

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WATERMARK OPERATOR, LLC

LEGAL ENTITY

To operate ROSE TREE PLACE

NAME OF FACILITY OR AGENCY

Located at 500 SANDY BANK ROAD, MEDIA, PA 19063

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 149

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 26

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 21, 2012 until June 21, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132810

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

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 21 2012

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

Mr. David Barnes, Authorized Agent  
Watermark Operator, LLC  
2020 West 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 May 24, 2012, May 25, 2012 and May 30, 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.

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 'Ronald Melusky', written over a horizontal line.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 13281 - 06/24/2012 - Adams, Patricia  
 POH Name: ROSE TREE PLACE

**1. REGULATION 66 Pa.Code §2600**

2600.6(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

**2. DESCRIPTION OF VIOLATION**

On May 24 - 26, 2012, Department of Public Welfare licensing representatives made multiple requests for the home's description of services and policy for the delivery and management of services. The home was unable to provide the department with access to these records as requested.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

See Attachment # 1

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Fisher*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Fisher Executive Director* Date *6/7/12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6-13-12  
 (Date) Verification of Legal Entity Representative Signature 6/13/12  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*  
 (Initials)

Attachment # 1

Kaitlin Foshier  
6/11/12

CITED REGULATION: § 2600.5. Access.

Plan of Correction: On May 24-25, 2012 all requests for access to residents and to resident records were supplied. At no time during the survey were the Department agents denied access to the residents or their records. This allegation is made in compliance with the regulatory history found in 35 Pa. Bulletin 05-823, dated April 23, 2005. On May 30, copies of existing policies and procedures were provided to Departmental agents. At all times prior to and during the survey, the facility had policies and procedures for the delivery and management of services.

To the extent that a date of corrective action is required, the written policies and procedures were provided on May 30, 2012. The facility maintains that no deficiency occurred based upon the cited regulation and the history of that regulation.

Updated Kaitlin Foshier 6/11/12

Policy and Procedure Manuals are now kept in the Executive Director office and wellness office. All Managers and Administrator Designees have been educated on the location of all policies. The Administrator will update policies as needed and will check monthly to assure ongoing compliance. Monthly check will be part of scheduled monthly Quality Management meetings.

Attachments

- # 1a QI monthly meeting Agenda
- # 1b Resident Services Policy
- # 1c Inservice sign in sheet

Violation Report: 13281 - 05/24/2012 - Adams, Patricia PGH Name: ROSE TREE PLACE	
<b>1. REGULATION 85 Pa. Code §2600</b> 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (36 P.S. §§ 10226.101-10226.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.	
<b>2. DESCRIPTION OF VIOLATION</b> Staff person A's criminal background check was completed on 6/24/12. Staff person A was hired 6/23/10..	
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
See Attachment # 2 and Attachment A Hard copy of audit attached. Excel document Sent as attachment in email.	
Repeat Violation: No	Date(s) of Previous Violation(s)
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Fisher</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Fisher Executive Director</i>	Date <i>6/7/12</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>6-13-12</u> (Date)	Verification of Legal Entity Representative Signature <u>6/13/12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Attachment # 2  
Kathleen Fishie  
6/1/12

CITED REGULATION 55 Pa. Code § 2600.52, Staff hiring, retention and utilization.

It is, and has been, the policy of the facility operators and management to comply with the applicable regulations and statutes of the Commonwealth, local and Federal laws.

Staff person A's criminal background check was initially done at hire but the clearance was not documented properly. Another criminal background check was immediately completed on 5/24/12. Because documentation of the background check was not in the appropriate file, all files were audited by 5/29/12 to determine that background checks were fully completed and in the appropriate personnel files. Management staff has been re-educated on the need to obtain and maintain documentation of criminal background records. An audit form is attached, which form is designed to assure that all personnel matters are clearly documented on or before the date the potential employee begins work. Human Resource Director will complete a monthly audit as part of Quality Improvement to assure on-going compliance with this regulation. The Administrator is responsible for overseeing compliance. This cited deficiency was corrected by 5/29/12.

Kathleen Fishie 6/1/12

Updated

Attached is the policy on criminal background checks and an inservice sheet to show our HR Director understands the policy. As stated above the HR Director will complete a monthly audit as part of Quality Improvement. To assure on-going compliance Administrator will review all new hires files within 30 days of hire date.

