



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to WATERMARK OPERATOR LLC  
LEGAL ENTITY

To operate BLUE BELL PLACE  
NAME OF FACILITY OR AGENCY

Located at 777 DEKALB PIKE, BLUE BELL, PA 19422  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 99  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)  
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 30

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 29, 2017 until May 29, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **132801**

Robert E. Robinson  
ISSUING OFFICER

Jay Baulk  
DEPUTY SECRETARY

**NOTE:** This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:**

**NOV 29 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' Personal Care Homes licensing inspections on July 17, 2017, July 18, 2017 and October 20, 2017 of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #132800 dated June 9, 2017 to June 9, 2018 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This first provisional license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 9, 2017 to June 9, 2018 is **NOT** reinstated upon expiration of this first provisional license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your first provisional license is enclosed.

All violations specified on the 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.

Mr. David Barnes

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If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacqueline L. Rowe, Director  
Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary



Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
 PCH Name: BLUE BELL 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**

At the time of inspection, resident #1, 2, 3 and 4 had not signed their contract.

Resident #1 was admitted to the home on [redacted] 17. The home failed to ensure that resident #1 signed the contract.  
 Resident #2 was admitted to the home on [redacted] 17. The home failed to ensure that resident #2 signed the contract.  
 Resident #3 was admitted to the home on [redacted] 16. The home failed to ensure that resident #3 signed the contract.  
 Resident #4 was admitted to the home on [redacted] 16. The home failed to ensure that resident #4 signed the contract.

**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.*

Please 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 Evans*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Cynthia Evans / Exzco Director* Date *10/4/2017*

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

The above plan of correction is approved as of 9/8/17  
 (Date)

Plan of correction implementation status as of 11/7/17  
 (Date)

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

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

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
PCH Name: BLUE BELL 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

At the time of inspection, resident #1, 2, 3 and 4 had not signed their contract.

Resident #1 was admitted to the home on [redacted] 17. The home failed to ensure that resident #1 signed the contract.  
Resident #2 was admitted to the home on [redacted] 17. The home failed to ensure that resident #2 signed the contract.  
Resident #3 was admitted to the home on [redacted] 16. The home failed to ensure that resident #3 signed the contract.  
Resident #4 was admitted to the home on [redacted] 16. The home failed to ensure that resident #4 signed the contract.

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 community admitted residents into the community but failed to have the resident sign the contract.

What was done to immediately correct the violation?

On July 17<sup>th</sup> and 18<sup>th</sup>, an audit was immediately performed on all contracts to verify that all contracts contained resident signatures and or the signature of the POA if the resident was unable to sign themselves. On July 17<sup>th</sup> and July 19<sup>th</sup> the contracts were reviewed with resident #1, #2, #3 and #4 and when possible signed by the resident. If the resident was able to sign, the contract was signed by the resident. If the resident was unable to sign the contract the contract was noted with "Resident Unable to Sign", initialed and dated by the Executive Director.

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

Moving forward, at time of move in, the Sales Director will review each new contract with the resident and or POA and acquire necessary signatures. Within 24 hours after move in, the contract will be reviewed and signed by the Executive Director and then a final review by the business office to ensure all signatures are obtained.

Who will be responsible for monitoring and compliance?

Sales Director, Executive Director, Business Office Manager

Attachments: a,b,c,d

*Quincy Evans, Executive Director*

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
 PCH Name: BLUE BELL PLACE

**1. REGULATION 55 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**  
 At the time of inspection, resident # 1, 2, 4 and 5'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.*

Please 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 Ewan*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Cynthia Ewan / Executive Director* Date *10/4/2017*

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

The above plan of correction is approved as of <u>9/8/17</u> (Date)	Plan of correction implementation status as of <u>11/9/17</u> (Date)
The above plan of correction was approved by <u>RB</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: 13280 - 07/17/2017 - Freeman, Sabrina  
PCH Name: BLUE BELL PLACE

1. REGULATION 55 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.

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

Resident 4's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident 5's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

What was the root cause of the violation?

The community failed to have a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

What was done to immediately correct the violation?

On July 17, 2017, the community reviewed resident's rights and complaint procedures with residents 1, 2, 4 and 5 and had the resident signed the acknowledgment. If the resident was unable to sign the acknowledgement, it was noted on the acknowledgement that the "Resident is unable to sign", dated July 17, 2017 and initialed by the Executive Director.

