

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

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 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 9, 2012 until June 9, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 132800

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 25 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: 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 May 30, 2012 and June 15, 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 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 13280 - 05/30/2012 - Yellenic, Cindy

1. REGULATION 65 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2. DESCRIPTION OF VIOLATION

- Ancillary staff member A did not receive training in any of the required topics during training year January 2011 to December 2011.
- Ancillary staff member B did not receive training in the Older Adults Protective Services Act, Falls and Accident prevent and Fire safety 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.

All staff will have at least 12 hours of annual training including mandatory training as per regulation 65g.

Staff A and B will complete this training by 06 30 12.

Audits of all required staff training will be conducted by human resources quarterly.

The Executive Director will review compliance at Quality Improvement Meetings.

See attachment #1 Staff Training Plan, *proof of completion, record of training.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Thomas P. Schultz

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

THOMAS P. SCHULTZ

Date *06/14/12*

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

The above plan of correction is approved as of

6/15/12
(Date)

Verification of Legal Entity Representative Signature

6/15/12
(Date)

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

TS

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 13280 - 05/30/2012 - Yellenic, Cindy

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2. DESCRIPTION OF VIOLATION

Not all of the home's emergency evacuation diagrams include the line of travel.

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.

All emergency diagrams posted were checked and found to contain lines of travel.

It is believed that the emergency diagram that was checked to determine compliance was one found in the fire drill book that did not contain lines of travel that did not contain lines of travel. This one was updated on 05 31 12 by the director of maintenance.

Monitoring of posted evacuation diagrams including including the lines of travel will be monitored on quarterly basis by the director of maintenance using an audit tool.

The executive director will oversee compliance by reviewing at quality improvement meetings.

See attachment #2 audit tool , evacuation route diagrams.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Thomas P. Schulz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *THOMAS P. SCHULZ* Date *06/14/12*

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The above plan of correction was approved by <u><i>TS</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

Violation Report: 13280 - 05/30/2012 - Yellenic, Cindy

1. REGULATION #5 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2. DESCRIPTION OF VIOLATION

The most recent medical evaluation for resident #1 was completed on 6/9/11, the previous medical evaluation was completed on 4/23/10.

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.

All charts were audited to assure compliance on 05 31 12 and 06 01 12.

Moving forward DMEs will be audited by nursing on a quarterly basis.

The executive director will oversee compliance by reviewing at quality improvement meetings.

See attachment #3 DME audit log

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/02/2011

Signature of Legal Entity Representative
(Required on EVERY Page)

Thomas P. Schuck

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

THOMAS P. SCHUCK

Date:

06/14/12

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TS
(Initials)

Violation Report: 13280 - 05/30/2012 - Yellenlo, Cindy

1. REGULATION 66 Pa.Code §2600

2600.171(b)(4) - If staff persons or volunteers of the home provide transportation for the residents, at least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.66 (relating to direct care staff person training and orientation).

2. DESCRIPTION OF VIOLATION

Ancillary staff person A will transport residents without being accompanied by any other staff members. Staff member A has not completed the the training required by regulations 66d2 and 66e.

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.

All transportation staff will take the initial direct care staff training course and competency test before staffing their first day of unsupervised care.

Staff person A completed this training 06 01 12.

Human resources will monitor all training of new staff and all ongoing training by reviewing by completed signature sheets with employee lists.

The executive director will oversee compliance by reviewing at the monthly quality improvement meetings.

See attachment #4 - Training and Competency Test.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Thomas P. Schuetz</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>THOMAS P. SCHUETZ</i>		<i>06/14/12</i>	

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Violation Report: 13280 - 05/30/2012 - Yellenic, Cindy

1. REGULATION 55 Pa.Code §2600

- 2600.184(a) - 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.

2. DESCRIPTION OF VIOLATION

The label for Resident #1's Seroquel 25mg states "Take 1 tablet at 5pm and 2 tablets at bedtime". The resident's current order and medication administration record for Seroquel 25mg is "One tab by mouth at bedtime".

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.

When a physician's order is received that indicates a dosage or time change to a medication, the nurse transcribing the order will place a red sticker on the Rx bottle of container that indicates "directions changed refer to chart," until the new medication container comes in with the correct dosage and time.

Nursing will audit ten resident medications by matching medication orders to medication labels *monthly*.

All nursing staff will be inserviced by 06 21 12. The inservice sign in sheet will be provided.

See attachment # *5* Pharmacy Label Audit tool.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/02/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *Thomas P. Schuler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *THOMAS P. SCHULER* Date *06/14/12*

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Violation Report: 13280 - 05/30/2012 - Yellenic, Cindy

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2. DESCRIPTION OF VIOLATION

The most recent assessment for resident #1 was completed on 6/9/11, the previous assessment was completed on 5/17/10.

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.

A resident chart audit was completed on 06 01 12 and the resident assessment support plans were computerized with the date of the last RASP for easy access.

An inservice will be completed by 6/21/12.
 Nursing will audit and update monthly for the timely completion of the residents RASP and compliance with this regulation. *computerized via spreadsheet which included most recently completed assessment date.*

The executive director will oversee compliance by reviewing at quality improvement meetings *by reviewing assessment & support plan.*

See attachment # *6* Assessment Support Plan audit trail

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Thomas P. Schurtz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>THOMAS P. SCHURTZ</i>	Date <i>06/14/12</i>
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 (Date)

The above plan of correction was approved by *TS*
 (Initials)

Verification of Legal Entity Representative Signature 6/15/12
 (Date)

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Violation Report: 13280 - 05/30/2012 - Yellenic, Cindy

1. REGULATION 56 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2. DESCRIPTION OF VIOLATION
 On 3/16/12, resident #2's, physician determined that the resident needs Physical therapy. The resident's support plan does not address how the home will assist the resident in meeting these 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.

All services provided to the resident will be documented on the support plan or on the RASP update form if ordered after the RASP is completed. *Resident #2's RASP was updated to include PT. SD*

The nurse supervisor will be responsible to document new services or change of services in the plan of care or on the RASP update form.
Nursing will be inservice'd on 6/11/12.
 Nursing will audit new admission paperwork and orders and audit ten charts per month.

The executive director will monitor compliance by reviewing at quality improvement meetings.

See attachment # 7 RASP updated and resident number 2 updated support plan.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Thomas P. Schultz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *THOMAS P. SCHULTZ* Date *06/14/12*

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