



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 21 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 March 20, 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 9, 2013 to June 9, 2014 was issued on March 1, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 13280 - 03/20/2013 - Adams, Patricia
 PCH Name: BLUE BELL PLACE

- 1. REGULATION 65 Pa.Code §2600**
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
- (1) Evacuation procedures.
 - (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 - (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 - (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 - (5) The location and use of fire extinguishers.
 - (6) Smoke detectors and fire alarms.
 - (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION
 Ancillary staff person A, hired 12/4/2012, did not receive any of the training required by this regulation.

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.

1. Dietary staff will be trained in fire safety and emergency preparedness by 04/30/13.
2. Dietary staff will now be included in community orientations.
3. A report will be made monthly by the Chef in conjunction with HR showing current dietary staff and their compliance with required training upon hire and annually.
4. This report will be reviewed at meetings of the QI Committee monthly.

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| 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 *04/10/13*

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

| | |
|---|---|
| The above plan of correction is approved as of <u>4/10/13</u> (Date) | Plan of correction implementation status as of <u>5/8/13</u> (Date) |
| The above plan of correction was approved by <u>ORIM</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 - 03/20/2013 - Adams, Patricia
 PCH Name: BLUE BELL PLACE

1. REGULATION 65 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A, hired 12/4/2012, did not receive any of the training required by this regulation.

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.

1. Dietary staff will be trained on resident rights, the emergency medical plan, mandatory reporting of abuse and neglect, and the reporting of reportable incidents by 04/30/13.
2. Dietary staff will be included in scheduled community training for new hires.
3. A report will be made by the chef in conjunction with HR monthly showing current dietary staff and their compliance with required training for new hires.
4. This report will be reviewed at meetings of the QI committee.

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| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
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| Signature of Legal Entity Representative (Required on EVERY Page) | <i>Thomas P. Schuetz</i> |
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|---|-----------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date |
| <i>THOMAS P. SCHUETZ</i> | <i>04/10/13</i> |

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The above plan of correction is approved as of 4/10/13
 (Date)

Plan of correction implementation status as of 5/8/13
 (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: 13280 - 03/20/2013 - Adams, Patricia
 PCH Name: BLUE BELL PLACE

1. REGULATION 65 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records indicate that "all fire safe areas" were used for every fire drill from 5/17/2012 - 2/27/2013.

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.

1. Fire drills will be updated to include alternative exit routes. (See attachment A)
2. Drills will continue to be performed using alternating scenarios and alternative exit routes.
3. The Director of Maintenance will submit a report to the Executive Director monthly showing proof of such.
4. These reports will be reviewed at meetings of the QI committee.

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

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|---|-------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>THOMAS L. SHERRY</i> | Date <i>04/10/13</i> |
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| The above plan of correction is approved as of <u>4/10/13</u> (Date) | Plan of correction implementation status as of _____ (Date) |
| The above plan of correction was approved by <u>DM</u> (Initials) | <input 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 - 03/20/2013 - Adams, Patricia
 PCH Name: BLUE BELL PLACE

1. REGULATION 68 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.

2a. DESCRIPTION OF VIOLATION
 On 3/20/2013 Mylanta PRN and Muclnex 600mg PRN prescribed for Resident #1 was not available at the Home.

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.

1. Medications were ordered for Resident number one.
2. The procedure for transcribing orders and documenting orders on the medication administration records was reviewed with nurses and med techs.
3. The faxing of orders to the pharmacy and appropriate storage of meds was reviewed with staff. (see attachment B)
4. An audit was completed to assure medication availability of all residents.
5. An audit will be done regularly of the availability of medications.
6. A report will be submitted monthly showing results of this audit at the QI committee.

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Signature of Legal Entity Representative
 (Required on EVERY Page)

Thomas Y. Schurr

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

THOMAS Y. SCHURR

Date: 04/10/13

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| The above plan of correction is approved as of <u>4/10/13</u> (Date) | Plan of correction implementation status as of <u>5/8/13</u> (Date) |
| The above plan of correction was approved by <u>CJW</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 |