Attachments

Attachment A Audit tool

Attachment # 2a Policy Background Checks

Attachment # 2b Inservice sign in for HR Director

Attachment # 2c - TO show compliance - List Last 5 Newest Hires with Hire Date and Criminal Background checks completed before Hire date

Violation Report: 13281 - 06/24/2012 - Adams, Palmdale  
 PCH Name: ROSE TREE PLACE

1. REGULATION 88 Pa.Code §2000  
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2. DESCRIPTION OF VIOLATION  
 Upon arrival at 9:05 am the dumpster, located at rear of building, was uncovered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attachments # 3 and # 4

Repeat Violation: No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Fisher*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Fisher Executive Director* Date *6/7/12*

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The above plan of correction was approved by <u><i>KA</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Attachment #3  
Kankia Park  
6/11/12

CITED REGULATION 55 Pa.Code 2600.85(e)

The dumpster in question was already closed upon inspection by staff immediately after notification. It is the policy of the operator/facility to maintain covered receptacles, including the dumpster, that prevent the penetration of insects and rodents. The dumpster is opened only at such times as trash needs to be inserted or removed. An investigation into the matter was completed between discovery and prior to May 30, 2012, and a letter (attached) was submitted to the waste management contractor regarding the necessity to comply with this regulation. Staff was re-educated on this issue. To assure on-going compliance with this regulation the Director of Maintenance will complete periodic Environmental Rounds to assure lid is closed at all times. The Administrator is responsible for overseeing compliance. Date of correction: 5/24/12

Kankia Park 6/11/12  
Updated

Attached is the inservice sign in sheet to show the staff was educated on the need to have the dumpster closed. Attached is the monthly Round sheets that will be used as part of the Quality Improvement Monthly meeting.

Attachments

- # 3a Inservice Sign In sheet Monthly Round
- # 3b Inservice Sign In sheet Closing Dumpster
- # 3c Inservice Sign In sheet Closing Dumpster
- # 3d Inservice Sign in sheet Maintenance Rounds Inservice
- # 3e Maintenance Monthly Rounds Audit
- # 4 Letter to Waste Company.

Violation Report: 13281 - 06/24/2012 - Adams, Patricia  
 PCH Name: ROSE TREE PLACE

**1. REGULATION 65 Pa.Code §2000**  
 2600.66(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**2. DESCRIPTION OF VIOLATION**  
 On 6/24/12, the ceiling, located in Pathway's main hallway, between rooms #120 and #122, had water damage. There was a hole in the ceiling with cracks, presenting a hazard of falling debris upon residents.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attachment #5

Repeat Violation No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Kathleen Fisher

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Kathleen Fisher Executive Director

Date 6/7/12

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Attachment # 5  
Kathleen Fisher  
6/7/12

CITED REGULATION: 55 Pa. Code § 2600.88. Surfaces.

The water damage and hole had been previously inspected (5/23/12) to determine the source of the water damage; thus there was an existing hole for viewing the site to determine the cause of the water damage. It was determined at the time of the maintenance review that no danger of falling debris existed. This hole and section of the ceiling was repaired, primed and repainted in accordance with building code on May 24, 2012.

The facility maintenance staff and all staff members will continue to report suspicious stains or features in the wall or ceiling. The Administrator is responsible for overseeing compliance.

The facility maintains that this should not be cited as a deficiency as the matter had been assessed as posing no potential threat to the residents, although it was unattractive. Only to the extent a date of correction is legally required, the facility alleges the correction existed on the evening 5/24/2012.

Kathleen Fisher 6/7/12  
Updated

Attached is the inservice sign in sheet to show  
Maintenance Staff have been educated on monthly  
Rounds:

Attached is the inservice sign in sheet showing all  
managers have been trained on new audit <sup>ROUNDS</sup> tool  
and what to look for.

To assure on going compliance with this Regulation  
all Maintenance Staff and Managerial Staff will  
complete monthly Rounds. (see attached) as part of  
Quality Improvement. monthly.

