



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 20, 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 Adult Residential licensing inspection on September 6, 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 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 "Sandi Wooters" followed by a stylized monogram "DW".

Sandi Wooters  
Acting Regional Licensing Director

Enclosure  
Licensing Inspection Summary

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

|   |   |                       |
|---|---|-----------------------|
| PCH Name: Blue Bell Place   |   | License Number: 13280 |
| Address: 777 Dekalb Pike, Blue Bell, PA 19422   |   | County: Montgomery    |
| Administrator: Tom Schultz  |   | Region: SOUTHEAST     |
| Legal Entity Name: Mr. David Barnes, Authorized Agent   |   |                       |
| Legal Entity Address: Watermark Operator, LLC, Tuscon, AZ 85704   |   |                       |
| Certificate(s) of Occupancy   |   |                       |
| Staffing Hours  |   |                       |
| Resident Support:   | Total Daily Staff:                      | Waking Staff: )       |
| Type of Inspection: Partial   | BHA Docket Number:                      | Notice: Unannounced   |
| Reason(s) for inspection(s)<br>Incident   |   |                       |
| On-Site Inspections Dates and Department Representatives On-Site<br>: Dietz, Andrew; Knockstead, Lori <i>9/6/13</i> |   |                       |
| 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: 83   | Number of Residents who:                |                       |
| Number of Residents Served: 75  | Receive Supplemental Security Income: 0 |                       |
| Secured Dementia Care Unit In Home: Yes   | Are 60 Years of Age or Older: 75        |                       |
| Area:   | Have Mental Illness: 0                  |                       |
| Secured Dementia Unit Capacity, if Applicable: 30   | Have an Intellectual Disability: 0      |                       |
| Number of Residents Served in Secured Dementia Care Unit, if applicable: 23   | Have a Mobility Need: 24                |                       |
| Number of Current Hospice Residents: 23   | Have a Physical Disability: 0           |                       |
| Number of Hospice Residents in past year: 13  |   |                       |

Violation Report: 13280 - - Dietz, Andrew  
 PCN Name: Blue Bell Place

1. REGULATION 65 Pa. Code §2800  
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION  
 On 08/30/2013, an allegation of abuse against Resident #1 was reported to Staff Person A. The home did not report the allegation to the department until 09/03/2013.

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. Training was provided for management staff on September 10, 2013 on abuse, abuse reporting and OAPSA.
2. Training was provided for staff on September 11, 2013 on resident rights, abuse, abuse reporting and OAPSA.
3. The ED will monitor reports and the timely reporting of them and make reports to the Quality Improvement committee monthly.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Thomas H. J. J.*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Edell J.V.*      Date *09/18/13*

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

The above plan of correction is approved as of 9/26/13      Plan of correction implementation status as of 9/26/13  
 (Date)      (Date)

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

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

Violation Report: 13280 - - Dietz, Andrew  
 PCH Name: Blue Bell Place

1. REGULATION 65 Pa.Code §2600  
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

An assessment was completed for Resident #2 on 11/2/2012. The resident's previous assessment was completed on 10/20/2012. On 11/4/12 Resident #2 became angry during an activity and began to argue with and throw dice at the staff members. On 6/20/13 Resident #2 slapped Resident #1 during a card game, and on 6/27/13 Resident #2 was opening blinds and curtains, another resident told Resident #2 that the management wanted the blinds and curtains closed, Resident #2 then slapped the other resident. Resident #2 experienced significant behavioral changes. The home did not complete a new assessment of the residents needs to reflect the changes.

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, The assessment of resident number 2 was updated.
2. Assessments for the residents were checked to determine that they reflect current resident condition.
3. The nursing staff will monitor that assessments are completed. A new assessment will be completed if the resident's condition reflects a significant change.
4. To assure compliance, significant changes will be reviewed at resident level of care meetings and will be reviewed by the resident care director and a summary report will be provided to the Quality Improvement meeting.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Thomas J. Dietz*

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

*Exec. Dir.*

Date *09/20/13*

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

The above plan of correction is approved as of 9/20/13  
 (Date)

Plan of correction implementation status as of 9/20/13  
 (Date)

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

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