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

Going forward, the Sales Director will review with the resident and or POA at the time of contract signing and acquire the necessary signatures. Within 24 hours of move-in, the resident's file will be reviewed and signed by the Executive Director and then a final review by the business office to ensure all signatures are obtained.

Who will be responsible for monitoring and compliance?

Sales Director, Executive Director, Business Office Manager

Attachments: e, f, g, h

*Cindy Evans, Executive Director*

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
 PCH Name: BLUE BELL PLACE

**1. REGULATION 55 Pa.Code §2600**

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**

The home failed to ensure residents' were not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Resident #10 had increasingly aggressive behavior that the home failed to address. Resident #10 was verbally aggressive and recently became physically aggressive, per interview with direct care workers. On 7/12/17 resident #10 became physically and violently aggressive towards resident #9 and pushed resident #9 causing the resident to fall backwards and hit their head on the floor. 911 was called and resident #9 was transported to the hospital. Resident #10 was immediately placed on 1:1 assignment until 7/14/17 at which time resident #10 was sent to a behavioral health facility and had not returned to the home as of [redacted] 17.

Resident #9 passed away in the hospital on [redacted] 17.

**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.*

Please see attached!

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Cynthia Evans*

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

*Cynthia Evans / Executive Director*

Date

*10/4/2017*

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

The above plan of correction is approved as of

*9/8/17*  
 (Date)

Plan of correction implementation status as of

*11/7/17*  
 (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 - 07/17/2017 - Freeman, Sabrina  
PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600

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

The home failed to ensure residents were not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Resident #10 had increasingly aggressive behavior that the home failed to address. Resident #10 was verbally aggressive and recently became physically aggressive, per interview with direct care workers. On 7/12/17 resident #10 became physically and violently aggressive towards resident #9 and pushed resident #9 causing the resident to fall backwards and hit their head on the floor. 911 was called and resident #9 was transported to the hospital. Resident #10 was immediately placed on 1:1 assignment until 7/14/17 at which time resident #10 was sent to a behavioral health facility and had not returned to the home as of [redacted] 17.

Resident #9 passed away in the hospital on [redacted] 17.

What was the root cause of the violation?

Staff allegedly failed to address resident #10's change in behavior which lead to resident #9 getting injured and the resident eventually passed away due to injuries.

What was done to immediately correct the violation?

The nurse immediately assessed resident #9 and 911 was called for resident #9. Resident #10 was immediately placed on 1:1 utilizing one of our staff members until the family could make arrangements with an outside agency to provide 1:1. 1:1 remained in place until resident #10 could be sent to a behavioral health facility pending evaluation by behavioral nurse and PCP.

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

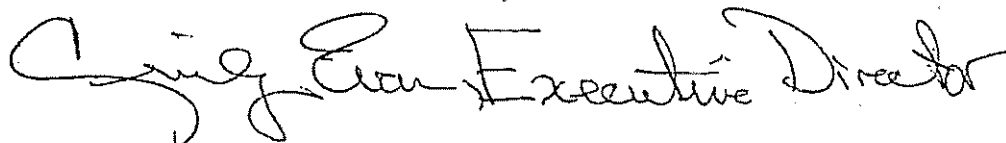
Caregivers, Med-Techs, Nurses, Dining staff and housekeeping were in-serviced on 09/5/2017 on Safe Behavior Management - Defining the ways to manage behaviors in a positive way.

To minimize future occurrences, on 10/03/2017 VNA hospice Nurse was contacted and will provide trainings on October 10, 2017 on how to monitor resident behaviors and techniques that can be used to address behaviors for Caregivers, Med-Techs, Nurses, Housekeeping and Dining staff. In addition on 10/03/2017, a training is scheduled on October 17, 2017 during the monthly Town Hall with the local Ombudsman to train Caregivers, Med-Techs, Nurses, Dining Services and Housekeeping on and resident rights, dignity and respect. Also, Aging and Adult Services was contacted on 10/03/2017 and a request for training was made for Caregivers, Med-Tech and Nurses on resident abuse and ACT 13 reporting. We currently are awaiting confirmation on when the training can be scheduled with the Ombudsman and Ageing and Adult Services.

As a follow-up during monthly town-hall meetings beginning October 17, 2017, discussions related to the importance of monitory residents behaviors will occur with Caregivers, Med-Techs, Nurses, Dining Services, Housekeeping and Maintenance associates.

