



MAY 08 2014

Mr. David Barnes, Authorized Agent
Watermark Operator, LLC
2020 Rudasill Road
Tucson, Arizona 85704

RE: Rose Tree Place
500 Sandy Bank Road
Media, Pennsylvania 19063
License #: 132810

Mr. Barnes:

As a result of the Department of Public Welfare's licensing inspection on March 19, 2014, March 20, 2014 and April 25, 2014, 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.

Your regular license for the period June 21, 2014 to June 21, 2015 was issued on April 16, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600

PDH Name: ROSE TREE PLACE		License Number: 132B1
Address: 500 SANDY BANK ROAD, MEDIA, PA 19063		County: Delaware
Administrator: Timothy Ballis		Region: SOUTHEAST
Legal Entity Name: WATERMARK OPERATOR LLC		
Legal Entity Address: 2020 WEST RUDASILL ROAD, TUCSON, AZ 85704		
Certificate(s) of Occupancy C-2LP 11/12/1999 Commonwealth of PA		
Staffing Hours		
Resident Support:	Total Daily Staff: 201	Working Staff: 151
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 03/19/2014: Adams, Patricia; Colon, Lissette; Braswell, Natasha 03/20/2014: Adams, Patricia; Colon, Lissette; Braswell, Natasha		
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: 140	Number of Residents who:	Receive Supplemental Security Income: 0
Number of Residents Served: 122		Are 60 Years of Age or Older: 120
Secured Dementia Care Unit in Home: Yes		Have Mental Illness: 3
Area: First floor		Have an Intellectual Disability: 0
Secured Dementia Unit Capacity, if Applicable: 20		Have a Mobility Need: 70
Number of Residents Served in Secured Dementia Care Unit, if applicable: 28		Have a Physical Disability: 1
Number of Current Hospice Residents: 5		
Number of Hospice Residents in past year: 34		

Violation Report: 13281 - 03/19/2014 - Adams, Patricia
 PGH Name: ROSE TREE PLACE

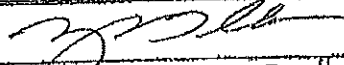
1. REGULATION 66 Pa.Code §2800
 2800.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 3/20/14, the water temperature in room #103 measured 130 degrees Fahrenheit and the water temperature in room # 111 measured 128 degrees Fahrenheit.

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.

At the time of the inspection, temperatures were found to have exceeded 120 degrees in two rooms. Upon its discovery, the maintenance director immediately adjusted the check valve in the boiler to reduce the overall temperature of the hot water going to resident areas. Within 30 minutes, the water temperatures were rechecked. Room #111 had a reading of 112.5 degrees, and room #103 had a reading of 117.9 degrees. Maintenance staff were re-inserviced on the process of routinely checking the water temperatures throughout the building. A Water Temperature Log will continue to be used to track the tested water temperatures of rooms throughout the building (See Attachment A).

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) Timothy Ballar Executive Director Date 4/6/14

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

The above plan of correction is approved as of 4/18/14 (Date)

Plan of correction implementation status as of 4/18/14 (Date)

The above plan of correction was approved by  (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress 4/25/14
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13281 - 03/19/2014 - Adams, Patricia
 PCH Name: ROSE TREE PLACE

1. REGULATION 56 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The ceiling smoke detector in room #310 was hanging down by wires and not secured to the ceiling.

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.

At the time of the inspection, a smoke detector was found to be askew from its bracket in room #310. Upon its discovery, the maintenance director confirmed that there was no immediate risk of injury and that the device was still functioning. The maintenance director addressed the concern and refitted the smoke detector to the ceiling, bracket which was relayed to the inspectors that same day. Maintenance staff were re-inserviced on the process of testing each smoke detector in the building monthly, and to ensure that they are attached properly to the ceiling bracket. A Smoke Detector Monthly Log will continue to be used to track and verify the status of the smoke detectors throughout the building (See Attachment B1, B2, B3).

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)

Timothy Ballas
 Executive Director

Date 4/6/14

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

The above plan of correction is approved as of

[Signature]
 (Date)

Plan of correction implementation status as of

[Signature]
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

- Fully Implemented 4/25/14
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

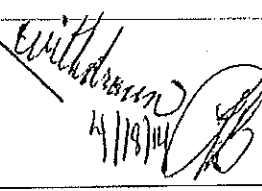
Violation Report: 13281 - 03/10/2014 - Adams, Patricia
 PCH Name: ROSE TREE PLACE

1. REGULATION 56 Pa.Code §2600
 2600.96(b) - Staff persons shall know the location of the first aid kit.

2a. DESCRIPTION OF VIOLATION
 Direct care staff persons A and B, did not know the location of the first aid kit.

