



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 02 2013

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 March 12, 2013 and March 13, 2013, 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.

Your regular license for the period of June 21, 2013 to June 21, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 13281 - 03/12/2013 - Foulkes, Kimberl

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (36 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2. DESCRIPTION OF VIOLATION

Administrator A, has permanent residency outside of Pennsylvania and did not obtain the required FBI background check within the required 90 day period.

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.

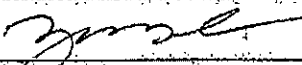
2600.51 – Criminal Background Checks:

- 1) At the time of inspection, the fingerprint card was processed in accordance with Section 10225.502 (a) (2) of the Pennsylvania Older Adults Protective Services Act, on March 13th. The results of the criminal history record check verified that the criteria for employment under the Older Adults Protective Services Act were met (See Attachment A).
- 2) In an effort to prevent a reoccurrence, an audit was conducted by the Human Resources department for all current out of state employees to ensure compliance going forward (See Attachment A1). Moving forward, all applicants who did not reside in Pennsylvania for two consecutive years prior to applying for a position with Rose Tree Place will have an FBI Criminal Background check completed on the date of hire. The employee will not be able to work until the background check is returned. Human Resources will ensure this form is added to the New Hire paperwork. Human Resources will conduct routine audits to ensure compliance is maintained going forward.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Timothy Ballas
Executive Director

Date 4/17/13

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

The above plan of correction is approved as of

4/25/13
(Date)

Verification of Legal Entity Representative Signature

4/25/13
(Date)

The above plan of correction was approved by

CPM
(Initials)

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

Violation Report: 13281 - 03/12/2013 - Foulkes, Kimbell

1. REGULATION 55 Pa. Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2. DESCRIPTION OF VIOLATION

On 03/12/2013, during an inspection of Pathways' Spa Tub Room, an apparent used and wrapped up adult incontinence product was found sitting on the side of the tub.

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.

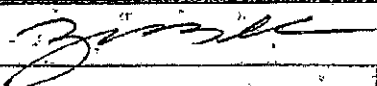
2600.85(a) - Sanitary Conditions:

1. At the time of the inspection, an adult incontinence product was found in the tub room. Upon its discovery, it was immediately removed and the area cleaned and sanitized.
2. An inservice was conducted with the team focused on the importance and requirement for sanitary conditions, emphasizing the proper protocols and use of universal precautions (See Attachment B).
3. The Pathways Director, Resident Care Director, Shift Supervisors, Med techs or designee will check the Spa Tub Room daily to ensure we maintain sanitary conditions and compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Timothy Bellas
Executive Director

Date 4/17/13

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(Date)

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4/25/13
(Date)

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(Initials)

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

Violation Report: 13281 - 03/12/2013 - Foulkes, Kimberli

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2. DESCRIPTION OF VIOLATION

The trash cans located in the kitchen have lids with an open hole in the center. The lids do not completely cover the trash cans to prevent infestation.

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.

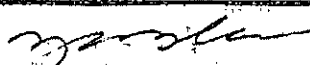
2600.85(d) – Trash Can Lids:

1. At the time of the inspection, it was shared that the trash can lids within the kitchen area were not in compliance with 2600.85(d). The lids were replaced immediately with those that did better meet the requirements of 2600.85(d) prior to the exit with the inspectors. To further ensure compliance, new lids were then ordered for the trash cans in the main kitchen as well as the kitchen area in Pathways. (See Attachment C and C1 – Invoice for the new lids and pictures of the new trash can lids)

2. Dining Director will check trash cans and lids weekly to ensure they are intact and functional.

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



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Timothy Ballas Executive Director	4/17/13

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Violation Report: 13281 - 03/12/2013 - Foukes, Kimberli

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2. DESCRIPTION OF VIOLATION

During the 3/12/2013 fire drill, all residents were not evacuated to the designated fire-safe area.

- An interview was conducted with Resident [redacted] on 3/13/2013. Resident [redacted] stated that when the fire alarm sounds, and specifically on the evening of 3/12/13, Resident [redacted] goes out into the hallway, stands there with no supervision, and staff does not check on residents. Resident [redacted] stated that most of the other residents on the 2nd floor stay in their rooms and do not come out during fire drills. This resident also stated that the sign on the back of the door states to go to the nearest exit, which is the stair well near the resident's room. Resident [redacted] stated during one drill, an aide led residents to a fire exit at the other end of the hallway, away from the nearest exit.