Who will be responsible for monitoring and compliance?

Resident Care Director, Assistant Resident Care Director, Program Director, Human Resources, Executive Director, Attachment I



Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
 PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

At approximately 10:30 AM on 7/18/17, during the physical site inspection on the Memory Care unit, the licensing representative heard a resident from apartment 117 calling for help behind a closed door. Upon entering the apartment, the resident was observed sitting in a chair by the door with his pants pulled down to his ankles. The resident had on a wet pull-up which had soaked through the chair and urine had leaked onto to the floor. The resident utilizes a walker which was not in reaching distance, but across the bedroom next to the bed and bathroom door.

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.*

Please see attached!

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Cynthia Farins / Executive Director* Date *10/4/2017*

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

The above plan of correction is approved as of *9/5/17*  
 (Date)

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

Plan of correction implementation status as of *11/7/17*  
 (Date)

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

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina

PCH Name: BLUE BELL PLACE

**1. REGULATION 55 Pa.Code §2600**

2600.42(c) - A resident shall be treated with dignity and respect.

**2a. DESCRIPTION OF VIOLATION**

At approximately 10:30 AM on 7/18/17, during the physical site inspection on the Memory Care unit, the licensing representative heard a resident from apartment 117 calling for help behind a closed door. Upon entering the apartment, the resident was observed sitting in a chair by the door with his pants pulled down to his ankles. The resident had on a wet pull-up which had soaked through the chair and urine had leaked onto the floor. The resident utilizes a walker which was not in reaching distance, but across the bedroom next to the bed and bathroom door.

**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?**

Resident in apartment 117 walker was not within reaching distance for the resident to be able to get up out of the chair to get to the restroom or ask for assistance.

**What was done to immediately correct the violation?**

The resident's aide immediately provided necessary care and placed resident's roller walker within reach.

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

Caregivers, Med-Techs and Nurses were in serviced on 09/05/2017 on the important of keeping residents mobility devices within reaching distance.

During monthly Town Hall meetings, beginning October 17, 2017 Caregivers, Med-Techs and Nurses will be reminded of the importance of keeping residents mobility devices within reaching distance of the resident.

On 10/03/2017 the local Ombudsman was contacted and training is scheduled for October 17, 2017 to provide training to Caregivers, Med-Tech's and nurses on resident rights including dignity and respect.

Effective 10/09/2017 all Caregiver and Med-Tech assignment sheets will include specific mobility devices used by residents. During shift changes nursing supervisors will remind Caregivers and Med-Techs to review their assignment sheets to ensure resident's needs are understood. Each resident's support action intervention flow sheet, as applicable, will include direction to ensure that a resident's ambulation assistive device is within reach. This support action intervention should be scheduled on the flow sheet to occur at least once per shift to document the verification of the device is within reach. Associates are to check for the assistive device location any time they enter the resident's room and relocate the device to be within the resident's reach as may be needed.

Going forward, beginning with the October 17, 2017 monthly Town Hall meetings with Caregivers and Med-Techs we will discuss the importance of being familiar with the resident assignment sheet and that mobility information is now provided on the assignment sheets and the importance of knowing what mobility device a resident utilizes and that that device is always within reach.

**Who will be responsible for monitoring and compliance?**

Resident Care Director, Assistance Resident Care Director, Executive Director

Attachments: J,O

*Sabrina Freeman, Executive Director*

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
 PCH Name: BLUE BELL 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  
 Bedroom 117 did not have a source of light that could 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.

Please see attached!

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sabrina Freeman*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Sabrina Freeman, Executive Director* Date *10/4/2017*

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

The above plan of correction is approved as of <i>9/17</i> (Date)	Plan of correction implementation status as of <i>10/4/17</i> (Date)
The above plan of correction was approved by <i>SB</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

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
PCH Name: BLUE BELL 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

Bedroom 117 did not have a source of light that could 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.*

What was the root cause of the violation?

The light that was in the resident's apartment was too far away from the resident's bedside to be reached.

What was done to immediately correct the violation?

Immediately, a light in the resident's apartment was placed at the resident's bedside that can be turned on at bedside.

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

On October 17, 2017 an in-service will be held during monthly town hall meetings with Caregivers, Med-Techs, Housekeeping and Maintenance on why it is important to have a working light next to the resident's bed.

