



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail

July 23, 2018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
July 23, 2018

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's Bureau of Human Services Licensing inspection on February 5, 2018 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,

Kenneth L. Wilson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 13280 - 02/05/2018 - Thomas, Tahesia
 PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On 11/20/17, resident # 1 experienced a change in health status. The home has not completed a new assessment of the resident's needs to reflect these changes. The last assessment was dated 10/31/17; however the home did not amend this assessment until 12/17/17.

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.

See page 1 attached

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anda Durso, Executive Dir.* Date *7/20/2018*

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

The above plan of correction is approved as of *7/23/18*
 (Date)

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

Plan of correction implementation status as of *7/23/18*
 (Date)

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

Violation Report: 13280-02/05/2018 – Thomas, Tahesia

PCH Name: BLUE BELL PLACE

Address: 777 Dekalb Pike, Blue Bell, PA 19422

License Number: 13280

County: Montgomery

1. REGULATION 55 Pa. Code §2600

2600.225(c)- The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On 11/20/17, resident #1 experienced a change in health status. The home has not completed a new assessment of the resident's needs to reflect those changes. The last assessment was dated 10/31/17; however the home did not amend this assessment until 12/17/17.

3. PLAN OF CORRECTION (POC)

-**What caused the violation?** The violation was caused by not completing a significant change RASP upon readmission from the hospital. The resident had been experiencing increased urinary tract infections, resulting in more frequent delusions, which required behavioral interventions.

-**What was done right away to fix the violation?** The assignment sheets and care plan were updated to reflect the resident's changes to ensure staff were reporting signs and symptoms of urinary tract infections promptly to the nurse, as well as implementing appropriate behavioral interventions to support the resident during the delusions caused by the urinary tract infections. The resident care director and assistant resident care director audited the RASPs for residents who had experienced significant changes, which changed the delivery of care.

-**What can be done to prevent future violations of this nature?** The resident care team was re-trained on what constitutes a significant change by utilizing the Regulatory Compliance Guide's *"The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices"* addendum. A resident care collaboration meeting was instituted monthly and is being run by the Resident Care Director to review all residents who are experiencing significant changes and may require additional support from outside services, or changes to their care plans.

-**Who will be responsible for ensuring the POC is implemented and that future violations are prevented?** The Resident Care Director, Program Director, and Executive Director will attend the resident care collaboration meetings and audit the RASPs for residents who are discussed as having experienced significant changes requiring changes to the delivery of care or new interventions.

Signature of Legal Entity Representative



Printed Name and Title of Legal Entity Representative
ANDA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

7/20/2018

Violation Report: 13280-02/05/2018 – Thomas, Tahesia

Violation Report: 13280 - 02/05/2018 - Thomas, Tahesia
 PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 On 11/20/17, resident # 1 experienced a change in health status. The home has not completed a new assessment of the resident's needs to reflect these changes. The last assessment was dated 10/31/17; however the home did not amend this assessment until 12/17/17.

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.

See page 2 of attachment.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Anda Duroso</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anda Duroso, Executive Dir.</i>			Date <i>7/20/2018</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <i>7/23/18</i> (Date)		Plan of correction implementation status as of <i>7/23/18</i> (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	

Violation Report: 13280-02/05/2018 – Thomas, Tahesia

PCH Name: BLUE BELL PLACE

Address: 777 Dekalb Pike, Blue Bell, PA 19422

License Number: 13280

County: Montgomery

1. REGULATION 55 Pa. Code §2600

2600.227 (c) – The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

On 11/20/17, resident #1 experienced a change in health status. The home has not completed an ew assessment of the resident's needs to reflect these changes. The last assessment was dated 10/31/17; however the home did not amend this assessment until 12/17/17.

4. PLAN OF CORRECTION (POC)

-What caused the violation? The violation was caused by not completing a significant change RASP upon readmission from the hospital. The resident had been experiencing increased urinary tract infections, resulting in more frequent delusions, which required behavioral interventions.

-What was done right away to fix the violation? The assignment sheets and care plan were updated to reflect the resident's changes to ensure staff were reporting signs and symptoms of urinary tract infections promptly to the nurse, as well as implementing appropriate behavioral interventions to support the resident during the delusions caused by the urinary tract infections. The resident care director and assistant resident care director audited the RASPs for residents who had experienced significant changes, which changed the delivery of care.

-What can be done to prevent future violations of this nature? The resident care team was re-trained on what constitutes a significant change by utilizing the Regulatory Compliance Guide's "The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices" addendum. A resident care collaboration meeting was instituted monthly and is being run by the Resident Care Director to review all residents who are experiencing significant changes and may require additional support from outside services, or changes to their care plans.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The Resident Care Director, Program Director, and Executive Director will attend the resident care collaboration meetings and audit the RASPs for residents who are discussed as having experienced significant changes requiring changes to the delivery of care or new interventions.

Signature of Legal Entity Representative



Printed Name and Title of Legal Entity Representative
ANDA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

2/20/2018

Violation Report: 13280-02/05/2018 – Thomas, Tahesia