- An interview was conducted with Resident [redacted] who has only been a resident for 2 weeks and lives on the 2nd floor. The night of 3/12/13 was the first fire drill the resident had experienced. Resident [redacted] stated they did not know what the loud startling noise was, and in a panic the resident pressed the nurse call button. Resident [redacted] stated a staff woman ran into the room and told the resident that the alarm was for a fire drill, that it was just a false alarm, and that the resident should ignore it and stay in the room.

- Staff members that were interviewed during the course of the inspection reported that they did have training in the home's fire evacuation procedures, but the staff members could not remember where the home's fire safe areas are and how to accurately account for all residents present in the home during fire drills.

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.

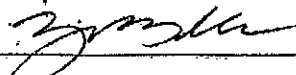
2600.132(h) - Fire Drill Procedures:

1. All staff are trained at the time of hire on the community's fire safety procedures, including fire safe areas. Residents are inserviced upon admission to the community.
2. In light of the response received during the inspection, the community met with its Fire Safety Expert, [redacted]. All staff and residents were then reinserviced on the fire safety procedures by the community's Certified Fire Safety and Emergency Preparedness Train the Trainer Maintenance Director (see Attachment D), starting on 3/21 and completed on 3/28 (See Attachments D1 and D2).
3. The Mobility Needs Resident tracking sheet was updated to include an attendance tracking field to be used during the times when the fire alarm sounds (See Attachment D3).
4. Staff training continues at the time of hire and annually, just as new residents are inserviced at the time of admission. (Response continues on adjacent page....)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Timothy Ballas
Executive Director

Date 4/17/13

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(Date)

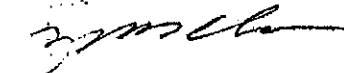
Verification of Legal Entity Representative Signature 4/25/13
(Date)

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

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

2600.132(h) – Fire Drill Procedures (continued...):

5. [REDACTED] Fire and Safety Solutions Inc. continues to serve as the community's independent 3rd party Fire Safety inspector and consultant, further ensuring the community's compliance and conducting monthly drills and covering all shifts per regulations throughout the year.
6. The community has conducted 2 drills; one held on 3/28 and the other on 4/9. Both were completed successfully and followed procedures, and within the allotted time frames. On 4/10, the community experienced a reportable fire alarm, in light of smoke emanating from the microwave in the employee lounge. The staff and residents responded timely and followed procedures here as well. (See Attachments D4a, D4b, D5a, D5b, D6a, D6b)


Timothy Ballas, Executive Director 4/17/13

Violation Report: 13281 - 03/12/2013 - Foulkes, Kimberl

1. REGULATION 65 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

2. DESCRIPTION OF VIOLATION

On 03/13/2013 prescription Lantus for Resident [redacted] was located in the home's Wellness Center medication refrigerator. Prescription Lantus was discontinued for Resident 3 on 12/11/2012.

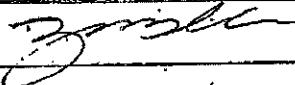
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

2600.183(d) - Only current meds kept in the facility:

1. Lantus was immediately discarded per facility policy.
2. All nurses were retrained on discarding medications at the time they are discontinued. They were educated on this regulation and the importance of complying with it to prevent medication errors.
3. Medication Chart Audits will continue. In light of the violation, audits of the Medication Refrigerator will be added, at least weekly for 90 days. Any issues that surface will be addressed immediately and reviewed at QI.
4. Resident Care Director or Compliance Director will perform random audits of both the medication carts and the medication refrigerator weekly.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/13/2012
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Timothy Ballas Executive Director	4/17/13

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The above plan of correction is approved as of <u>4/25/13</u> (Date)	Verification of Legal Entity Representative Signature <u>4/25/13</u> (Date)
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Violation Report: 15281 - 03/12/2013 - Foulkes, Kimberli

1. REGULATION 55 Pa. Code §2600

2600.185(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

The home's medication policy does not address how medications will be distributed to residents when they will be out of the building during medication administration times.