See Attachments:

- # 3d Maintenance Environment ROUNDS Inservice
- # 3e Maintenance Monthly ROUNDS
- # 5a Manager ~~Attt~~ Inservice sign in sheet for ROUNDS
- # 5b Manager Environmental ROUNDS

1101595-1

Violation Report: 13281 - 06/24/2012 - Adams, Patricia  
 PCH Name: ROSE TREE PLACE

1. REGULATION 55 Pa. Code §2800  
 2800.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2. DESCRIPTION OF VIOLATION  
 On 5/24/12, there were three breaks in the vegetation along the perimeter of the home's property. The areas were the left rear corner of the property and two areas near the parking lot. The breaks in vegetation revealed a steep, precarious ravine with a stream at the bottom and presenting a falling hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attachments #6 and #7

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Fisher*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Fisher Executive Director*      Date *6/7/12*

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Attachment #6  
Kurtis Fisher  
6/11/12

Cited Regulation: 55 Pa. Code Section 100 (a). The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

The specified areas were barricaded on 5/24/12 and installation of a permanent barrier was initiated and completed. Staff has been re-educated regarding the need to identify areas that may pose potential threats to the residents. The maintenance schedule has been revised to stress the need to do a walk around the perimeter of the building and the premises periodically, with reports to the administrator or designee upon any report of a potentially hazardous situation following securing the site. The administrator will do periodic walks around the perimeter of the buildings and grounds to assure this revised policy is being maintained. Date of Correction 5/24/12

Kurtis Fisher 6/11/12  
Updated

Attached inside sign in sheet for staff to monitor.

Attached monthly rounds as on-going compliance.

See Attachments

# 3d Inside sign in sheet

# 3e Maintenance rounds

Violation Report: 13284 - 06/24/2012 - Adams, Patricia  
 POH Name: ROSE TREE PLACE

1. REGULATION 86 Pa.Code §2800  
 2800.144(o)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2. DESCRIPTION OF VIOLATION  
 The home's designated smoking area, located in the front of the building, did not have fire resistant furniture or a fireproof receptacle.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attachment #8

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Fisher*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Kathleen Fisher Executive Director

Date 6/7/12

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The above plan of correction is approved as of 6/13/12  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

Verification of Legal Entity Representative Signature 6/13/12  
 (Date) *[Signature]*

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Attachment #8  
Kauku Fisher 6/11/12

Cited Regulation 55 Pa. Code § 2600.144(e)(1) Use of tobacco.

A second fire proof receptacle was purchased on 5/25/12 and put into service in the smoking area with a "no smoking" sign placed in the area erroneously used by family members of residents for smoking. All cushions were removed from the chairs in the designated smoking area, resulting in fireproof furniture. A letter was sent to all residents and families explaining the regulations and the home rule. To assure on going compliance with this regulation the Maintenance Director will conduct periodic environmental audits to assure that a fire proof receptacle is in the designated smoking area and that fire resistant furniture is in designated smoking area. The Administrator is responsible for overseeing compliance. Date of compliance: 5/25/12

Kauku Fisher 6/11/12  
Updated

Attached in service sign in sheet  
Attached monthly Rounds to be reviewed at  
Monthly Quality Improvement meeting

See Attachments

# 3d In service sign in sheet  
# 3e Maintenance ROUNDS

Violation Report: 13281 - 06/24/2012 - Adams, Patilola  
 POH Name: ROSE TREE PLACE

**1. REGULATION #6 Pa.Code §2800**  
 144(o)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

**2. DESCRIPTION OF VIOLATION**  
 One of the home's smoking areas is located right outside of the home's the main entrance and common walkway.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attachments #9 and #10

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Fisher*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Fisher, Executive Director*      Date *6/7/12*

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Attachment #9

Kahtu Fishi  
6/11/12

Cited Regulation 55 Pa. Code § 2600.144(c)(2)

2600.144(c)(2)

The attached letter, dated June 4, 2012 was sent to all Residents and families regarding the designated smoking area. Residents identified as smokers were immediately counseled. To assure on going compliance with this regulation the Maintenance Director will complete periodic environmental rounds to assure there is no smoking in the walkway. The Administrator is responsible for overseeing compliance. Corrective actions initiated May 25, 2012 with letter to families being mailed June 4, 2012.

Kahtu Fishi 6/11/12

Updated

Attached Inservice sign in sheet

Attached monthly Rounds to be ~~also~~ reviewed  
at monthly Quality Improvement meeting

See Attachments

# 3d Inservice sign IN sheet

# 3e Environmental Rounds

Violation Report: 13281 - 05/24/2012 - Adams, Patricia  
 PGH Name: ROSE TREE PLACE

1. REGULATION 68 Pa.Code §2600

2800.186(a) - 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.

