



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 23 2015

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

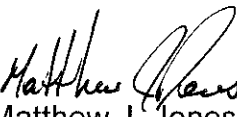
Dear Mr. Barnes:

As a result of the Department of Human Services' licensing inspection on March 23, 2015 and March 24, 2015 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, 2015 to June 21, 2016 was issued on April 1, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director_{LSD}

Enclosure
License Inspection Summary

Violation Report: 13281 - 09/23/2015 - McHale, Christine
 PCH Name: ROSE TREE PLACE

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1 was not signed by the resident.

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

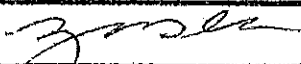
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

To ensure compliance, the admissions process was re-reviewed with the sales and nursing teams to confirm that all required documents are signed appropriately by either the resident and or the resident's designated person. The Executive Director and or designee will oversee compliance and review each file upon admission (See Attachment A1).

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 4/22/15

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

The above plan of correction is approved as of

5/15/15
 (Date)

Plan of correction implementation status as of

5/15/15
 (Date)

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

The above plan of correction was approved by


 (Initials)

Violation Report: 13281 - 03/23/2015 - McHale, Christine
 PCH Name: ROSE TREE PLACE

1. REGULATION 65 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

To ensure compliance, the admissions process was re-reviewed with the sales and nursing teams to confirm that all required documents are signed appropriately by either the resident and or the resident's designated person. The Executive Director and or designee will oversee compliance and review each file upon admission (See Attachment A1).

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
 (Required on EVERY Page) Timothy Bulles
 Executive Director Date 4/22/15

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The above plan of correction is approved as of 5/15/15
 (Date)

Plan of correction implementation status as of 5/15/15
 (Date)

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

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

Violation Report: 13281 - 03/23/2015 - McHale, Christine
PCH Name: ROSE TREE PLACE

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
- The rugs in front of the shower and in front of the sink in the bathroom of resident room #239 did not have a slip-resistant surface. This poses a tripping hazard to the resident who uses this bathroom.
- The rug in front of the shower in the bathroom in the suite on the left side of resident room #339 did not have a slip-resistant surface. This poses a tripping hazard to the resident who uses this bathroom.

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, throw rugs were found in rooms 239 and 339 which did not have slip resistant backing. Upon its discovery, the maintenance director immediately removed the rugs. The residents and their families were informed as to why. The Maintenance Director re-inserviced both the maintenance and housekeeping staff regarding the necessity to inspect all rugs in resident areas for similar concerns, and to ensure that they meet safety requirements. Similarly, the marketing team was inserviced on the need to remind families at the time of move in regarding these requirements (See Attachment B-1).

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 4/22/15

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

The above plan of correction is approved as of 6/15/15 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 6/15/15 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 13281 - 03/23/2015 - McHale, Christine
 PCH Name: ROSE TREE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The beds in both suites of resident room #337 do not have a source of light that can be turned on/off from bedside.

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, light bulbs were found in room 337 which were burned out. Upon its discovery, the maintenance director immediately replaced the bulbs. The Maintenance Director re-inserviced both the maintenance and housekeeping staff regarding the necessity to inspect lamps for functioning bulbs, and to ensure that they meet safety requirements (See Attachment B-1).

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
 (Required on EVERY Page) Timothy Ballas
 Executive Director Date 4/22/15

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The above plan of correction was approved by <u>[Signature]</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: 13261 - 03/23/2015 - McHale, Christine
 PCH Name: ROSE TREE PLACE

1. REGULATION 56 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 3/24/16, a bottle of Morphine Sulfate 20 mg/mL belonging to resident #2, expired on 3/19/16, was stored by the home. This medication had not been properly disposed of as required.

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.

Prior to the inspection taking place, the Morphine Sulphate was removed from the cart on 3/19/2015, the day of expiration. To ensure compliance going forward, a review of the company policy regarding the destruction of expired medication took place to confirm that all related policies were followed. The Resident Care Director or designee will continue to perform routine inservices and spot checks to ensure compliance (See Attachments C-1, C-2).

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 (Required on EVERY Page)	<i>Timothy Ballus</i> Executive Director	Date	4/22/15
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Violation Report: 13281 - 03/23/2015 - McHale, Christine

PCH Name: ROSE TREE 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

Resident #3 has an order for Ipratropium/Albuterol as needed. This medication was not available in the home on 3/24/15.

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.

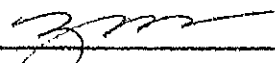
At the time of the inspection, Resident #3's Ipratropium/Albuterol was not on the cart. It was discontinued within 1 hour of surveyors finding that it was not available. If the medication had in fact been needed, the pharmacy guarantee's delivery of medications within 1 hour. To prevent future errors, the community will take the following steps. The Pharmacy Medication Cart Audits will continue to take place two times a year, or upon request, The community will conduct weekly Medication Cart Audits by both nursing & medication technicians, and will continue to conduct Medication Administration Reviews quarterly (See Attachment D1, D2).

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/19/2014

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

4/22/15

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5/15/15
(Date)

Plan of correction implementation status as of

5/15/15
(Date)

The above plan of correction was approved by

TB
(Initials)

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- Not Implemented

Violation Report: 13281 - 03/23/2015 - McHale, Christine

PCH Name: ROSE TREE PLACE

1. REGULATION 85 Pa.Code §2800

2800.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 was not educated on the right to refuse medication if the resident believes that there may be a medication error.

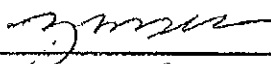
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

To ensure compliance, the admissions process was re-reviewed with the sales and nursing teams to confirm that all required documents are signed appropriately by either the resident and or the resident's designated person. The Executive Director and or designee will oversee compliance and review each file upon admission (See Attachment A1).

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


Timothy Bellas
Executive Director

Date: 4/22/15

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The above plan of correction is approved as of 5/13/15
(Date)

Plan of correction implementation status as of 5/5/15
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 13281 - 03/23/2015 - McHale, Christine
 PCH Name: ROSE TREE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.234(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 #4 was admitted to the SDCU on 5/23/14. The resident's initial support plan was developed on 5/30/14.

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

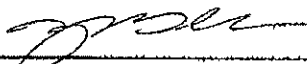
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

At the time of the inspection, resident #4's support plan was found to not be timely per 2600.234(a) and the 72 hour timeline requirement. Going forward, the current director of the memory care unit, in partnership with the nursing team, and Compliance Director, will ensure that all incoming residents to the memory care unit receive a timely support plan. Routine audits of preadmission screenings, RASPs, DMEs, and pre-cognitive screenings are in place (See Attachment E-1).

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Timothy Ballas
 Executive Director

Date 4/22/15

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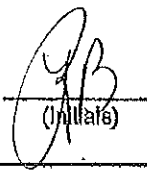
3/15/15
 (Date)

Plan of correction implementation status as of

3/15/15
 (Date)

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

The above plan of correction was approved by


 (Initials)