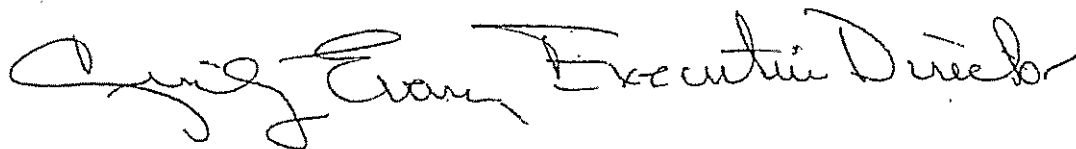
On August 11, 2017, an inspection of all residents' apartments was completed to ensure each resident has an operable lamp or other source of lighting that can be turned on at bedside.

Going forward, maintenance will be responsible for conducting monthly inspections of apartments to ensure there is a working light at the bedside of each resident.

Who will be responsible for monitoring and compliance?

Director of Maintenance, Executive Director

Attachment: k

  
Executive Director

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
 PCH Name: BLUE BELL 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 #4 was prescribed two tablets of Limbrel three times a day. At the time of inspection, five Limbrel pills were observed in a cup on the night stand in resident #4's apartment. Resident #4 does not self-medicate. The resident and staff person was uncertain when or how long the medication was on the night stand.

At the time of inspection, the home did not have resident #7's medication available. Specifically, the 3mg Melatonin which one tablet is to be taken at bedtime as needed.

**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.*

Please see attached!

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) *Synthia Evans / Executive* Date *10/4/2017*

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

The above plan of correction is approved as of <i>9/8/17</i> (Date)	Plan of correction implementation status as of <i>11/7/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
PCH Name: BLUE BELL 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 #4 was prescribed two tablets of Limbral three times a day. At the time of inspection, five Limbral pills were observed in a cup on the night stand in resident #4's apartment. Resident #4 does not self-medicate. The resident and staff person was uncertain when or how long the medication was on the night stand.

At the time of inspection, the home did not have resident #7's medication available. Specifically, the 3mg Melatonin which one tablet is to be taken at bedtime as needed.

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?

Resident #4 does not self-medicate, medications were found in resident #4 apartment that were observed in a cup on the night stand. Also, at the time of inspection the community did not have residents #7's Melatonin 3mg available.

What was done to immediately correct the violation?

Medication were immediately removed from resident #4 apartment and medication was ordered for resident #7.

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

On August 25, 2017, an in-service was held with Caregivers, Med-Techs and Nurses on Medication Pass Guide.

In-service will be reinforced during monthly Town Hall Meetings beginning October 17, 2017.

Moving forward, Nurses will enforce current medication policy to contact the resident's pharmacy when 7 day supply of medication remains and request a refill.

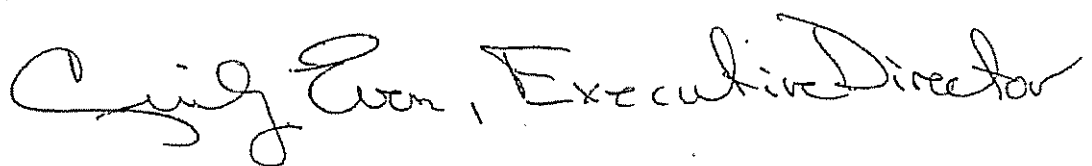
Periodic room inspections will be completed by Resident Care Director, Assistant Resident Care Director and Nurses to ensure there are no medications that have not been administered.

During monthly recaps, the nursing supervisor will check that PRN medications are available.

Who will be responsible for monitoring and compliance?

Resident Care Director, Assistant Resident Care Director and Executive Director

Attachments: l, m

 Craig Egan, Executive Director

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
 PCH Name: BLUE BELL PLACE

**1. REGULATION 55 Pa.Code §2600**

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #4 was prescribed two tablets of Limbrel three times a day. At the time of inspection, five Limbrel pills were observed in a cup on the night stand in resident #4's apartment. Resident #4 does not self-medicate. The resident and staff person was uncertain when or how long the medication was on the night stand.

**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.*

Please see attached!

