



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
March 20, 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
Certificate #: 132800

Dear Mr. Barnes:

As a result of the Department of Human Services' licensing inspection on September 13, 2017 and October 20, 2017 of the above facility, the violations with Title 55 PA Code, Chapter 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 Title 55 PA Code, Chapter 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth L. Wilson".

Kenneth L. Wilson
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 13280 - 09/13/2017 - Thomas, Tahesla
 PCH Name: BLUE BELL 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 is prescribed to cleanse left heel with wound cleanse; apply skin prep to peri wound; apply Hydrogel and cover with Optifoam heel every 3 to 5 days and as needed. The hospice nurse failed to change the left boot from 9/07/17 to 9/13/17. The wound on Resident #1's left heel on 8/25/17 was documented as stage III.

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 pg 4 of attached POC

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anda Jurso</i>	Date <i>3/13/2018</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13280-09/13/2017 – 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

2600.187(d) – The home shall follow the instructions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed to cleanse the left heel with wound cleanse, apply skin prep to peri wound, apply Hydrogel and cover with OptiFoam heel boot every 3-5 days and as needed. The hospice nurse failed to change the left boot from 9/7/17 to 9/13/17. The wound on resident #1's heel on 8/25/17 was documented as stage III.

3. PLAN OF CORRECTION (POC)

-What caused the violation? Resident #1 was receiving hospice services by Heartland Hospice. The hospice nurse had visited on 9/8/17 and wrote the following note about care delivered: "Wound care provided, all dressings clean, dry and intact." See Heartland Hospice clinical note Attachment #1.

-What was done right away to fix the violation? The dressings for Resident #1 were changed by Blue Bell Place nursing staff on 9/13/2017 while the DHS inspector was still on site. The Blue Bell Place nursing team contacted Heartland Hospice and requested for the nurse assigned to Resident #1 to come back to the community and check the wound and its dressings. After the call from Blue Bell Place staff, the hospice nurse changed the wound dressing order on 9/13/17 to "Increase wound care (heel wounds & sacral wounds) from Q 3-5 days to Q 7 days or as needed for comfort". See attachment #2: Heartland Hospice's clinical note from 9/7/17.

On 9/18/17, the hospice nurse visited Resident #1 again and changed dressings to left sacrum and left heel. See attachment #3: Heartland Hospice Clinical Note from 9/18/17.

On 9/22/17, Resident #1 was seen by the hospice nurse and the wounds on her heel and sacrum showed improvement, proving that the treatment was effective. See attachment #4: Heartland Hospice's "Skin Assessment and Wound Care Record" dated 9/22/17.

-What can be done to prevent future violations of this nature? All residents receiving outside support services are being tracked by the Resident Care Director or designee. Treatments or services provided through outside agencies are now being placed on each Resident's Medication Administration Record and being verified by Blue Bell Place staff that they are being administered as ordered.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The Resident Care Director or designee conduct regular resident chart audits to ensure compliance. Residents receiving outside support services are now being reviewed at monthly Resident Care Collaboration meetings with the interdisciplinary team. Results are reviewed during end of month Quality Improvement meetings.

Signature of Legal Entity Representative



Printed Name and Title of Legal Entity Representative

ANDA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

3/13/2018

Violation Report: 13280-09/13/2017 – Thomas, Tahesia

Violation Report: 13280 - 09/13/2017 - Thomas, Tahesia
 PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600
 2600.223(b) - The home shall develop written procedures for the delivery and management of services from admission to discharge.

2a. DESCRIPTION OF VIOLATION
 The home did not follow it's written procedures for the delivery and management of services, specifically section # 2, which states, "The care givers in the Personal Care Home will meet the needs of the resident as directed by the Hospice Agency for the time period that hospice services are not physically present in the community."

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 pg 2 of attached POC

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anda Dureo</i>	Date <i>8/13/2018</i>
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Violation Report: 13280-09/13/2017 – 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

2600.223(b) The home shall develop written procedures for the delivery and management of services from admission to discharge.

2a. DESCRIPTION OF VIOLATION

The home did not follow its written procedures for the delivery and management of services, specifically Section #2, which states "the caregivers in the PCH will meet the needs of the resident as directed by the hospice agency for the time period that hospice services are not physically present in the community."

3. PLAN OF CORRECTION (POC)

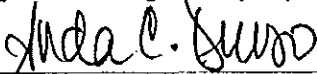
-What caused the violation? The violation was caused by lack of adequate documentation and follow through by hospice. The violation was also caused by Blue Bell Place, who did not have a system in place to track the services provided by the hospice agency.

-What was done right away to fix the violation? The violation was discussed with Heartland Hospice's management team to alert them to follow their own policies and procedures and ensure the residents are getting the care they need. Blue Bell Place's caregivers and nurses monitor outside treatments by transcribing them onto the MARs and verifying/signing off that they were completed.

-What can be done to prevent future violations of this nature? All residents receiving outside support services are being tracked by the Resident Care Director or designee. Treatments or services provided through outside agencies are now being placed on each Resident's Medication Administration Record and being verified by Blue Bell Place staff that they are being administered as ordered.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The Resident Care Director or designee will conduct monthly resident chart audits to ensure compliance. Residents receiving outside support services are reviewed at monthly Resident Care Collaboration meetings with the interdisciplinary team. Results are reviewed during end of month Quality Improvement meetings.

Signature of Legal Entity Representative



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

Date:

3/13/2018

Violation Report: 13280-09/13/2017 – Thomas, Tahesia

Violation Report: 13280 - 09/13/2017 - Thomas, Tahesia
 PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2800
 2800.227(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
 An assessment was completed for resident #1 on 7/20/17. The resident's support plan did not reflect the doctor's order for wound care for both the left and right heels.

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 pg 3 of attached POC

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anda DUSO</i>	Date <i>3/13/18</i>
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Violation Report: 13280-09/13/2017 – 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 in the current assessment.

2a. DESCRIPTION OF VIOLATION

An assessment was completed for resident #1 on 7/20/17. The resident support plan did not reflect the wound order for both the left and right heels.

PLAN OF CORRECTION (POC)


-What caused the violation? The Blue Bell Place team failed to add the hospice wound care orders and treatment to the RASP when they were first ordered on 8/25/17.

-What was done right away to fix the violation? On 9/13/17, Resident #1's RASP addendum was updated to reflect the wound orders.

-What can be done to prevent future violations of this nature? Residents receiving outside support services are being reviewed at Resident Care Collaboration meetings with the interdisciplinary team. The residents' charts are being brought to these meetings. Any updates needed due to support services or new orders will be reviewed during these meetings and added if necessary. The Resident Care director or designee will also review RASP addendums during the quarterly assessment, RASP and DME audits.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The Resident Care Director or designee conducts quarterly resident chart audits to ensure compliance. Residents receiving outside support services are reviewed at monthly Resident Care Collaboration meetings with the Interdisciplinary team. Results are reviewed during Quality Improvement meetings.

Signature of Legal Entity Representative



Printed Name and Title of Legal Entity Representative

ANDA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

3/13/2018

Violation Report: 13280-09/13/2017 – Thomas, Tahesia