



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 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' annual licensing inspections on March 23, 2016, March 24, 2016 and April 26, 2016 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, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 13281 - 03/23/2016 - Kazimer, Lauren
PCH Name: ROSE TREE PLACE

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The home's Certificate of Boiler or Pressure Vessel Operation issued by the Department of Labor and Industry expired on 11/14/2015 and was reinspected on 3/16/2016.

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.

See Attached POC

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 *4/15/16*

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

The above plan of correction is approved as of *4/20/16*
(Date)

Plan of correction implementation status as of *4/20/16*
(Date)

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

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

Rose Tree Place
Annual Inspection March 23, & 24 2016
Plan of Correction

1. REGULATION 55 Pa.Code 2600

2600.18 – A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The homes certificate for the Boiler or Pressure Vessel Operation had expired on 11/14/2015 and was not reinspected until 03/16/2016.

3. PLAN OF CORRECTION (POC)

What was the root cause of the violation?

The certificate of Boiler or Pressure Vessel Operation had expired on 11/14/2015 but the annual inspection of the Boiler or Pressure Vessel Operation did not occur until 03/16/2016.

What was done to immediately correct the violation?

During a routine audit the Community realized the certificate had expired. The Director of Maintenance contacted L&I who sent out an inspector [REDACTED] on 03/16/2016 to perform the inspection. (Attachment 2)

What will be done to ensure the violation does not reoccur?

Maintenance Director will contact home office in Tucson Arizona 60 days prior to the certificate expiration date to schedule annual inspection. Valid certificates of Operation have been received. (Attachment 2)

Who will be responsible for monitoring and compliance?

Maintenance Director, Executive Director

Sandy Evans
Sandy Evans / Executive Director
4/15/16

Violation Report: 13281 - 03/23/2016 - Kazimer, Lauren
 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 rug in the front bathroom of room #338 did not have a non-skid surface, posing a slipping/tripping hazard.

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.

See Attached POC

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 *4/15/16*

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The above plan of correction is approved as of <u>4/26/16</u> (Date)	Plan of correction implementation status as of <u>4/26/16</u> (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

Rose Tree Place
Annual Inspection March 23, & 24 2016
Plan of Correction

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 rug in the front bathroom of room #338 did not have a non-skid surface, posing a slipping/tripping hazard.

3. PLAN OF CORRECTION (POC)

What was the root cause of the violation?

Bathroom rug in room #338 did not have a non-skid surface, posing a slipping/tripping hazard.

What was done to immediately correct the violation?

Rug was immediately removed from resident's bathroom.

What will be done to ensure the violation does not reoccur?

Letter will be mailed out to residents and families with monthly statements to educate residents and families on the policy regarding the use of non-slip rugs. (Attachment 1)

An entire facility check on rugs was performed to assure compliance.

Residents will be reminded at the next Resident Counsel meeting, scheduled for April 26, 2016, of the policy on non-slip rugs.

Who will be responsible for monitoring and compliance?

Executive Director, Maintenance Director and Director of Nursing

Cindy Evans

Cindy Evans / Executive Director
4/15/16

Violation Report: 13281 - 03/23/2016 - Kazimer, Lauren
 PCH Name: ROSE TREE PLACE

1. REGULATION 56 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
 There are no grab bars, or assist bars at the toilets in the two bathrooms located in room #338.

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.

See Attached POC

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) *Cindy Evans, Executive Director* Date *4/15/16*

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 (Initials)

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- Partially Implemented - Inadequate Progress
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**Rose Tree Place
Annual Inspection March 23, & 24 2016
Plan of Correction**

1. REGULATION 55 Pa.Code 2600
2600.102(d) (1) Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

There are no grab bars, or assist bars at the toilets in the two bathrooms located in room #338.

3. PLAN OF CORRECTION (POC)

What was the root cause of the violation?

The Community neglected to install grab bars in room #338 next to the toilet in both bathrooms.

What was done to immediately correct the violation?

Two grab bars were immediately installed in both bathrooms.

What will be done to ensure the violation does not reoccur?

Maintenance Director will inspect all resident's apartments to ensure grab bars are in place and are secure. (Attachment3)

Who will be responsible for monitoring and compliance?