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Synthia Evans*

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

*Synthia Evans, Executive Director*

Date

*10/4/2017*

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

The above plan of correction is approved as of

*11/6/17*  
 (Date)

Plan of correction implementation status as of

*11/6/17*  
 (Date)

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

The above plan of correction was approved by

*RB*  
 (Initials)

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina

PCH Name: BLUE BELL PLACE

1. REGULATION 65 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 was prescribed two tablets of Limbrel three times a day. At the time of inspection, five Limbrel pills were observed in a cup on the night stand in resident #4's apartment. Resident #4 does not self-medicate. The resident and staff person was uncertain when or how long the medication was on the night stand.

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?**

Resident does not self-medicate and 5 Limbrel pills were observed in a cup on the night stand in the resident's apartment.

**What was done to immediately correct?**

Medications were immediately removed from resident #4's apartment, resident, resident's POA and resident's PCP were notified.

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

On August 25, 2017, in-service was held with Caregivers, Med-Techs and Nurses on Medication Pass Guide.

In-service will be reinforced during monthly Town Hall Meetings beginning October 17, 2017.

Moving forward, Nurses will enforce current medication policy to contact the resident's pharmacy when 7 days of medication remain and request a refill.

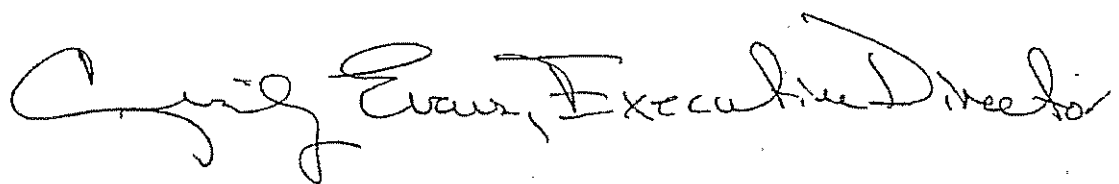
Weekly resident room audits will be performed for three weeks. If compliance is maintained, weekly random room audits will be implemented if non-compliance is identified in the future. Audits to be completed by Resident Care Director, Assistant Resident Care Director and Nurses to ensure there are no medications that have not been administered. A list of all residents that are not able to self-administer medications will be maintained by the Resident Care Director to ensure that all residents that are not able to self-administer medications rooms are inspected.

During monthly recaps, the nursing supervisor will check that PRN medications are available.

**Who will be responsible for monitoring and compliance?**

Resident Care Director, Assistant Resident Care Director and Executive Director

Attachments: l, m



Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
 PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600  
 2600.191 - 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, 2, 4 and 5 has not been educated to the resident's 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.

Please see attached!

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

10/4/2017

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

The above plan of correction is approved as of

9/19/17  
 (Date)

Plan of correction implementation status as of

11/2/17  
 (Date)

The above plan of correction was approved by

[Signature]  
 (Initials)

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

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
PCH Name: BLUE BELL PLACE

**1. REGULATION 55 Pa.Code §2600**

2600.191 - 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, 2, 4 and 5 has not been educated to the resident's 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.*

**What was the root cause of the violation?**

The Resident's right to refuse medications were never reviewed with residents #1, 2, 4 and 5.

**What was done to immediately correct?**

On July 17, 2017, the right to refuse medications were reviewed with residents #1, 2, 4 and 5 and residents and or POA signatures were received.

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

Going forward at time of move-in, the Sales Director will review with the resident and or POA the right to refuse medication at the time of contract signing and acquire necessary signatures.

Within 24 hours of move-in, the resident's file will be reviewed and signed by the Executive Director and then a final review by the business office to ensure all signatures are obtained.

**Who will be responsible for monitoring and compliance?**

Sales Director, Business Office Manager, Executive Director

Attachment: e, f, g, h

D

 Executive Director

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
 PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600  
 2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION  
 The home failed to implement positive interventions to modify or eliminate resident #10's behavior.  
 Resident #10 had increasingly aggressive behavior that the home failed to address. Resident #10 was verbally aggressive and recently became physically aggressive, per interview with direct care workers. On 7/12/17 resident #10 became violently aggressive towards resident #9 and pushed resident #9 causing the resident to fall backwards and hit their head on the floor. 911 was called and resident #9 was transported to the hospital. Resident #10 was immediately placed on 1:1 assignment until 7/13/17 at which time resident #10 was sent to a behavioral health facility on 7/14/17 and had not returned to the home as of [redacted] 17.  
 Resident #9 passed away in the hospital on [redacted] 17.

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.

Please see attached!