2. DESCRIPTION OF VIOLATION

- Resident #1 has an order for Xanax 0.25 mg as needed. This medication was not available in the home on 8/30/12.
- Resident #2 has an order for Aricept 5 mg as needed. The medication was not available on 4/1/12 at 9:00 pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attachment # 11

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/02/2012	09/27/2011
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Fisher*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Fisher Executive Director*

Date *6/7/12*

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The above plan of correction is approved as of 6/13/12  
 (Date)

Verification of Legal Entity Representative Signature 6/13/12  
 (Date)

The above plan of correction was approved by (SN)  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

# Attachment # 11

Kathleen Fisher  
6/17/12

Cited Regulation 55-Pa.Code 2600.185(a) Accountability of medication and controlled substances.

Resident #1 has two orders for Xanax 0.25 mg; one is a standing order for one per day; the other order is a prn order once every 8 hours as needed for anxiety. The medication was available and the resident did not miss any doses. A sticker on the unit dose card referenced checking the MAR to for further instructions in accordance with prescriber's orders.

All nurses and med-techs were re-educated on the need for following prescriber's orders and reporting errors to the prescriber and following the prescriber's instructions regarding the situation, as well as the need for documenting the same. The system for refilling prescriptions and obtaining replacement over-the counter medications has been reviewed for compliance by having medications delivered 24 hours per day 7 days a week. The nurses or med techs will secure the medication from available pharmacies upon the discovery that a medication is not available in the facility; the staff will report to the Administrator or designee instances where medications are not available as prescribed; the situation will be assessed so that corrective actions occur immediately and that a gap in supplies does not recur. On-going in-services are being provided periodically. Families who provide medications have been re-notified of the need to provide medication in a timely manner; however, the facility will secure the medication if the family fails to do so. The Administrator is responsible for overseeing compliance. Date of Correction: 5/31/12

## See Attachments

# 11a Nursing Notes for Resident #2 showing MD was called regarding med not available and Refusals.

# 11b Inservice sign in sheets for Med Tech and nurse meeting regarding: Initialing, MARs, Meds not available, Refusals, Notifying Prescriber, taking of P orders, New order change form for updating RASP.

# 11c Letter from Pharmacist who clarified the medication being combined on the carder. @

# 11d Prescription Card ordered 5/30/12 reflects medication use on site. @

Violation Report: 13251 - 05/24/2012 - Adams, Patricia  
 PGH Name: ROSE TREE PLACE

**1. REGULATION 85 Pa.Code §2800**

2800.187(b) - The information in § 2800.187(a)(13) and § 2800.187(a)(14) shall be recorded at the time the medication is administered.

**2. DESCRIPTION OF VIOLATION**

- Resident #3's Lisinopril 10 mg was administered on 4/30/12 at 9:00 pm. The medication administration record was not initiated.
- Resident #4's Albuterol Sul Sol 0.083% and Methyphenolate 5 mg were administered on 3/30/12 at 12:00 pm. The medication administration record was not initiated.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

See Attachments # 12 and # 13(1) & # 13(2)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	00/27/2011
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Fisher*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Fisher Executive Director</i>	Date <i>6/7/12</i>
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The above plan of correction is approved as of <u>6/13/12</u> (Date)	Verification of Legal Entity Representative Signature <u>6/13/12</u> (Date) <i>SK</i>
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The above plan of correction was approved by <u>SK</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Attachment #12  
Kathie Fisher 6/11/12

Cited Regulation: § 2600.187. Medication records.

Resident's #3 Lisinopril was administered and initialed as required; however, the initials were present but not observed by surveyors. That staff member has been advised to make her initials more legible in the tiny box.

Staff members responsible for not initialing the MAR were counseled and re-educated as to the importance of initialing medication. The MAR oversight was immediately corrected. Staff has been re-educated on the necessity of maintaining up-to-date records, including indicating medication administration on the MAR. Periodic audits of the medication records will continue to be done by nursing supervisors. The Administrator is responsible for overseeing compliance. Completion date 5/31/12.

Kathie Fisher 6/11/12

Updated

Attached miservice sign in sheet for med tech

attached Daily MAR audit sheet.