Director of Maintenance and Executive Director

Cindy Evans
Cindy Evans / Executive Director
4/15/16

Violation Report: 13281 - 03/23/2016 - Kazimer, Lauren
 PCH Name: ROSE TREE PLACE

1. REGULATION 55 Pa.Code §2600
 2600.102(j) - Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

2a. DESCRIPTION OF VIOLATION
 There was an unlabeled mesh shower pouf located in the shared shower of room #111.

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.

See Attache POC.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Candy Evans*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Candy Evans / Executive Director* Date *4/15/16*

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**Rose Tree Place
Annual Inspection March 23, & 24 2016
Plan of Correction**

1. REGULATION 55 Pa.Code 2600

2600.102(j) Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

2a. DESCRIPTION OF VIOLATION

There was an unlabeled mesh shower pouf located in the shared shower of room #111.

3. PLAN OF CORRECTION (POC)

What was the root cause of the violation?

The Community neglected to label a mesh shower pouf that was located in a residents shared shower.

What was done to immediately correct the violation?

The shower pouf was immediately labeled with the residents name in permanent marker.

What will be done to ensure the violation does not reoccur?

Residents who share a bathroom will have their bathrooms inspected during care and housekeeping for proper labeling.

Staff was in-serviced on when and how to check shared showers for items that require labeling and to report it to the nursing supervisor if items are found that require labeling. (Attachment 4) and (Attachment 5)

Who will be responsible for monitoring and compliance?

Director of Nursing, Director of Maintenance and Executive Director

Cindy Evans
Cindy Evans / Executive Director
4/15/16

Violation Report: 13281 - 03/23/2016 - Kazimer, Lauren
 PCH Name: ROSE TREE PLACE

1. REGULATION 65 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

- The following blood glucose levels documented in resident #1's MAR did not match resident #1's glucometer:
 On 2/26, 111 was documented in the MAR, no record in the glucometer.
 On 3/2, 148 was documented in the MAR, no record in the glucometer.
 On 3/4, 118 was documented in the MAR, no record in the glucometer.
 On 3/11, 120 was documented in the MAR, 65 recorded in the glucometer.
 On 3/14, 140 was documented in the MAR, no record in the glucometer.

- The following blood glucose levels documented in resident #2's MAR did not match resident #2's glucometer:
 On 3/12 at 9am, 113 was documented in the MAR, 119 was recorded in the glucometer.
 On 3/13 at 9am, 179 was documented in the MAR, 136 was recorded in the glucometer.

- The following blood glucose levels documented in resident #3's MAR did not match resident #3's glucometer:
 On 3/15 at 11am, 186 was documented in the MAR, no record in the glucometer.
 On 3/15 at 4:30pm, 184 was documented in the MAR, no record in the glucometer.
 On 3/16 at 11am, 222 was documented in the MAR, no record in the glucometer.
 On 3/16 at 4:30pm, 211 was documented in the MAR, no record in the glucometer.
 On 3/16, at 9pm, 210 was documented in the MAR, no record in the glucometer.
 On 3/21 at 11am, 221 was documented in the MAR, no record in the glucometer.
 On 3/21 at 9pm, 202 was documented in the MAR, no record in the glucometer.
 On 3/23 at 11am, 185 was documented in the MAR, no record in the glucometer.

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.

See Attached POC

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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) *Cindy Evans, Executive Director* Date *4/15/16*

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Rose Tree Place
Annual Inspection March 23 & 24, 2016
Plan of Correction

1. REGULATION 55 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

- The following blood glucose levels documented in resident #1's MAR did not match resident #1's glucometer:

On 2/26, 111 was documented in the MAR, no record in the glucometer.

On 3/2, 146 was documented in the MAR, no record in the glucometer.

On 3/4, 118 was documented in the MAR, no record in the glucometer.

On 3/11, 120 was documented in the MAR, 65 recorded in the glucometer.

On 3/14, 140 was documented in the MAR, no record in the glucometer.

- The following blood glucose levels documented in resident #2's MAR did not match resident #2's glucometer:

On 3/12 at 9am, 113 was documented in the MAR, 119 was recorded in the glucometer.

On 3/13 at 9am, 179 was documented in the MAR, 135 was recorded in the glucometer.

- The following blood glucose levels documented in resident #3's MAR did not match resident #3's glucometer:

On 3/15 at 11am, 166 was documented in the MAR did not record in the glucometer.

