



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 29, 2014

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
License # 132800

Dear Mr. Barnes:

As a result of the Department of Human Services' licensing inspection on October 2, 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.

Sincerely,

A handwritten signature in black ink that reads "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

Page 1 of 4

PCH Name: BLUE BELL PLACE		License Number: 13280
Address: 777 DEKALB PIKE, BLUE BELL, PA 19422		County: Montgomery
Administrator: Thomas Schultz		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: 107	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 10/02/2013: Adams, Patricia; Dietz, Andrew		
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: 99 Number of Residents Served: 75 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: 23 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 15		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 32 Have a Physical Disability: 2

Violation Report: 13280 - 10/02/2013 - Adams, Patricia
 PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 was showered by staff person A, the resident could not recall the exact date, only that it was during the week of 10/16/13. After showering the resident, staff person A reported picking up the resident's breast to dry under it and then doing the same thing to the other breast and making sure they were completely dry. Staff person A did not ask the resident for permission to touch or dry the resident's breast or communicate to the resident what they were planning to do. Resident #1 reported being distressed and only able to close their eyes and turn their head away. Resident # 1 reported no one had ever done anything like that to them before.

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. Staff person A received sensitivity training inservice 10/11/13.
2. Resident offered therapy to improve her level of independence and refused. The resident continues to receive assistance.
3. Staff person A remains reassigned so that care is not provided by her for this resident.
4. Resident concerns will continue to be reviewed as part of quality improvement process and reported on monthly by executive director.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Maura J. [Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *E.D.* Date *010814*

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

The above plan of correction is approved as of <u>7/17/14</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>7/17/14</u> (Date) <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 - 10/02/2013 - Adams, Patricia
 PCH Name: BLUE BELL PLACE

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.

2a. DESCRIPTION OF VIOLATION

On 9/15/13, direct care staff persons B, C and D did not follow the home's controlled substances count policy which states:

"At the end of each shift, the nurse/medication certified aide going off and the nurse/medication aide coming on the shift will count all controlled medications for their responsible area.
 The nurse/CMA leaving the shift shall count the medications on the declining balance sheet and the nurse/CMA coming on the shift will count the actual medications in the container/bingo card.
 All controlled medications will be accurately recorded on the declining balance sheet as well as proper documentation on the MAR."

Direct care staff persons B, C and D signed off as having counted, per policy, but they did not. On 9/16/13, 21 of resident # 2's Ativan 0.6 mg were discovered missing.

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. Missing medications were replaced by the community.
2. The controlled substance box and the meds therein were relocated from the med cart to the med room and placed in a double locking cabinet.
3. Discipline was provided to those not following the policy regarding counting of meds.
4. Training will be completed on securing meds for med techs by 020714.
5. A review will be done monthly of the declining balance sheets by reviewing them at quality improvement meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Theresa Y. [Signature]

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

EA

Date 8/15/14

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

The above plan of correction is approved as of

7/17/14
 (Date)

Plan of correction implementation status as of

7/21/14
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 13280 - 10/02/2013 - Adams, Patricia
PCH Name: BLUE BELL PLACE

1. REGULATION 55 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

Direct care staff person A did not follow the resident's Plan to Meet Service Needs, on the RASP dated 4/28/13. The plan states "staff will assist by letting the resident do all for them self that they can do, then help with the ADL's that they can not do for them self. On 10/2/13, resident #1 reported being able to perform most of the bathing task unassisted. Direct care staff person A proceeded to provide total assistance in showering and never asked the resident what, if any assistance would be needed.

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. Resident number 13 RASP was reviewed and updated to reflect current level of assistance desired with showers.
2. An audit of RASPs is in progress to determine accuracy of desired assistance with all residents by care director or designee.
3. The RASP update form has been revised to show plan for identified issue, plan for resolution & responsible staff.
4. RASP accuracy will continue to be reviewed as part of the quality improvement process and reported on monthly by the care director or designee.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Travis P. Beck

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

ED

Date 010809

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

The above plan of correction is approved as of

7/17/14
(Date)

Plan of correction implementation status as of

7/17/14
(Date)

The above plan of correction was approved by

JP
(Initials)

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