All med techs and nurses have been educated on Proper Documentation Procedures, including initialing MARs  
Meds not available, Refusals, notifying Prescriber, taking off orders  
New order Change form for updating RASP's  
The MAR for Resident #4 was initialed by staff but it was illegible (P)

See Attachments

# 11b

# 12A, # 12B, # 12C, # 12D, # 12e, # 12F, # 12G, # 12H, # 12I  
# 12 J.

# 12 K

Violation Report: 13261 - 06/24/2012 - Adams, Patricia  
 PCH Name: ROSE TREE PLACE

**1. REGULATION 65 Pa. Code §2000**  
 2000.107(e) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2. DESCRIPTION OF VIOLATION**  
 - Resident #2 refused to take scheduled dose of the following:  
 - Amlodipine 5 mg, on 3/18/12 and 3/19/12 at 9:00 am.  
 - Clonidine HCL 1 mg and Sensipar 30 mg, on 3/18/12 and 3/20/12 at 5:00 pm  
 - Renevia 600 mg, on 3/18/12 at 11:00 am.  
 - Amlodipine 5mg, Aspirin 325 mg, Clonidine HCL 1 mg, Lisin 100 mg, Pantoprazole 40 mg and Sensipar 30 mg, on 3/19/12 at 9:00 am.  
 The home did not report these refusals to the resident's doctor as required.  
 - On 3/4/12 at 9:00 am, 3/1/12 through 3/1/12, 3/6/12, 3/7/12, 3/8/12, and 3/2/12, resident #5 refused to take a scheduled dose of Diazepam 3 mg. The home did not report these refusals to the resident's doctor as required.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attachment # 14

Repeat Violation: Yes \_\_\_\_\_ Date(s) of Previous Violation(s): 09/27/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Kathleen Fisher*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Fisher, Executive Director Date 6/7/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6/13/12 (Date)

Verification of Legal Entity Representative Signature 6/13/12 (Date) *[Signature]*

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Attachment # 14

Kalkita Fiskia 6/7/12

CITED REGULATION 55 Pa. Code § 2600.187(c)

Staff members were re-educated on the need for following prescriber's orders and reporting errors to the prescriber and following the prescriber's instructions regarding the situation, as well as the need for documenting the same. Ongoing in-services are being periodically provided. The Administrator is responsible for overseeing compliance. Date of Correction: May 31, 2012

The staff of the home notified the physicians of the refusals of medications by residents #2 and #5 on 6/11/12. The home conducted in-services  
See Attachments : on 6/6/12, 6/7/12, 8/12/12, for all staff who administer medications. (S)

# 11B

# 12 A, B, C, D, E, F, G, H, I & J

# 14A

# 14B

Violation Report: 13281 - 06/24/2012 - Adams, Patricia  
 POH Name: ROSE TREE PLACE

**1. REGULATION OR Pa. Code §2600**

2600.187(d) - The home shall follow the directions of the prescriber.

**2. DESCRIPTION OF VIOLATION**

- Resident #3 has an order for "Lisinopril 10 mg, one tablet each evening. Hold if SBP 138." There is no documentation in the resident's record vital signs were measured before the medication was administered on 3/2/12 through 3/27/12 and 3/29/12.
- Resident #5's Levocarnitine 330 mg was not available for administration on 3/13/12 at 5:00 pm and 9:00 pm and 3/31/12 at 9:00 am and 1:00 pm.
- Resident #5's Ben Gay Ultra patch was not available for administration on 4/9/12 and 4/9/12 at 9:00 am.
- Resident #6 has an order for "leg elevation for 45 minutes 2 times daily before lunch and mid afternoon. Elevate feet higher than knees and hips." Representatives of the Department observed staff person C placed the resident legs on a chair the same height as the chair upon which the resident sat, without elevating the feet higher than knees and hips.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attachment #15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/27/2011
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Maureen Fisher*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Maureen Fisher, Executive Director* Date *6/7/12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6/13/12  
 (Date) Verification of Legal Entity Representative Signature 6/13/12  
 (Date)

- The above plan of correction was approved by *MF*  
 (Initials)
- Fully Implemented
  - Partially Implemented - Adequate Progress
  - Partially Implemented - Inadequate Progress
  - Not Implemented

# Attachment # 15

Cited Regulation 55 Pa. Code §2600.187(d)

Staff person C was counseled regarding the positioning of Resident #6's legs and the need to follow the order or report it to the physician and administrator (or designee) as well as documenting non-compliance. Staff members were re-educated on the need for following prescriber's orders and reporting errors to the prescriber and following the prescriber's instructions regarding the situation. The Administrator is responsible for overseeing compliance. Date of Correction: May 31, 2012.