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.

Respectfully, we request that this violation be withdrawn. This particular citation and concern was not reviewed at the time of its occurrence, nor at the time of the inspection's exit review. Both staff person's listed as not knowing the location of the first aid kit shared that the correct location of the first aid kit was confirmed with the inspectors at the time of the inspection. The community has several first aid kits as well as a stock of supplies located in the wellness office. To further ensure that all staff are familiar with the location of the first aid kit, additional inservices will continue to be conducted with the staff and the location of the first aid kit verified (See Attachment D1, D2, D3, D4, D5).

Withdrawn
 4/1/14


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)	Date
Timothy Balthas Executive Director	4/6/14

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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (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: 13281 - 03/19/2014 - Adams, Patricia
 POH Name: ROSE TREE PLACE

1. REGULATION 65 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 On 3/20/14, a package of open strawberries and a zip lock bag containing bread was found in the kitchen storage area not labeled or dated.

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.

At the time of the inspection, the package of strawberries was examined and destroyed. Similarly, the soda bread made the day prior to the inspection was also thrown out at the time of the survey. Since the inspection, the Director of Dining Services has re-inserviced the staff on the policies and procedures related to safe and proper food storage, including the sealing of containers and the labeling and dating of supplies. The Director of Dining Services or designee will continue to perform routine inservices and spot checks to ensure compliance (Attachments E1, E2, E3).

Training dates 3/19/14, 3/31/14 & 4/1/14

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)		Date
Timothy Bullas Executive Director		4/6/14

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 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 4/18/14
 (Date)

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

Violation Report: 13284 - 03/19/2014 - Adams, Patricia
PGH Name: ROSE TREE PLACE

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
On 3/19/14, an open package of molding and rotting strawberries was found in the home's kitchen storage area.

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.

At the time of the inspection, the secondary package of strawberries was examined. While only one strawberry was found to have some molding, the entire package was thrown out. Since the inspection, the Director of Dining Services has re-inserviced the staff on the policies and procedures related to safe and proper food storage, including the inspection of produce. The Director of Dining Services or designee will continue to perform routine inservices and spot checks to ensure compliance (Attachments E1, E2, E3). *Training dates 3/19/14, 3/31/14, 4/4/14*
JB

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

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

Printed Name and Title of Legal Entity Representative *Timothy Buchas*
Executive Director
(Required on EVERY Page)

Date *4/6/14*

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The above plan of correction is approved as of *4/18/14*
(Date)

Plan of correction implementation status as of *4/18/14*
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

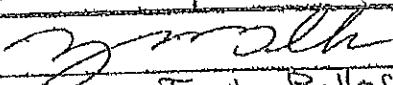
Violation Report: 19281 - 03/10/2014 - Adams, Patricia
 PCH Name: ROSE TREE PLACE

1. REGULATION 58 Pa.Code §2800
 2800.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.


2a. DESCRIPTION OF VIOLATION
 The home has no documentation the written emergency procedures have been submitted to the municipal emergency management agency.

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.

The written emergency procedures were reviewed, updated, and submitted to the local emergency management agency on April 3rd (See attachment G). A reminder regarding the need to submit annually the updated emergency procedures is now in place and will be received annually by the administration. An annual training on emergency procedures will be conducted for all staff during the 2014 training year. *(S)*

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)	Date
Timothy Salinas Executive Director	4/8/14

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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

Violation Report: 13281 - 03/19/2014 - Adams, Pa/cola
 PGH Name: ROSE TREE PLACE

1. REGULATION 55 Pa.Code §2800
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 Fire drills conducted on 3/13/14, 2/24/14, 1/23/14, 12/16/13, 11/26/13, 10/24/13 and 9/23 were held routinely between 1:00 pm and 11:14 pm.

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.

Respectfully, we request that this violation be withdrawn. In accordance to 2600.132(g), the community has conducted community fire drills at different times of the day and night and different days of the week per the regulations and per our contract with our 3rd party safety expert. Attachments H1, H2, and H3 demonstrate the community's compliance with 2600.132(g), meeting all of the requirements outlined and specified in the regulation. The fire drills conducted in 2013 were held at different times of the day on different shifts. The shifts are 7:00am- 3:00pm, 3:00pm- 11:00pm, 11:00pm- 7:00am. Five drills were conducted on first shift, five drills on second shift and two drills on thirj shift. As stated in the regulations, our primary benefit of staggering the drill dates and times ensures that staff and residents are prepared to respond to different fire scenarios, and that staff on all shifts are properly trained in evacuation procedures.

In an effort to further demonstrate our ongoing compliance with 132(g) going forward, the community has communicated with our 3rd party fire safety expert to conduct fire drills with additional variance.

