



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 17 2017

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 1, 2017 and March 2, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License 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: Cynthia Evans		Region: SOUTHEAST
Legal Entity Name: WATERMARK OPERATOR LLC		
Legal Entity Address: 2020 WEST RUDASILL ROAD, TUCSON, AZ 85704		
Certificate(s) of Occupancy C-2 LP 03/04/1998 PA Dept of L&I		
Staffing Hours Resident Support: 128 Total Daily Staff: 339 Waking Staff: 254		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/01/2017: Parker, Shawn; Freeman, Sabrina 03/02/2017: Parker, Shawn; Freeman, Sabrina		
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 Served: 128 Secured Dementia Care Unit in Home: Yes Area: 1ST FLOOR Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 26 Number of Current Hospice Residents: 13 Number of Hospice Residents in past year: 17		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 127 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 83 Have a Physical Disability: 0

Cynthia H. Evans 3/22/17
 Executive Director

Violation Report: 13281 - 03/01/2017 - Parker, Shawn
 PCH Name: ROSE TREE PLACE

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The label for resident # 1 Xlandl does not include residents name, dosage, or instructions on administering. It is an over the counter medication but still requires these elements.

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

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia L. Evans*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cynthia L. Evans / Executive Director</i>	Date <i>3/27/17</i>
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DEPARTMENT USE ONLY / HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/30/17
 (Date)

Plan of correction implementation status as of 3/30/17
 (Date)

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

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

Rose Tree Place
Annual Inspection March 01, & 02 2017
Plan of Correction

Violation Report: 13281 - 03/01/2017 - Parker, Shawn
PCH Name: ROSE TREE PLACE

1. REGULATION 68 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The label for resident # 1 Xtandi does not include residents name, dosage, or instructions on administering. It is an over the counter medication but still requires these elements.

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.

What was the root cause of the violation?

The medication Xtandi for resident #1 label did not contain the residents name, dosage, or instructions on administering.

What was done to immediately correct the violation?

The POA was contacted and a new bottle of medication was provided by the POA on March 6, 2017 with resident's name, name of medication, date the prescription was issued, the prescribed dosage and instructions for administration and name and title of the prescriber. Upon receipt of the replacement medication the medication was removed from the medication cart and destroyed.

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

In-services were completed on March 24, 2017 with LPN's and Med-techs to review regulation 2600.184(a) and to review policies on Sources of Medication and Recaps – Review of Medications. POA received a copy of our policy on Resident's Pharmacy Use.

Beginning March 27, 2017 weekly cart audits will be performed by 2nd shift LPN's. Copy of audit sheet attached. Audit sheets will be reviewed by the Resident Care Director to ensure accuracy of audits.

Who will be responsible for monitoring and compliance?

Director of Nursing/Assistant Director of Nursing/Executive Director

See Attachments 1, 2, 3, 4, 5, 9

Cynthia L. Evans
Executive Director 3/27/17

Violation Report: 13281 - 03/01/2017 - Parker, Shawn
 PCH Name: ROSE TREE PLACE

1. REGULATION 56 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 # 2 states Levocetirizine take 1-half tablet (2.5mg) at bedtime. The label states take one tablet (5mg) at bedtime.

Resident # 3 has two 3 day packs of Acetaminophen 650mg. The pack that states "take 1 tablet by mouth 2 times a day at 9:00am and 9:00pm was not on the MAR.

Resident # 1 takes Xtandi 40 mg capsules. The MAR states take 4 capsules a day 16 mg. It should say 160 mg. (40mg x 4 times a day = 160 mg). The MAR is missing a 0.

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

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia L. Evans*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cynthia L. Evans / Executive Director* Date *3/27/17*

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 (Date)

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 (Initials)

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

Violation Report: 13281 - 03/01/2017 - Parker, Shawn
PCH Name: ROSE TREE PLACE

1. REGULATION 65 Pa.Code §2800

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 # 2 states Levocetirizine take 1-half tablet (2.5mg) at bedtime. The label states take one tablet (6mg) at bedtime.

Resident # 3 has two 3 day packs of Acetaminophen 650mg. The pack that states "take 1 tablet by mouth 2 times a day at 9:00am and 9:00pm" was not on the MAR.

