



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 25 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 Public Welfare's licensing inspection on May 7, 2014 and May 8, 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 9, 2014 to June 9, 2015 was issued on April 8, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 13280 - 05/07/2014 - Miller, Chavon  
PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600  
2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 16 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION  
The home did not have current copies of Hoeplice agency staff workers' criminal background checks onsite when requested by the department on 5/7/14.

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.

1. Copies of agency staff workers' criminal were obtained for the survey team.
2. An audit will be completed monthly of the availability of appropriate criminal background information for staff by the assistant resident care directors. Completion date 06/30/14.
3. Audit outcomes will be reported on monthly at the quality improvement committee by the assistant resident care directors.

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

Signature of Legal Entity Representative (Required on EVERY Page)	Date
--	------

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

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

The above plan of correction is approved as of 6/9/14  
(Date)

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

Plan of correction implementation status as of 5/8/14  
(Date)

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

Violation Report: 13280 - 06/07/2014 - Miller, Chevon  
PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600  
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION  
Direct care staff person A received only 6 hours and 55 minutes of annual training in training year January 2013 to December 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. Direct care staff person A will be provided the remaining five hours and 45 minutes of annual training by 061614.
2. An annual training calendar is in place for 2014.
3. An audit will be performed monthly of training hours for direct care staff by the human resources assistant. This will be completed by 063014.
4. Results of the audit will be reported on monthly at meetings of the quality improvement committee.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Thomas P. Schuler, E.D.*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *THOMAS P. SCHULER, E.D.*      Date *060814*

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

The above plan of correction is approved as of *6/9/14*  
(Date)

Plan of correction implementation status as of *6/9/14*  
(Date)

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

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

Violation Report: 13280 - 05/07/2014 - Miller, Chevon  
PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600  
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
  - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
  - (3) Care for residents with dementia and cognitive impairments.
  - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
  - (5) Personal care service needs of the resident.
  - (6) Safe management techniques.
  - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff person A in training year January 2013 to December 2013 did not include training on medication self-administration.

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. Direct care staff person A will receive medication administration training by 061614.
2. The annual training <sup>calendar</sup> will be updated to include medication self administration training for direct care staff. This will be completed by 061614.
3. An audit will be performed monthly of training for direct care staff by the HR assistant. This will be completed by 063014.
4. Audit results will be reported on monthly at meetings of the quality improvement committee by the HR assistant.

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, E.D.

Date 060314

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

The above plan of correction is approved as of

6/9/14  
(Date)

Plan of correction implementation status as of 6/9/14  
(Date)

The above plan of correction was approved by

*CPM*  
(Initials)

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

Violation Report: 13280 - 05/07/2014 - Miller, Chevron  
PCH Name: BLUE BELL PLACE

1. REGULATION 65 Pa.Code §2600  
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
  - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
  - (3) Resident rights.
  - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10226.5102).
  - (5) Falls and accident prevention.
  - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION  
Direct care staff person A did not receive training in fire safety during training year January 2013 to December 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. Direct care staff person A will receive fire safety training 06/16/14.
2. An audit will be performed monthly of training for direct care staff by the HR assistant.
3. Audit results will be reported on monthly at meetings of the quality improvement committee by the HR assistant.

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
THOMAS P. SCHULTZ, EV		06/03/14

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

The above plan of correction is approved as of	<u>06/19/14</u> (Date)	Plan of correction implementation status as of <u>06/19/14</u> (Date)
The above plan of correction was approved by	<u>PRM</u> (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: 13280 - 05/07/2014 - Miller, Chevron  
PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600  
2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION  
Resident #1 was admitted to the SDU on 10/25/14. The resident's cognitive preadmission screening was completed on 10/29/13.

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 #1's cognitive screen was reviewed 050914 for appropriateness of content.
2. Training will be provided staff involved in the admissions process by the executive director by 061614.
3. Audits of cognitive screen dates was completed 050914 by the assistant resident care director. Audits will continue monthly.
4. Audit results will be reported on at monthly meetings of the quality improvement committee by the assistant resident care director.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	THOMAS P. SCHUBERT, E.D.
Date	060314

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

The above plan of correction is approved as of 6/11/14 (Date)

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

Plan of correction implementation status as of 6/11/14 (Date)

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

Violation Report: 13280 - 05/07/2014 - Miller, Chevon  
PCH Name: BLUE BELL PLACE

1. REGULATION 65 Pa. Code §2800  
2800.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION  
Resident #1 was admitted to the SDCU on 10/25/13. The resident did not have a support plan developed within the 72 hour time frames as required by this regulation.

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 #1's was reviewed and determined to be appropriate.
2. Trainings for staff involved in the admissions process will be provided by the executive director, by 061614.
3. Audits of support plan dates and admission dates will be completed monthly by the assistant resident care director. This will be completed by 063014.
4. Results of the audits will be reported on monthly meetings of the quality improvement committee.

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, Esq.

Date

06.03.14

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

The above plan of correction is approved as of

6/4/14  
(Date)

Plan of correction implementation status as of 6/4/14  
(Date)

The above plan of correction was approved by

*CRM*  
(Initials)

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

Violation Report: 13280 - 05/07/2014 - Miller, Chevon  
PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600  
2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.85 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION  
Direct care staff person B had only 2 hours and 35 minutes of training in dementia care during training year, January 2013 to December 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. Staff person B will be provided with three and one half hours of dementia training by 06/16/14, AND will complete an additional 6 hours of Dementia training in 2014.
2. The annual training calendar will be revised to include dementia care training by 06/16/14.
3. An audit will be performed monthly by the HR assistant by 06/30/14.
4. Results of the audit will be reported on monthly by the HR assistant at meetings of the quality improvement committee.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Thomas P. Schwitz*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *THOMAS P. SCHWITZ, E.D.*      Date *06.03.14*

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

The above plan of correction is approved as of *6/9/14*  
(Date)

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

Plan of correction implementation status as of *6/9/14*  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented