



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

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
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 30

Restrictions: _____

This certificate is granted in accordance with the Human Services 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 September 11, 2018 until September 11, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **132800**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
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

SEP 11 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 annual inspection on June 11 and June 12, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.


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.

Mr. David Barnes

The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

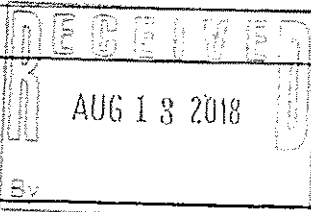
Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter "J" being particularly large and stylized.

Jacqueline L. Rowe
Director

Enclosure
License 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: ANDA DURSO		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 10/23/2000 DEPT OF LABOR & INDUSTRY		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 103	Waking Staff: 77
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/11/2018: Braswell, Natasha; Gray, Dean 06/11/2018: Braswell, Natasha		
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: 99 Number of Residents Served: 64 Secured Dementia Care Unit In Home: Yes Area: PATHWAYS Secured Dementia Unit Capacity, If Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, If applicable: 25 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 10		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 63 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 39 Have a Physical Disability: 2

Anda Durso, Executive Director

8/13/18

Violation Report: 13280 - 06/11/2018 - Braswell, Natasha
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
On 6-17-18 staff person A said "If I had a gun, I would shoot you" to Resident # 1.

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 of attachment and Resident #1's attached care plan.

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

Signature of Legal Entity Representative (Required on EVERY Page) Anda Surso

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Anda Surso, Executive Director Date 8/13/18

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

The above plan of correction is approved as of 9/10/18
(Date)

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

Plan of correction Implementation status as of 9/10/18
(Date)

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

2A

Violation Report: 13280 - 06/11/2018 - Natasha Braswell

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

1. REGULATION 55 Pa. Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 5/17/18 staff person A said, "If I had a gun, I would shoot you" to Resident #1.

3. PLAN OF CORRECTION (POC)

Blue Bell Place request the terminology of this violation be changed from "staff person A said" to "staff person A allegedly said" as the allegation was not substantiated by the internal investigation, nor by the local police and Montgomery County Adult Protective Services.

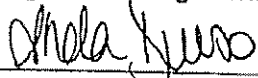
-What caused the violation? Resident #1 reported to her sister that staff member A allegedly said, "If I had a gun, I would shoot you". Resident #1's niece reported the allegation to Blue Bell Place staff days later, and an investigation was conducted (see below). Resident #1 has a diagnosis of dementia with behavioral disturbances. She also has a history of being paranoid due to hearing impairment and insecurity. See attached care plan.

-What was done right away to fix the violation? When the community was notified of the allegation, staff person A was placed on administrative leave pending investigation. PA DHS, the police department, and Montgomery County Adult Protective Services were notified of the incident and the investigation. The investigation by the community determined that the allegation was unsubstantiated. The police department sent an officer and Adult Protective Services sent a case manager to investigate the incident on May 18th, 2018. Following their investigations, both agencies informed Blue Bell Place's Executive Director they found the allegation to be unsubstantiated. Although the allegation was unsubstantiated, the community terminated staff person A and another staff member because they did not report the complaints from the resident of being afraid of staff member A in a timely fashion as per Pennsylvania's Older Adult Protective Services Act (OAPSA).

-What can be done to prevent future violations of this nature? On July 17th, 2018, the community staff members were re-educated on Watermark's abuse reporting policy (WRC-PA-AL-P001) by the Executive Director. A class titled "Elder Abuse-Mandated Reporting and the Older Adult Protective Services Act" was also presented by VNA Hospice and Senior Helpers to all staff on July 25, 2018. *The administrator will discuss the importance of treating Residents with dignity and respect at monthly staff meetings for the next 6 months. (S) 9/10/18*

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The department directors are meeting with their staff monthly to review this plan of correction and brainstorm ongoing ways to train the front line staff. The Executive Director will conduct ongoing group and 1:1 training and coaching with the staff to ensure ongoing compliance. The Executive Director and Department Directors will continue meeting regularly with individual residents and their families to solicit feedback regarding the care delivered and communication with the staff members.