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) *Sybil Evans / Executive Director* Date *10/9/2017*

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

The above plan of correction is approved as of 9/8/17  
 (Date)

Plan of correction implementation status as of 11/7/17  
 (Date)

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

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

Violation Report: 13280 - 07/11/2017 - Freeman, Sabrina  
PGH Name: BLUE BELL PLACE

**1: REGULATION 65 Pa.Code §2600**

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

**2a. DESCRIPTION OF VIOLATION**

The home failed to implement positive interventions to modify or eliminate resident #10's behavior.

Resident #10 had increasingly aggressive behavior that the home failed to address. Resident #10 was verbally aggressive and recently became physically aggressive, per interview with direct care workers. On 7/12/17 resident #10 became violently aggressive towards resident #9 and pushed resident #9 causing the resident to fall backwards and hit their head on the floor. 911 was called and resident #9 was transported to the hospital. Resident #10 was immediately placed on 1:1 assignment until 7/13/17 at which time resident #10 was sent to a behavioral health facility on 7/14/17 and had not returned to the home as of [REDACTED] 17.

Resident #9 passed away in the hospital on [REDACTED] 17.

**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?**

Staff allegedly failed to address resident #10's change in behavior.

**What was done to immediately correct the violation?**

The nurse immediately assessed resident #9 and 911 was called for resident #9. Resident #10 was immediately placed on 1:1 utilizing one of our staff members until the family could make arrangements with an outside agency to provide 1:1. 1:1 remain in place until resident #10 could be sent to a behavioral health facility pending evaluation by behavioral nurse and PCP.

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

Caregivers, Med-Techs, Nurses, Dining staff and Housekeeping were in-serviced on 09/5/2017 on Safe Behavior Management - Defining the ways to manage behaviors in a positive way.

To minimize future occurrences, on 10/03/2017 VNA hospice Nurse was contacted and will provide trainings on October 10, 2017 on how to monitor resident behaviors and techniques that can be used to address behaviors for Caregivers, Med-Techs, Nurses, Housekeeping and Dining staff. In addition on 10/03/2017, a training request was made to the local Ombudsman to train Caregivers, Med-Techs, Nurses, Dining Services and Housekeeping on dignity and respect and resident rights. This training is scheduled for October 17, 2017.

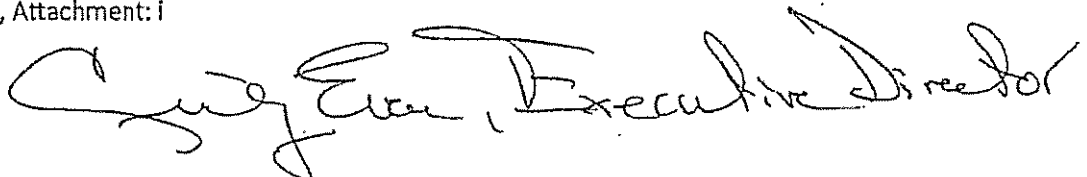
Also, Aging and Adult Services was contacted on 10/03/2017 and a request for training was made for Caregivers, Med-Tech and Nurses on resident abuse and ACT 13 reporting. We currently are awaiting confirmation of when training can be scheduled with the Ageing and Adult Services.

As a follow-up during monthly town-hall meetings beginning October 17, 2017, discussions related to the importance of monitoring residents behaviors will occur with Caregivers, Med-Techs, Nurses, Dining Services, Housekeeping and Maintenance associates.

**Who will be responsible for monitoring and compliance?**

Resident Care Director, Assistant Resident Care Director, Program Director, Human Resources,

Executive Director, Attachment: i

  
Executive Director

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
 PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600  
 2600.227(j) - The home shall give a copy of the support plan to the resident and the resident's designated person upon request.

2a. DESCRIPTION OF VIOLATION  
 The home failed to provide resident #2 with a copy of their support plan.

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.

Please see attached!

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

The above plan of correction is approved as of <u>11/17/17</u> (Date)	Plan of correction implementation status as of <u>11/17/17</u> (Date)
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: 13280 - 07/17/2017 - Freeman, Sabrina  
PCH Name: BLUE BELL PLACE

1, REGULATION 65 Pa.Code §2600  
2600.227(j) - The home shall give a copy of the support plan to the resident and the resident's designated person upon request.

2a. DESCRIPTION OF VIOLATION  
The home failed to provide resident #2 with a copy of their support plan.

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?