*withdrawn BB
 4/18/14*

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)

*Timothy Ballar
 Executive Director*

Date 4/6/14

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The above plan of correction was approved by _____ (Initials)

Plan of correction Implementation status as of _____ (Date)

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

Violation Report: 13281 - 03/10/2014 - Adams, Patricia
PGH Name: ROSE TREE PLACE

1. REGULATION 88 Pa. Code §2600
2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
- (1) Identify the correct resident.
 - (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 - (3) Remove the medication from the original container.
 - (4) Crush or split the medication as ordered by the prescriber.
 - (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 - (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 - (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
On 3/20/14, the home did not complete the activities of medication administration for resident # 2, that includes the completion of the required documentation for the administration of Lasix 40 mg.

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.

Respectfully, we request that this violation be withdrawn. Resident #2 was never on Lasix. Please see the MAR for verification (Attachments 11, 12, 13, 14).

Withdrawn
4/18/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Timothy Bullas</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Timothy Bullas Executive Director	
		Date 4/6/14	

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The above plan of correction is approved as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 13281 - 03/19/2014 - Adams, Pa/roia
 PCH Name: ROSE TREE PLACE

1. REGULATION 66 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
- Resident # 2's Amoxicillin 500 mg was not available for use on 3/20/14.
 - Resident # 3's Proair HFA was not available for use on 3/20/14.
 - Resident # 4's Cepacol was not available for use on 3/20/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date my 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.

At the time of the inspection, it was confirmed that the order for Resident #2's order for Amoxicillin was already a PRN pre-dental medication. Resident #2's Amoxicillin was ordered as a PRN Pre-dental appointment medication and the resident had no upcoming dental appointments. At the time of the inspection the medication was ordered and arrived the same day. Moving forward, all PRN medications including Pre-Dentals, will be available at the home. Resident #3 and Resident #4 were also reminded to communicate with the nursing department their medication supply status. Since the inspection, the Resident Care Director has re-inserviced the staff on the policies and procedures related to conducting room sweeps and the need to conduct routine assessments of the community's self-medication administering residents. The Resident Care Director or designee will continue to perform routine inservices and spot checks to ensure compliance (Attachments J1, J2, J3, J4, J5). *Training dates 3/21/14 & 4/7/14*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative: *Timothy Baller*
 Executive Director Date: *4/6/14*

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

The above plan of correction is approved as of <i>4/18/14</i> (Date)	Plan of correction implementation status as of <i>4/18/14</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 13201-03/19/2014 - Adams, Patricia
 PCH Name: ROSE TREE PLACE

1. REGULATION 65 Pa. Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include the initial of the staff person administering Lasix 40 mg on 3/10/14.

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.

Following the inspection, all medication technicians were re-inserviced on the need to follow protocols and procedures related to medication administration, including documentation. The staff member responsible for this oversight was re-inserviced and issued a disciplinary report. The Resident Care Director or designee will continue to perform routine inservices and spot checks to ensure compliance (Attachments J1, J2, J3, J4, J5). *Training dates 3/10/14 & 4/7/14*

Resident #1 reprimed and all other resident H.A.R.'s were audited and corrected as of 4/25/14

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Timothy Balas Executive Director	Date 4/6/14
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DEPARTMENT USE ONLY - HOMIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/18/14
 (Date)

Plan of correction implementation status as of 4/18/14
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 13281 - 03/19/2014 - Adams, Patricia
 PCH Name: ROSE TREE PLACE

1. REGULATION 85 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 3/20/14, resident # 3 had the following OTC medication on the windowsill in their room:
 Neosporin
 Clotrimazole 1%
 Fungl Nail
 The resident does not have a physician order for the use of these medications.

- Resident # 4 had a bottle of Pepto Bismal in their room. The resident does not have a physician order for the use of the medication.

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.

Following the inspection, all staff members were re-inserviced on the need to consistently monitor for OTC medication in resident rooms and report to the report any concerns back to the Resident Care Director or designee. A reminder of this regulation was given to all of the residents during the course of Resident Council, and a reminder letter will be sent out to all the residents and resident family members on 4/23. In cooperation with all staff members, the Resident Care Director or designee will continue to perform routine inservices and spot checks to ensure compliance (Attachments J1, J2, J3, J4, J5). *The nurse manager will assess all residents that are capable of self-administration of medication within 30 days of receipt of this Plan of Correction to ensure they can safely handle OTC medications.* (S)

*C. Adams
 SAC
 4/29/14*

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: *Timothy Dallas Executive Director* Date: *4/6/14*

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 (Date)

Plan of correction implementation status as of *4/18/14*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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- Partially Implemented - Inadequate Progress
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