



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 29, 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 (Personal Care Home) licensing inspection on June 25, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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 "Roslyn Brewer". The signature is written in a cursive style.

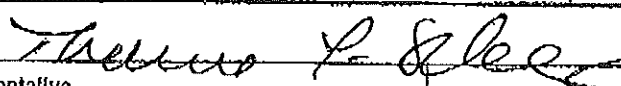

Roslyn Brewer
Regional Licensing Administrator

Enclosure(s)
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 65 Pa.Code Chapter 2600

Page 1 of 2

POH Name: BLUE BELL PLACE		License Number: 13280
Address: 777 DEKALB PIKE, BLUE BELL, PA 19422		County: Montgomery
Administrator: Thomas Schullz		Region: SOUTHEAST
Legal Entity Name: WATERMARK OPERATOR LLC		
Legal Entity Address: 2020 WEST RUDASILL ROAD, TUCSON, AZ 85704		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 108	Working Staff: 80
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspection Dates and Department Representatives On-Site 06/25/2013; McHale, Christine		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 89	Number of Residents who:	Receive Supplemental Security Income: 0
Number of Residents Served: 75	Are 80 Years of Age or Older: 75	Have Mental Illness: 0
Secured Dementia Care Unit In Home: Yes	Have an Intellectual Disability: 0	Have a Mobility Need: 31
Area:	Have a Physical Disability: 2	
Secured Dementia Unit Capacity, If Applicable: 30		
Number of Residents Served in Secured Dementia Care Unit, If applicable: 25		
Number of Current Hospice Residents: 4		
Number of Hospice Residents in past year: 16		

Violation Report: 13280 - 06/26/2013 - McHale, Christine PCH Name: BLUE BELL PLACE	
1. REGULATION 85 Pa. Code §2600 2600.42(m) - A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.	
2a. DESCRIPTION OF VIOLATION The home locks their doors at 7:00 pm for security purposes. There is a sign located in the vestibule at the entrance to the home that states that the doors will be locked at 8:00 pm. The home rules do not state that the entrance will be locked at any time.	
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.	
<p>1. The sign indicating the time the doors are locked was updated to reflect the correct time. Done 06/28/13.</p> <p>2. The resident handbook was updated to reflect the door locking times. The resident handbook is referenced in the residency agreement which includes the house rules. (see attached). Done 07/15/13.</p> <p>3. The resident handbook will be distributed to residents & a signed receipt obtained by 08/16/13.</p> <p>4. To assure ongoing compliance, the house rules will be distributed and the handbook was reviewed on 06/27/13 at council meeting & will be on 07/25/13 and periodically moving forward.</p>	
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)	
THOMAS P. SCHUETTE	
Date	
07.19.13	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>7/15/13</u> (Date)	Plan of correction implementation status as of <u>7/15/13</u> (Date)
The above plan of correction was approved by  (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