



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 25, 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 (Department) licensing inspection on April 22, 2013 and April 26, 2013 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Chevon Miller" followed by a stylized flourish.

Chevon Miller  
Regional Licensing Administrator

Enclosure(s)  
Licensing Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

Page 1 of 2

PCH Name: BLUE BELL PLACE		License Number: 13280
Address: 777 DEKALB PIKE, BLUE BELL, PA 19422		County: Montgomery
Administrator: Tom Snyder		Region: SOUTHEAST
Legal Entity Name: WATERMARK OPERATOR LLC		
Legal Entity Address: 2020 WEST RUDASILL ROAD, TUCSON, AZ 85704		
Certificate(s) of Occupancy		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 108	Waking Staff: 80
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/22/2013: Scharpf, Amy		
Off-Site Inspection Dates and Inspectors, if Applicable 04/26/2013: Scharpf, Amy		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 99	Number of Residents who:  Receive Supplemental Security Income: 0  Are 80 Years of Age or Older: 78  Have Mental Illness: 0  Have an Intellectual Disability: 0  Have a Mobility Need: 28  Have a Physical Disability: 0	
Number of Residents Served: 78		
Secured Dementia Care Unit In Home: Yes		
Area:		
Secured Dementia Unit Capacity, if Applicable: 30		
Number of Residents Served in Secured Dementia Care Unit, if applicable: 28		
Number of Current Hospice Residents: 4		
Number of Hospice Residents in past year: 12		

Violation Report: 13280 - 04/22/2013 - Scharpf, Amy  
PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

On 3/19/13, Resident #1 was evaluated by a physician's assistant and a "house ground" diet was prescribed. On 4/16/13, the resident experienced a choking incident. On 4/20/13, Staff person A submitted a "diet change notification" to the home's contracted dining staff that states "chopped thin liquids" handwritten by staff Person A. Staff Person A is not a physician, physician assistant, certified registered nurse practitioner, or dietitian and the home could not locate the proper orders for this diet change.

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.

On 042013 resident #1 returned from hospital with orders to resume previous diet. Nursing supervisor contacted on call physician to verify discharge orders. On call physician changed diet to mechanical soft, chopped with thin liquids. See attachment #1.  
Nursing supervisor completed a physician telephone order form with correct verified orders. Nursing supervisor did not include diet change order on form. This form was faxed to physician. ~~Form~~ signed by physician 042213. See attachment #2.  
On 042213 nursing sup. completes a physician telephone order with a diet change to mechanical soft ground. The form was faxed to the physician. The form was signed by the physician 042413. See attachment #3.  
The Nursing Sup. received training on proper documentation. See attach. #4.  
To assure ongoing compliance diet orders have been audited by RDA Resident Care Director. Audits will continue routinely.

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 *051413*

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

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

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

Plan of correction implementation status as of 6/6/13 (Date)

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