Resident #3 physician was advised of the lack of documentation regarding BP prior to administration of Lisinopril & BP was over 130. The MD changed the order to biweekly BP checks on Tuesday + Friday beginning 6/11/12.

Resident #5's Bengay patches were ordered and applied on 4/10/12. The resident daughter provides this medication. The home will contact the daughter and advise that if medication is not available for the daughter that an emergency supply will be ordered by the home. SM

Attached education inserta form for mco techs.

See Attachments

# 11 B

# 12 A, B, C, D, E, F, G, H, I, & J

# 14 B for Resident #5

# 15 A, # 15 B for Resident #3

# 12 C specifically for Resident #6

Violation Report: 13281 - 05/24/2012 - Adams, Patricia  
 PCH Name: ROSE TREE PLACE

1. REGULATION 58 Pa. Code §2600  
 2600.106(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2. DESCRIPTION OF VIOLATION  
 - Resident #6's Ben Gay Ultra patch was not available for administration on 4/8/12 and 4/9/12 at 9:00 am. The patch is applied each morning. These errors were not reported to the prescriber.  
 - Resident #6's Levocarniline 330 mg was not available for administration on 3/13/12 at 6:00 and 9:00 pm; on 3/31/12 at 9:00 am and 1:00 pm. These errors were not reported to the prescriber.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attachment # 16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Fisher*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kathleen Fisher, Executive Director	Date 6/7/12
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6/13/12</u> (Date)	Verification of Legal Entity Representative Signature <u>6/13/12</u> (Date)
The above plan of correction was approved by <u><i>SW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Attachment # 16 Kalka Fiska 6/7/12

Cited Regulation: 55 Pa. Code §2600.188 (b). Medication errors.

Staff members were re-educated on the need for reporting errors to the prescriber and following the prescriber's instructions regarding the missed medication. The facility is able to obtain medications 24 hours a day 7 days per week; when the family fails to provide medication, the facility will immediately place an order so that corrective actions occur immediately and the gap in supplies does not recur. The Administrator is responsible for overseeing compliance. Date of Correction: 5/31/12

Resident #5's physician was advised of the medication error, due to the unavailability of Ben Gay patch and Levocarnitine, on 6/11/12. (2)

Kalka Fiska 6/11/12

See Attachments

# 11b

# 12, A, B, C, D, E, F, G, H, I & J

# 14B for Resident #5.

Violation Report: 13281 - 06/24/2012 - Adams, Patricia  
 PGH Name: ROSE TREE PLACE

**1. REGULATION 65 Pa.Code §2800**  
 2800.231(b) - 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.

**2. DESCRIPTION OF VIOLATION**  
 Resident #7, admitted to the SDCU on 2/21/12, had a medical evaluation on 11/29/11.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attachments #17, #18, #19, #20, #21,  
 #22 and #23

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kathleen Fisher*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Fisher, Executive Director</i>	Date <i>6/7/12</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>6/13/12</u> (Date)  The above plan of correction was approved by <u><i>MF</i></u> (Initials)	Verification of Legal Entity Representative Signature <u>6/13/12</u> (Date) <i>(Signature)</i>  <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Attachment # 17  
Kathleen Fiske 6/7/12

Cited Regulation: 55 Pa. Code §2600.231(b)

Resident #7 was admitted to the SDU on 2/21/12; however, [redacted] medical evaluation was completed on 11/29/11; the form (DMB) was completed and reviewed by [redacted] Physician on 2/7/12 with no changes noted. Therefore, facility was in compliance with the intent of the regulation. Resident was admitted on 2/21/12 to secure dementia unit and was re-evaluated by Physician on 2/23/12. Physician did not complete a DMB form but has a complete note regarding Resident's conditions.

The regulation states the Resident must have a medical evaluation completed 60 days prior to admission or 30 days after admission. THE DMB FORM states "It's important to remember that the primary focus of these requirements is the need for residents to be evaluated by a physician, physicians assistant or certified registered nurse practitioner - NOT that a form be completed."

Facility alleges it complied with the intent of the regulation and, in fact, exceeded it. However, to assure on-going continued compliance with this regulation, residents will not be permitted to be admitted to the home unless a DMB form has been completed, signed and dated within 60 days prior to admission date. Marketing Director will review all move in dates and compare to evaluation dates for ongoing compliance. The Administrator is responsible for overseeing compliance. Date of Correction May 25, 2012.

