pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JAN 2 7 2016

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 July 23,2015 which we conducted on-site inspections] 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,

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: ROSE TREE PLACE	License Number: 13281
Address: 500 SANDY BANK ROAD, MEDIA, PA 19063	County: Delaware
Administrator: Cindy Evans, Executive Director	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: 0 — Total Daily Staff: 209 — Waking Staff: 157	
Type of Inspection: Partial — BHA Docket Number: — Notice: Unannounced	
Reason(s) for Inspection(s) Incident	
On-Site Inspections Dates and Department Representatives On-Site 07/23/2015: Kazimer, Lauren; Keelty, Jennifer	
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: 149	Number of Residents who:
Number of Residents Served: 126	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 126
Area:	Have Mental Illness: 2
Secured Dementia Unit Capacity, if Applicable: 26	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable: 24	Have a Mobility Need: 83
Number of Current Hospice Residents: 9	Have a Physical Disability: 1
Number of Hospice Residents in past year: 24	

Violation Report: 13281-07/23/2015-Kazimer, Lauren
PCH Name: ROSE TREE PLACE

1.REGULATION 55 Pa.Code §2600
2600.187(b) - The information in §2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
On 7/20/2015 at 9pm, staff person A initialed the medication administration record for Resident #1's Oxycontin 10mg but did not administer 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.

Regulation number: 2600.187(b) - The information in §2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

What was the root cause of the violation? The staff member initialed the MAR but did not administer the medication to the resident.

What was done to immediately correct the violation? Staff member received written counseling addressing medication management. During the counseling a review of the 5 rights of medication management occurred, a review of narcotic counting was discussed and a review of our medication policies. In addition, staff member will routinely be observed performing medication administration by a nursing supervisor. In-services have been conducted and will be periodically conducted with all medication technician staff over the next 12 months to further ensure compliance.

What will be done to ensure the violation does not reoccur? This will be verified on the daily MAR and on the Controlled Medication Count Sheet. In addition, staff member was observed passing medications on two occasions by the nursing supervisor and will receive routine medication administration observation over the next 12 months. In-services will be conducted with all medication technician staff to further ensure compliance.

Who will be responsible for monitoring compliance? Resident Care Director / Nursing Supervisor / Executive Director

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Cindy Evans			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Cindy Evans, Executive Director		Date 9/14/15	

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The above plan of correction is approved as of 9/15/15 (Date)	Plan of correction implementation status as of 9/15/15 (Date)
The above plan of correction was approved by _____ (Initials)	☐ Fully Implemented ☒ Partially Implemented - Adequate Progress ☐ Partially Implemented - Inadequate Progress ☐ Not Implemented

Violation Report: 3281, 07232015 - Kazimer, Lauren
PCH Name: ROSE TREE PLACE

1.REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
On 7/20/15, at 9pm, resident #1 did not receive as scheduled dose of Oxycontin 10mg.

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

Regulation number: 2600.187(d) - The home shall follow the directions of the prescriber.

What was the root cause of the violation? Individual did not follow the prescriber orders by not administering the medication.

What was done immediately to correct the violation? Staff member received written counseling addressing medication management. During the counseling a review of the 5 rights of medication management occurred, a review of narcotic counting was discussed and a review of our medication policies. In addition, staff member will routinely be observed performing medication administration by a nursing supervisor. In-services have been conducted and will periodically be conducted with all medication technician staff over the next 12 months to ensure compliance.

What will be done to ensure the violation does not reoccur? This will be verified on the daily MAR and on the Controlled Medication Count Sheet. Revised Controlled Drug Record/Count form to reflect a 31 dose count is now being utilized.

Who will be responsible for monitoring and compliance? Director of Nursing / Nursing Supervisor / Executive Director.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Cindy Evans			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Cindy Evans/Executive Director	Date	9/14/15	

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

The above plan of correction is approved as of 9/15/15 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 9/6/15 (Date)

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