



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

ADULT RESIDENTIAL LICENSING

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

**MAIL CERTIFIED – RETURN RECEIPT REQUESTED**  
**MAILING DATE: March 29, 2012**

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 February 2, 2012 and February 3, 2012 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.

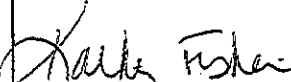
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,  
  
Chevon Miller  
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 132814	
INSPECTION DATES (Include all dates of the inspection) 02/02/2012		REGIONAL REPRESENTATIVE Patricia Adams, Amy Scharpf	
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 	DATE 3/7/12	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
medication cup or other appropriate container, or in the resident's hand (for immediate administration). (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in 182b4. (7) Complete documentation in accordance with 187.				

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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 152814	
INSPECTION DATES (Include all dates of the inspection) 02/02/2012		REGIONAL REPRESENTATIVE Patricia Adams, Amy Scharpf	
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>Kathy Fyke</i>	DATE 3/7/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chenou Miller</i>	DATE 3/26/12

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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Listed under the Right Resident heading, in the Rights of Medication section of the home's medication administration manual, it states "When assisting with medications, always be sure that you are assisting the correct resident. To do this: Ask the resident what his or her name is, look at the picture in the resident medication administration book, never assume that you know the identity of a resident. Always check first each time." On 3/25/11 staff person A did not follow this policy. Staff person A addressed resident #1 by resident #2's name instead of asking resident #1's name and did not look at a picture of resident #1 to confirm the resident's identity. Resident #1 was subsequently administered Glipizide 2.5 mg prescribed for resident #2.  Repeated Violations: 09/27/2011 03/16/2011 02/14/2011	3/3/2012	All med Techs have been Re-Certified AS med Techs and all procedures have been reviewed. All MAR Pickie Sheets have been updated and placed in charts and MARs.	3/26/12 CRM

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SIGNATURE OF LEGAL ENTITY <i>Kathy Fisher</i>	DATE 3/7/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	<p><del>On 3/25/11, an error in resident #1's medication administration occurred involving the resident receiving the medication Glipizide 2.5 mg prescribed for resident #2. The error was not reported to the resident's designated person.</del></p> <p>Repeated Violations: 03/16/2011</p> <p><i>withdrawn 3/26/12 ORM</i></p>	<i>3/25/11</i>	<i>According to front page of Reportable Incident Family WAS contacted.</i>	

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251a A separate record shall be kept for each resident.	Staff person A reported that on 3/25/11 the partial medication administration record belonging to resident #2 was filed in the medication administration record of resident #1, which contributed to a medication error for resident #1.	3/25/11  3/3/12	The Records were in the wrong sections due to a recent room switch. They were immediately put in proper area.  To assure on-going compliance all MARS have been reviewed and picture sheets have been updated.  All MARS are reviewed monthly and picture sheets are updated annually and as needed. <i>Kathy Fisher</i>	3/26/12 PEM

*3/23/12*

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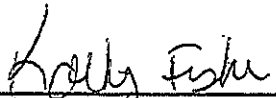
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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	On 3/25/11, resident #1's record did not include a photograph, which contributed to a medication error for resident #1.	3/31/12	All Picture sheets have been updated.  To Assure on-going compliance all Picture Sheets will be updated annually.  All Picture sheets are updated annually and as needed to Assure on-going compliance All MARs are reviewed monthly Kathy Fisher 3/25/12	3/26/12 CM

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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

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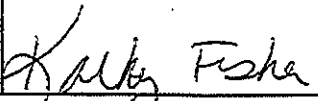
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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				