Kathleen Fiske 6/11/12

Updated

No one will be admitted to Secured Dementia unless DMB Form has been provided prior to Admission and within 60 Days of Admission Date. Resident Care Director or Designee will review and approve all forms (DMB) prior to move in.

To show compliance we are attaching the most recent move in to Secured Dementia unit - DMB and Full Sheet  
See Attachment # 17a

Violation Report: 19281 - 05/24/2012 - Adams, Patricia  
 PCH Name: ROSE TREE PLACE

**1. REGULATION 88 Pa.Code §2600**

2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

**2. DESCRIPTION OF VIOLATION**

- The support plan for resident #0, dated 11/23/11, lists the daily use of ted stockings. The treatment was discontinued on 1/31/12 and the resident's support plan was not revised to reflect this change.

- Resident #0 has an order for "leg elevation for 45 minutes 2 times daily, before lunch and mid afternoon. Feet higher than knees and hips". Resident #0 is generally non compliant with this physician's order and the resident's support plan dated 11/23/11 does not address the resident's non compliant behavior or how the home will meet the resident's needs.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attachment # 24

Repeat Violation: No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Kathleen Fisher

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Kathleen Fisher Executive Director

Date 6/7/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6/13/12  
 (Date)

Verification of Legal Entity Representative Signature 6/13/12  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Attachment # 24 Kathleen Fisher 6/7/12

Cited Regulation 55 Pa. Code §2600.234(d)

The support plan was updated on 5/30/12 to correct this oversight; staff members were aware that the TED stockings were no longer in use. The doctor had been consulted earlier regarding resident non-compliance. The order for leg elevation is removed from the support plan effective 5/30/12. Staff has been re-educated on compliance with the support plans, RASPs and the need to update as necessary as well as the resident's right to refuse and what to do in the event of a refusal. Daily monitoring by nurses of resident conditions, support plans and RASPs will continue to be conducted. The Administrator is responsible for overseeing compliance. Corrected: 5/30/12

Kathleen Fisher 6/11/12  
Update

UPON Review of Support Plan TEDs Stockings were  
D/C'd from Support Plan on 11/31/12 due to Refusals.  
See attachment # 24A. Resident #6's <sup>Support Plan</sup> RASP was updated  
on 6/5/12 to reflect the D/C of leg elevations, due to New MD orders. (S)  
All Med techs were reeducated on Procedure for  
Refusals and all Nurses were reeducated on  
Refusals and <sup>new</sup> order forms and updaty RASPs.  
The staff will review all Support Plans to ensure that the resident's needs  
See Attachment, are being accurately documented. (S)

# 11b

# 12, A, B, C, D, E, F, G, H, I + J

# 24b

Violation Report: 13281 - 06/24/2012 - Adams, Patricia  
 PCH Name: ROSE TREE PLACE

**1. REGULATION 65 Pa.Code §2600**

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

**2. DESCRIPTION OF VIOLATION**

Direct care staff person B had only 5.8 hours of training in dementia care during training year, January 2011 to December 2011.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attachment # 25, #26, #27 and #28

Withdrawn 6/13/12  
 (Signature)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Kathleen Fisher

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Kathleen Fisher, Executive Director

Date 6/7/12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 6/13/12  
 (Date)

Verification of Legal Entity Representative Signature 6/13/12  
 (Date)

The above plan of correction was approved by (Signature)  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Attachment # 25  
Kathleen Fisher  
4/17/12

Cited Regulation: § 2600.236, Training.

Direct care staff B met or exceeded the 5.5 hours of training in dementia care for the time period stated. Attached please find the appropriate documentation. In the instance of another staff member, surveyors asked for and received documentation regarding specific dementia training. Had surveyors requested the same for staff member B, it would have been provided. We respectfully request that this citation be removed as it results from an administrative communication breakdown and is not factually correct.

Kathleen Fisher Updated 6/11/12

Per Conversation with [REDACTED] attached is training Record for [REDACTED] showing she has exceeded the Required Hours.

Please See Attachment # 26, 27, 28 & 29

The home will conduct an audit of ALL STAFF training every October to insure that the staff of the SDU receive the required 6 hours of Additional Dementia training.

(SN)