



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: AUG 30 2017**

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 Human Services' licensing inspection on March 9, 2017 and March 10, 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.

Sincerely,



Patricia Adams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: BLUE BELL PLACE		License Number: 13280
Address: 777 DEKALB PIKE, BLUE BELL, PA 19422		County: Montgomery
Administrator: Rebecca Hamilton		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 10/16/2000 Dept of L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 114 Waking Staff: 86		
Type of Inspection: Partial BHA Docket Number:		Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, if Applicable 03/09/2017: Thomas, Tahesia 03/10/2017: Thomas, Tahesia		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 90 Number of Residents Served: 78 Secured Dementia Care Unit In Home: Yes Area: The Gardens Secured Dementia Unit Capacity, if Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, if applicable: 29 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 36 Have a Physical Disability: 1	

Violation Report: 13280 - 03/09/2017 - Thomas, Tahesia

PCH Name: BLUE BELL PLACE

**1. REGULATION 56 Pa.Code §2800**

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

Resident # 1's funds were misappropriate by Staff Member A by making unauthorized charges on a credit card and fraudulently cashing several checks. On 03/08/17, Staff Member A was arrested and charged.

**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.

Community hiring practices to be continued at time of pre hire following steps are taken.

- 1 Application / Interview
- 2 Reference checks
- 3 Criminal Background check
- 4 On Boarded
- 5 Orientation

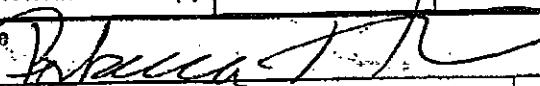
Community/ED or Designee will continue to seek associates that are up standing and vetted within the community.

Community/ED will continue to self report any concerns as needed on-going

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)

Rebecca Hamilton

Date 03/30/17

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

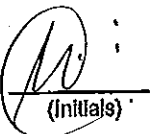
The above plan of correction is approved as of

7/24/17  
(Date)

Plan of correction implementation status as of

7/24/17  
(Date)

The above plan of correction was approved by

  
(Initials)

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

Violation Report: 13280 - 03/09/2017 - Thomas, Tahesia  
 PCH Name: BLUE BELL PLACE

1. REGULATION 66 Pa.Code §2600  
 2600.42(x) - A resident has the right to a system to safeguard a resident's money and property.

2a. DESCRIPTION OF VIOLATION  
 The home failed to provide a system for safe guarding the Resident # 1's money. Resident #1 resides in the home's SDCU.

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.

Community Contract pg 13 sec H  
 does support Assistance with financial  
 management. Community offers to  
 maintain Resident spending money  
 equaling sums of less than 200<sup>00</sup>  
 Services will be  
 on-going

ED or Designee will advise Residents that  
 their credit cards can be stored in secured  
 safe if desired per sec H of Contract.  
 Services to be  
 on-going

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

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

The above plan of correction is approved as of 7/24/17  
 (Date)

Plan of correction implementation status as of 7/25/17  
 (Date)

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

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

Violation Report: 13280 - 03/09/2017 - Thomas, Tahesia  
PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600  
2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION  
The support plan for Resident #1 does not address the level of care needed for managing finances.

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.

Resident support plan clearly indicated family to attend to personal finances.  
Services - on going

Resident support plans will be updated to reflect community assistance with personal finances offered and declined  
6-30-17

ED or Designee will have Resident support plan reflect community offer of assistance with finances of personal spending with plan to indicate yes or no for services.  
8-1-17

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

Signature of Legal Entity Representative (Required on EVERY Page)  
*Rebecca Hamilton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
*Rebecca Hamilton*      *6/30/17*

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

The above plan of correction is approved as of *7/24/17*  
(Date)

Plan of correction implementation status as of *9/25/17*  
(Date)

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

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