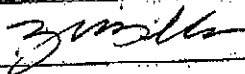
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

2600.185(a) - Procedures for Meds/Medical Equipment:

1. A policy was created in light of this violation addressing how medication will be distributed to residents when they will be out of the building during medication administration times (See Attachment F).
2. To ensure that ongoing compliance with this regulation takes place, all Medication Technicians and LPNs have been trained on the new LOA medication policy. (See Attachment F-1)

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/24/2012

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Timothy Balla Executive Director Date 4/12/13

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The above plan of correction is approved as of 4/25/13 (Date)

Verification of Legal Entity Representative Signature 4/25/13 (Date)

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

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

Violation Report: 13281 - 03/12/2013 - Foulkes, Kimberl

1. REGULATION 55 Pa. Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2. DESCRIPTION OF VIOLATION

The initial assessment for Resident [redacted] was completed 10/30/2012, prior to Resident [redacted] admission on 11/02/2012.

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.

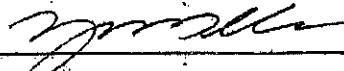
2600.225(a) - Initial Assessment:

1. The new Resident Care Director and Compliance Director will ensure that moving forward all residents have an initial assessment completed within 15 days of admission.
2. The Compliance Director is auditing all of the current resident files to ensure all assessments are complete and current. Any issues that surface will be addressed immediately and reviewed at QI.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Timothy Ballas
Executive Director

Date 4/17/13

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The above plan of correction is approved as of

4/25/13
(Date)

Verification of Legal Entity Representative Signature

4/25/13
(Date)

The above plan of correction was approved by


(Initials)

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

Violation Report: 13281 - 03/12/2013 - Foulkes, Kimberli

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 6 was completed on 4/08/2012, the previous assessment was completed on 3/09/2011. Resident [redacted] was admitted on 9/26/2012 and nurses admission note dated 9/26/2012 states Resident [redacted] needs assistance with toileting, AM and PM care, and escorts to meals. Resident [redacted] uses a walker and a cane. These needs are not indicated on the assessment dated 10/01/2012. Also, Resident [redacted] fell mid october 2012, 11/21/2012, 12/04/2012, and 2/28/2012. The resident assessment was not updated with regards to the falls. On 2/27/2012 Resident [redacted] was seen by a nurse practitioner for weight loss and was prescribed additional protein portions at meals and Ensure. This change was not updated on the assessment dated 10/1/2012.

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.

2600.225(c) - Annual Assessment:

- 1. The new Resident Services Director and Compliance Director for the community will ensure that moving forward all residents have an annual assessment completed within the allotted timeframe, and that in the event of a significant change, the assessment is updated timely to reflect the needs and best interests of the resident.
- 2. The Compliance Director is auditing all of the current resident files to ensure all assessments are complete and current on a routine basis. Any issues that surface will be addressed immediately and reviewed at QI.

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

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Timothy Ballas, Executive Director Date 4/17/13

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The above plan of correction is approved as of 4/25/13 Verification of Legal Entity Representative Signature 4/25/13
(Date) (Date)

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

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

Violation Report: 13281 - 03/12/2013 - Foulkes, Kimberrl

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2. DESCRIPTION OF VIOLATION

- Resident [redacted] was admitted to the SDCU on 3/01/2013. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

- Resident [redacted] was admitted to the SDCU on 1/11/2013. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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.

2600.231(e) - SDU Addendum:

W. ANDRAWN 4/25/13 ORW

For Resident [redacted] At the time of the inspection it was presented to the inspectors that an addendum to the Residency Agreement was signed at the time of admission, showing a change in Apartment, the apartment is in the secured dementia unit. The Resident signed the addendum to the agreement. The Residents family member who is her responsible party signed the Attachment D addendum which states the resident moved to a Memory Care apartment. No objections to the move were noted. This information was provided to the inspectors at the time of the inspection.

For Resident [redacted] the inspectors did not request any additional information for this resident. The Resident and Responsible party signed the Residency Agreement at the time of move in which indicates resident was moving to a memory care apartment. The Resident and Family did not have any objections noted. We also had in this residents file a document indicating that the resident and family did not object to the move. (See Attachments G,G1)

We request this violation be withdrawn with the understanding that the residents and designated persons would not sign Residency Agreements if they objected to the move.

If the violation is not withdrawn, please not the community conducted an audit of all residents who have moved into the secured dementia unit, confirming that all contracts were signed.

Moving forward all residents who move into the secured dementia unit will sign a "Responsible Party Consent Form Memory Impairment" as well as their Responsible party, indicating there are no objections to the move.

The Executive Director will review new move in files to assure on going compliance with this regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

*Timothy Ballas
Executive Director*

Date

4/17/13

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(Date)

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(Date)

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(Initials)

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