space wide enough for a limb to get caught in.	3/4/11	Covering was purchased for bed rail. All Residents requesting a need for bed rail will have a covering on rail in compliance with this Regulation. Residents, Families and outside Therapy will be informed of regulation at time of request for bed rail. A quarterly audit will be conducted to assure on-going compliance. By Resident Care Director.	<i>[Signature]</i> 4/1/11

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2609

NAME AND ADDRESS OF PERSONAL CARE HOME BLUE BELL PLACE, 777 DEKALB PIKE, BLUE BELL, PA 19422		CURRENT LICENSE NUMBER 132800	
INSPECTION DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Sanford Stone, Paul Metzger	
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>Naelke Fiska</i>	DATE 4/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6/1/11


REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home did not have a 3-day supply of drinking water. There were 46 gallons of water on hand and 69 residents present at the home.	3/5/11	Additional water was purchased, the home will maintain at least one gallon of water per Resident per day in addition to supply on hand the home has an agreement with A-Best vending to supply emergency water in the amount of one gallon per Resident per day within 24 hours. Director of Dining will inventory water on a monthly basis to assure on-going compliance with this regulation.	UHA 6/1/11

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 DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Sanford Stone, Paul Metzger	
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>Kawleen Finken Executive Director</i>	DATE 4/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Per</i>	DATE 4/1/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
141b1 A resident shall have a medical evaluation: (1) At least annually.	The medical evaluation for resident #2 was undated so it could not be determined if it was completed annually.	3/9/11	Medical evaluation was dated by Physician on 3.9.11. Physician was notified of need for date. All Medical Evaluations are sent to Physicians in a timely manner, Physicians are informed of Regulation. To assure on-going compliance a quarterly audit of Medical Evaluations will be conducted to assure compliance with this regulation. By Resident Care Director.	LAA 4/2/11

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 DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Sanford Stone, Paul Metzger	
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>Kathleen Fiske Executive Director</i>	DATE 4/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6/1/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
183c Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.	Insulin for resident #5, who is not self medicating, was stored in their room in an unlocked refrigerator.	3/7/11	Medication was removed from Residents refrigerator and is now stored in locked refrigerator in Wellness office. Refrigerated medicine will be kept in locked Refrigerator. To assure on-going compliance med techs will check refrigerator and med drawers daily for refrigerated medicine. Med techs were inserviced on medication labels and storage of medications.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>DPW</i> Date _____ Initials (DPW)</p>

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 DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Sanford Stone, Paul Metzger	
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>Kathleen Weir Executive Director</i>		DATE 4/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 6/1/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	Resident #5 receives Novolog insulin. 14 units are administered twice a day as well as an additional 3 times a day with that dosage determined by a sliding scale. The pharmacy label for the Novolog does not include the instructions for the sliding scale usage. Repeated Violations: 01/19/2010	3/17/11	All resident with orders requiring insulin coverage as Per sliding scale have vials solely for sliding scale coverage with the appropriate label. Pharmacy aware of regulation and aware that label to indicate sliding scale coverage as per order. To assure on-going compliance med techs will check insulin orders against vials daily to assure separate vials for separate orders. <i>Med techs were all inserviced on Label (Medication) Policy</i>	Steps have been taken to correct violation; full compliance is not verifiable _____ Date Initials (DPW)

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 DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Sanford Stone, Paul Metzger	
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>Katherine Fodor Executive Director</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>6/1/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
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.	The support plan for resident #2 dated 08/01/2010 was prepared prior to their assessment dated 08/02/2010.	<i>3/7/11</i>	<p>The support plan and assessment were completed one day apart. The assessment will be completed prior to the support plan to assure the support plan has all required information from Assessment. To assure on-going compliance a quarterly audit by the Resident Care Director will be conducted to assure proper procedures are followed.</p> <p><i>An updated assessment and support plan were completed for resident #2. 6/2/11</i></p>	<i>1/11 6/2/11</i>

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>Kathleen Fisher, Executive Director</i>	DATE 4/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Paul Metzger</i>	DATE 6/1/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	Resident #6 was admitted to the home's secured dementia unit on 06/24/2010. The medical evaluation completed on 06/21/2010 did not address their need to be served in a secured dementia unit.	3/7/11	Resident #6 prior to moving to home was evaluated to reside in non-secured area. Upon admission Residents Family and home Administrator determined a secured area was needed for Resident. Resident moved from out of state and no longer had a Physician who would fill out proper paperwork. Community Physician came to assess Resident at first available opportunity. At this time we believed this was in the best interest of the Residents safety. Moving forward if at admission a Resident requires a different area then required, the Resident will be declined admission until proper medical forms will be completed. Executive Director or Resident Care Director will assure on-going compliance with this regulation. <i>Paul Metzger</i> <i>EW</i>	LPH 6/7/11

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 DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Sanford Stone, Paul Metzger	
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SIGNATURE OF LEGAL ENTITY <i>Kathleen Fisher Executive Director</i>	DATE 4/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6/2/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
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 #6 was admitted to the secured dementia unit on 06/24/2010. The written cognitive preadmission screening was not completed until 06/30/2010.	3/7/11	Resident #6 prior to moving to home was evaluated to reside in non-secured area. Upon admission Residents Family and home Administrator determined a secured area was needed for Resident. Resident moved from out of state and no longer had a Physician who would fill out proper paperwork. Community Physician came to assess Resident at first available opportunity. At this time we believed this was in the best interest of the Residents safety. Moving forward if at admission a Resident requires a different area then required, the Resident will be declined admission until proper medical forms will be completed. Executive Director or Resident Care Director will assure on-going compliance with this regulation.	<i>UBH</i> 6/2/11

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 DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Sanford Stone, Paul Metzger	
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>Kathleen Tucker, Executive Director</i>	DATE 4/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6/1/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
233c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.	The doors leading to the two enclosed courtyards from the SDCU have magnetic locks that can be disengaged by key operated mechanisms. The directions for operation of these locks were not posted near each door. Repeated Violations: 01/19/2010	3/3/11	Signs were posted on courtyard and all exit doors how to release in the event of emergency. The key locking device automatically release during power failure or when the fire alarm has been activated. To assure on-going compliance with this regulation, Director of Maintenance will conduct monthly audits of exits to assure signs are properly posted.	6/1/11 <i>[Signature]</i>