Resident # 1 takes Xlandl 40 mg capsules. The MAR states take 4 capsules a day 16 mg. It should say 160 mg. (40mg x 4 times a day = 160 mg). The MAR is missing a 0.

What was the root cause of the violation?

For resident #2 and resident #3 MAR's did not match the prescription label. For resident #1 the MAR had the incorrect prescribed medication dosage.

What was done to immediately correct the violation?

Resident #2 a change of direction label was applied to the bottle of medication.

Resident #3 Acetaminophen 650mg labeled "take 1 tablet by mouth 2 times a day at 9:00am and 9:00pm" was removed from the medication cart and destroyed. Medication was destroyed because there were two additional packs of Acetaminophen 650mg on the medication cart with a current physician order Acetaminophen 650mg take 1 tablet by mouth daily

Resident #1 MAR was immediately updated to 160mg to reflect the correct dosage.

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

In-services were completed on March 24, 2017 with LPN's and Medication technicians to review regulation 2600.187(a). Policies on Sources of Medication, Ordering Medications, Medication Ordering, Destruction and Tracking Guide, Medication Pass Review and Recaps - Review of Medications were reviewed. All medication technicians were in-serviced on the need to follow protocols and procedures related to medication administration.

Beginning March 27, 2017 weekly cart audits will be performed by 2nd shift LPN's. Copy of audit sheet attached. Audit sheets will be reviewed by the Resident Care Director to ensure accuracy of audits.

Who will be responsible for monitoring and compliance?

Director of Nursing/Assistant Director of Nursing/Executive Director

See Attachments 1, 2, 3, 5, 6, 7, 8, 9

Cynthia R. Egan
Executive Director 3/2/17

Violation Report: 13281 - 03/01/2017 - Parker, Shawn
 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 takes Gabapline 300 mg. The label says take 4 times a day. The MAR only documents the medication being distributed 3 times a day at 9:00am, 1:00pm, and 9:00pm.

Resident # 3 has two 3 day packs of Acetaminophen 650 mg. The one pack that is on the MAR states take one tablet by mouth daily. The other pack is not documented on the MAR and states "take one tablet by mouth 2 times a day at 9:00am and 9:00pm"

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

Repeat Violation: No	Date(s) of Previous Violation(s):	03/23/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia L. Evans*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cynthia L. Evans / Executive Director</i>	Date <i>3/27/17</i>
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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 01, & 02 2017
Plan of Correction

Violation Report: 13281 - 03/01/2017 - Parker, Shawn 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 takes Gabapline 300 mg. The label says take 4 times a day. The MAR only documents the medication being distributed 3 times a day at 9:00am, 1:00pm, and 9:00pm. Resident # 3 has two 3 day packs of Acetaminophen 650 mg. The one pack that is on the MAR states take one tablet by mouth daily. The other pack is not documented on the MAR and states "take one tablet by mouth 2 times a day at 9:00am and 9:00pm"
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>

What was the root cause of the violation?

Resident #1 medication Gabatine 300 mg label did not match the MAR.

Resident #3 medication Acetaminophen 650 mg "take one tablet by mouth 2 times a day at 9:00am and 9:00pm" was discontinued but was not removed from the medication cart.

What was done to immediately correct the violation?

Resident #1 – A change of direction label was applied to the medication Gabatine 300 mg to match the MAR one capsule by mouth 3 times a day per physician's orders.

Resident #3 – The Acetaminophen 650mg labeled "take 1 tablet by mouth 2 times day at 9:00am and 9:00pm was removed from the medication cart and destroyed.

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

In-services were completed on March 24, 2017 with LPN's and Med-techs to review regulation 2600.187(d) and to review policies on Sources of Medication and Recaps – Review of Medications. Beginning March 27, 2017 weekly cart audits will be performed by 2nd shift LPN's. Copy of audit sheet attached. Audit sheets will be reviewed by the Resident Care Director to ensure accuracy of audits.

Who will be responsible for monitoring and compliance?

Director of Nursing/Assistant Director of Nursing/Executive Director

See Attachments 1, 2, 3, 5, 9

Cynthia R. Evans
Executive Director 3/27/17