



COMMONWEALTH OF PENNSYLVANIA  
**DEPARTMENT OF PUBLIC WELFARE**  
SOUTHEAST REGIONAL FIELD OFFICE  
NORRISTOWN STATE HOSPITAL  
1001 STERIGERE STREET  
BUILDING 2, ROOM 161  
NORRISTOWN, PA 19401

ADULT RESIDENTIAL LICENSING

TELEPHONE: (610) 270-1137  
FAX: (610) 270-1147

**DATE MAILED: February 7, 2012**

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 Ms. Adams:

As a result of the Department of Public Welfare's licensing inspection on October 24, 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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Neil S. Cody".

Neil S. Cody  
Regional Licensing Administrator

Enclosure(s)  
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) 10/24/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Amy Scharpf, Lori Knockstead	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Kathleen Fisher</p>			
SIGNATURE OF LEGAL ENTITY <p style="font-size: 1.2em;">Kathleen Fisher</p>	DATE 11/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p style="font-size: 1.2em;">Theresa G. Coyle</p>	DATE 2/7/12

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
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 the guidelines in § 2600.15 (relating to abuse reporting covered by law).	<p>On 3/6/11 and 3/7/11, resident #1 did not receive Aricept at bedtime. The home did not submit an incident report to the Department.</p> <p>On 7/10/11, resident #2 did not receive Cymbalta at 9am. This medication was not discontinued until 7/11/11. The home did not submit an incident report to the department.</p> <p>On 9/17/11, resident #2 did not receive Ocuville at 8am. The home did not submit an incident report to the department.</p>	<p>10/26/11</p> <p>11/3/12</p> <p>11/30/12</p>	<p>Residents family &amp; Physicians were both notified of missed medication/ vitamin</p> <p>Reportable incident forms completed and sent with Plan of correction</p> <p>To assure on-going compliance with this Regulation all Med Techs and Nursing Supervisor will be re-instructed on Med Error Reports and State Reportable incidents. Completed in-service sign in sheet will be faxed to the Department.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date <u>2/7/12</u> Initials (DPW) <u>MS</u></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) 10/24/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Amy Scharpf, Lori Knockstead	
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 11/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Paul J. Coff</i>	DATE 2/7/12

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
186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	<p>On 3/6/11, the home took a verbal order to decrease Aricept 10mg to Aricept 5mg for resident #1. The home had not received a written order from an authorized prescriber for the change within 48 hours.</p> <p style="text-align: center; font-size: 1.2em;"><i>Violation Withdrawn LAC 1/5/12</i></p>	10/24/11	<p><i>New Verbal order Policy and Verbal order forms were implemented on 10/4/11</i></p> <p><i>To assure ongoing compliance the Policy is now followed Charts will remain flagged so Physicians are aware the verbal orders need signatures.</i></p> <p><i>Resident Care Director checks Telephone Order Compliance Daily.</i></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) 10/24/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Amy Scharpf, Lori Knockstead	
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 <i>11/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil S. Goff</i>	DATE <i>2/7/12</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
185b At a minimum, the procedures must include: (1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing/medications and medication errors. (3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive	<div style="text-align: center;"> <del>The home's procedures for the safe use of medications and medical equipment do not include a process to ensure that medications for residents are available at all times for distribution.</del> </div> <div style="text-align: center; margin-top: 20px;"> <i>Violation withdrawn 11/2/12</i> </div>			

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) 10/24/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Amy Scharpf, Lori Knockstead	
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>Kayster Fiske</i>	DATE <i>11/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil J. Coff</i>	DATE <i>2/7/12</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
medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.				

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) 10/24/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Amy Scharpf, Lori Knockstead	
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 Fiske</i>	DATE 1/2/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil L. Cook</i>	DATE 2/27/12

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
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	<p>On 3/6/11 and 3/7/11, an error in resident #1's medication administration occurred involving the residents Aricept 5mg at bedtime was not administered. The error was not reported to the prescriber.</p> <p>On 7/10/11, an error in resident #2's medication administration occurred involving Cymbalta 30mg at 9am was not administered. The error was not reported to the prescriber.</p> <p>On 9/17/11, an error in resident #2's medication administration occurred involving the residents Ocuville. Resident #2 is prescribed Ocuville, take one tablet twice daily. On 9/17/11 this resident was not administered the 8am dose because the medication was not available in the home and the error was not reported to the prescriber.</p>	<p>10/26/11</p> <p>1/30/12</p> <p>2/30/12</p>	<p>All Physicians, Residents and Responsible parties were notified of the med error.</p> <p>To assure on-going compliance all med techs and nursing supervisor will be re-inserviced on med error Policy. Inservice sign in sheet will be faxed to the Department.</p> <p>THE ADMINISTRATOR WILL AUDIT ALL MARS TO IDENTIFY ANY MED ERRORS AND ENSURE THEY ARE</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">Date: 2/27/12 Initials (DPW): NSC</p>

REPORTED TO THE PRESCRIBER, -NSC



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) 10/24/2011		REGIONAL REPRESENTATIVE Kimberli A. Foulkes, Amy Scharpf, Lori Knockstead	
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 Fische</i>	DATE <i>1/2/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Kimberli A. Foulkes</i>	DATE <i>2/7/12</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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