Community failed to provide Resident #2 a copy of their support plan.

What was done to immediately correct the violation?

On July 17, 2017, Resident Care Director reviewed Support Plan with Resident #2 resident and included Resident #2's husband.

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

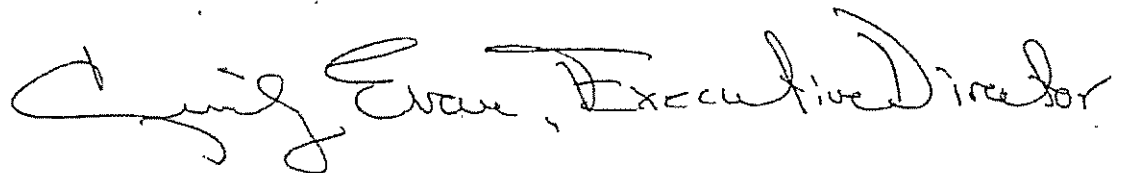
On September 5, 2017 Resident Care Director, Assistant Resident Care Director and Nurses were in-serviced on DHS Regulation 2600.227(f) Development of Support Plan, Initial and Annual Assessment.

Going forward, annually or a change in resident's condition, the Resident Care Director or the Assistant Resident Care Director will meet with the resident and or responsible party in the development and implementation of the support plan and at that time acquire the necessary signatures and provide the resident and or responsible party with a copy of the support plan. If the resident and or responsible party chooses not to participate in the development and implementation of the support plan, a copy of the support plan will be mailed to the resident's responsible party and a copy given to the resident for review.

Who will be responsible for monitoring and compliance?

The Resident Care Director will monitor that residents annual and or change in conditions support plans are updated

Attachments: o, p

 Craig Evans, Executive Director

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
 PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600  
 2600.234(e) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

2a. DESCRIPTION OF VIOLATION  
 Resident #2's support plan was documented on 1/20/17. Neither the resident nor the resident's designated person were involved in the development of the support plan.

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.

Please see attached!

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

9/8/17  
 (Date)

Plan of correction implementation status as of

11/7/17  
 (Date)

The above plan of correction was approved by

RB  
 (Initials)

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

Violation Report: 13280 - 07/17/2017 - Freeman, Sabrina  
PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600  
2600.234(e) - The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

2a. DESCRIPTION OF VIOLATION  
Resident #2's support plan was documented on 1/20/17. Neither the resident nor the resident's designated person were involved in the development of the support plan.

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.*

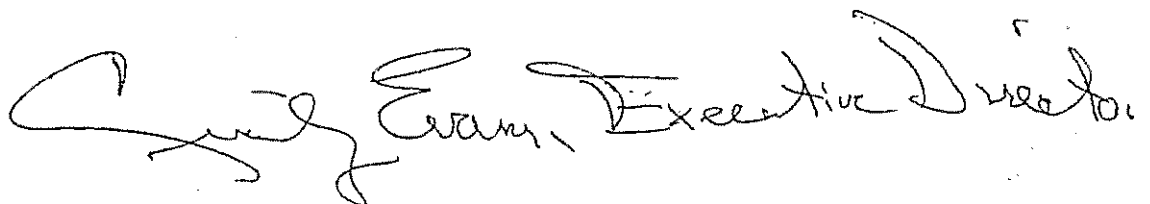
What was the root cause of the violation?  
Community failed to involve Resident #2's husband in the development of the support plan.

What was done to immediately correct the violation?  
On July 17, 2017, Resident Care Director reviewed Support Plan with Resident #2 resident and included Resident #2's husband.

What will be done to ensure the violation does not reoccur?  
On September 5, 2017 Resident Care Director, Assistant Resident Care Director and Nurses were In-serviced on DHS Regulation 2600.227(f) Development of Support Plan, Initial and Annual Assessment.  
Going forward, annually or a change in resident's condition, the Resident Care Director or the Assistant Resident Care Director will meet with the resident and or responsible party in the development and implementation of the support plan and at that time acquire the necessary signatures and provide the resident and or responsible party with a copy of the support plan. If the resident and or responsible party chooses not to participate in the development and implementation of the support plan, a copy of the support plan will be mailed to the resident's responsible party and a copy given to the resident for review.

Who will be responsible for monitoring and compliance?  
The Resident Care Director will monitor that residents annual and or change in conditions support plans are updated

Attachment: 0

 Executive Director