



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 23, 2013

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 December 3, 2012, December 11, 2012 and December 12, 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

Violation Report: 13280 - 12/03/2012 - OPAke, Hope
PCH Name: BLUE BELL PLACE

1. REGULATION 65 Pa.Code §2600
2600.16(c) - 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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
On November 19, 2012, an incident occurred involving Resident #1. [redacted] was found in [redacted] bed, with [redacted] ankles tied with [redacted] sheet. The incident was not reported to the Department until November 29, 2012.

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.
Blue Bell Place management was first notified 11/29/12 of abuse via the company anonymous hotline. DPN was immediately notified. An investigation began and the named staff member immediately suspended pending the investigation. During the investigation it appears that a nursing supervisor and direct care staff did not follow policy a procedure for notifying management of the potential abuse. The staff member originally accused has returned to Blue Bell Place with no indication that the person was ever involved.
To prevent further occurrences, Blue Bell Place has started education of all management staff on their responsibilities for responding to and reporting abuse allegations. All management staff have been interviewed and their training completed 01/09/13. (See attached sign in sheet).
Reeducation of all staff on abuse reporting requirements, the different types of abuse, OARSA and the company policy on abuse prevention and investigation will be completed 01/17/13.
Blue Bell Place will continue to conduct training on abuse and the OARSA upon hire and annually. Training will be completed by [redacted], Executive Director, or designee.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Thomas F. Schulte*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Thomas F. Schulte, Exec. Dir.* Date *01/10/13*

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

The above plan of correction is approved as of <u>1/11/13</u> (Date)	Plan of correction implementation status as of <u>1/11/13</u> (Date)
The above plan of correction was approved by <u>TS</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

Violation Report: 13280 - 12/03/2012 - O'Pake, Hope
PCH Name: BLUE BELL PLACE

1. REGULATION 86 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On November 19, 2012, an incident occurred in which Staff Member A reported to the Nurse Supervisor that Staff Member B found Resident #1 in bed, with [redacted] ankles tied together with a sheet. Staff Member C was the alleged perpetrator. Resident #1 had no injuries related to this incident. Though evidence substantiates the abuse occurred, there is no evidence to confirm who committed the abuse.

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.

Blue Bell Place management was first notified of the allegation of abuse 11/29/12 via the company hotline. DPH was immediately notified. An investigation immediately began and the staff person named suspended pending the investigation. Based on statements from direct care staff the resident was found in bed with [redacted] ankles tied in sheet. The family and physician of the resident were notified and the resident examined and noted to be without injury. Several staff were interviewed and in services began to review abuse. Watermark Retirement Communities Regional Human Resource Director conducted on site interviews as well as with staff. To prevent future occurrences, Blue Bell Place started education of all management staff on their responsibilities for responding to and reporting abuse allegation. All Management staff have been interviewed. Training was completed 01/09/13 (see attached sign in sheet).
- Reducation of all staff on abuse reporting requirements, the different types of abuse, OARSA and company policy on abuse prevention and investigation will be completed 01/17/13.
- Blue Bell Place will continue to conduct training on Abuse and OARSA upon hire and annually. The training will be conducted by [redacted] Executive Director, or designee.

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, Exec. Dir.

Date 01/10/13

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

The above plan of correction is approved as of

1/11/13
(Date)

Plan of correction implementation status as of

1/11/13
(Date)

The above plan of correction was approved by

OML
(Initials)

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