On 3/15 at 4:30pm, 184 was documented in the MAR, no record in the glucometer.

On 3/16 at 11am, 222 was documented in the MAR, no record in the glucometer. On

3/16 at 4:30pm, 211 was documented in the MAR, no record in the glucometer. On

3/16, at 9pm, 210 was documented in the MAR, no record in the glucometer. On 3/21

at 11am, 221 was documented in the MAR, no record in the glucometer. On 3/21 at

9pm, 202 was documented in the MAR, no record in the glucometer.

On 3/23 at 11am, 185 was documented in the MAR, no record in the glucometer.

2 PLAN OF CORRECTION (POC)

What was the root cause of the violation?

When the MAR was compared to the Glucometer, the blood glucose levels recorded in the MAR did not match the memory in the glucometer.

What was done to immediately correct the violation?

An audit was performed on all glucometers and compared to the MAR. A policy was developed on 03/25/2016 on Blood Glucometer Monitoring, Cleaning, Maintenance and Storage. (Attachment 6)

What will be done to ensure violation does not reoccur?

LPN's have been inserviced on the Blood Glucometer Monitoring, Cleaning, Maintenance and Storage policy.

(Attachment 7) Daily Blood Sugar Log sheet developed to ensure accurate recording of blood sugar levels, daily checks of glucometer results from machine memory and Control Solution Test performed weekly. (Attachment 8) Staff has been inserviced on the Daily Blood Sugar Log sheet. (Attachment 9)

Who will be responsible for monitoring and Compliance?

Resident Care Director, Executive Director

Cindy Evans
Cindy Evans / Executive Director
4/15/16

Violation Report: 13281 - 03/23/2016 - 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

- Resident #1 has an order for accuchecks three time weekly. No accuchecks were performed on 2/26, 3/2, 3/4, and 3/14/2016.
- Resident #3 has an order for accuchecks three times daily and did not have the following accucuecks in their giucometer:
 3/15 at 11am and 4:30pm.
 3/16 at 11am, 4:30pm, and 9pm.
 3/21 at 11am and 9pm.
 3/23 at 11am.
- Resident #4 did not receive Leveliracetam 250mg on 3/4 at 9am and 5pm, and on 3/5 at 9am.

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.

See Attached POC

Cindy Evans
 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 *4/15/16*

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Plan of correction implementation status as of *4/26/16* (Date)

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

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

**Rose Tree Place
Annual Inspection March 23 & 24, 2016
Plan of Correction**

1. REGULATION 55 Pa. Code §2600

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

2a. DESCRIPTION OF VIOLATION

- Resident #1 has an order for accuchecks three times weekly. No accuchecks were performed on 2/26, 3/2, 3/4, and 3/14/2016.

- Resident #3 has an order for accuchecks three times daily and did not have the following accuchecks in their glucometer: 3/15 at 11am and 4:30pm.

3/16 at 11am,
4:30pm, and
9pm. 3/21 at
11am and 9pm.
3/23 at 11am.

- Resident #4 did not receive Leveliracetam 250mg on 3/4 at 9am and 5pm, and on 3/5 at 9am.

3. PLAN OF CORRECTION (POC)

What was the root cause of the violation?

Staff did not follow the prescriber orders to perform accuchecks on Resident # 1, 3 times weekly and Resident #3, 3 times daily. Staff did not follow the prescriber orders as to the accuracy of the medication of Resident #4.

What was done to immediately correct the violation?

An audit was performed on all glucometers and compared to the MAR. A policy was developed on 03/25/2016 on Blood Glucometer Monitoring, Cleaning, Maintenance and Storage. (Attachment 6) Resident #4 medications were obtained and administered according to physician's orders; physician was notified of missed doses.

What will be done to ensure the violation does not reoccur?

LPN's have been inserviced on the Blood Glucometer Monitoring, Cleaning, and Maintenance and Storage policy. (Attachment 7) Daily Blood Sugar Log sheet implemented to ensure accurate recording of blood sugar levels, daily checks of glucometer results from machine memory and Control Solution Test performed weekly. (Attachment 8)

Staff was inserviced on what to do when medication is not available and how to fill-out the "Medication Not Available" form. (Attachment 10)

Who will be responsible for monitoring and compliance?

Resident Care Director and/or designee, Executive Director

Sandy Evans
Sandy Evans / Executive Director
4/15/16