Signature of Legal Entity Representative



Printed Name and Title of Legal Entity Representative

ANDRA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

8/13/18

Violation Report: 13280 - 06/11/2018 - Braswell, Natasha
 PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2800
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 6-11-18 at 9:50 am during the safety walk through the following unsanitary conditions were found:

There were 2 bags of trash near room #219, one containing soiled linen and the other containing trash that had a strong smell of rotten food.

There were 2 tables located in the memory care dining room with milk spilled on them; there were also large pieces of bacon and eggs on the floor under the 2 tables.

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 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 Nuro*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anda Nuro, Executive Director* Date *8/13/18*

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

The above plan of correction is approved as of 9/10/18
 (Date)

The above plan of correction was approved by *AN*
 (Initials)

Plan of correction implementation status as of 9/10/18
 (Date)

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

Violation Report: 13280-06/11/2018 – Natasha Braswell

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

2. REGULATION 55 Pa. Code §2600

2600.85(a)- Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 6-11-18 at 9:50 am during the safety walk through the following unsanitary conditions were found:

- a) There were 2 bags of trash near room #219, one containing soiled linen and the other containing trash that had a strong smell of rotten food.
- b) There were two tables located in the memory care dining room with milk spilled on them; there were also large pieces of bacon and eggs on the floor under the 2 tables.

4. PLAN OF CORRECTION (POC)

-What caused the violation? The safety walk through was conducted at 9:50 am, during the residents' morning care routine and breakfast.

- a) The two bags near room 219 contained incontinence products and wet towels from the resident in that apartment who had just been changed and showered. The smell was a soiled incontinence product.
- b) The memory care dining room still contained one resident eating breakfast, and the rest were being assisted safely into the dining room after eating. The residents in memory care have advanced cognition issues, which affect their motor skills, causing spills during meals. The staff members had not had a chance to clean up the spilled milk and pieces of food that had fallen on the ground during the residents' breakfast as their first priority was transporting the residents safely out of the dining room.

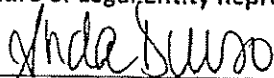
-What was done right away to fix the violation?

- a) The staff member took the trash bag to the dumpster and the wet towels to the laundry room after staff ensured the resident was clean and seated safely.
- b) The staff members cleaned the Pathways dining room of all spills and food particles.

-What can be done to prevent future violations of this nature? Staff were re-educated on their role in the cleanliness and sanitation of the community during July 17, 2018 Town Hall meeting. The Dining Services Director and dining supervisor were coached on the importance of conducting cleanliness rounds after and before meals. The Memory Care Director and nurse supervisors were also re-educated on their role in ensuring the staff members clean up spills as they occur. Additional covered, pedal activated trashcans were ordered for the memory care dining room so that the staff members do not have to walk to the kitchen to discard food and trash.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The Dining Services director or designee conducts cleanliness rounds before and after meals. The Memory Care Director monitors the memory care dining room regularly.

Signature of Legal Entity Representative



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

Date:

8/13/18

Violation Report: 13280 - 06/11/2018 - Braswell, Natasha
 PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The dining room located in memory care was heavily soiled with what appeared to be dirt and also a slicky substance.

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 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 Nurso*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anda Nurso, Executive Director* Date *8/13/18*

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The above plan of correction is approved as of *9/10/18*
 (Date)

Plan of correction implementation status as of *9/10/18*
 (Date)

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

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

49

Violation Report: 13280 - 06/11/2018 - Natasha Braswell

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

3. REGULATION 55 Pa. Code §2600

2600.88 (a)- Floors, walls, ceilings, windows, doors and other surfaces must be clean.

Za. DESCRIPTION OF VIOLATION

The dining room located in memory care was heavily soiled with what appeared to be dirt and also a sticky substance.

5. PLAN OF CORRECTION (POC)

-What caused the violation? The safety walk through was conducted at 9:50 am on Monday morning, during the residents' morning care routine and breakfast therefore the floor had spills from breakfast. At the time of the inspection, floors were extracted/buffed weekly. Because it was a Monday, the floors had not yet been extracted by the housekeeping department.

-What was done right away to fix the violation? The same day of inspection, the floors were swept and mopped, then steam cleaned and buffed. The dirt and sticky substance (juice) were removed.

--What can be done to prevent future violations of this nature? The memory care dining room floor extraction/buffing schedule was increased to twice a week. Staff were re-educated on their role in the cleanliness and sanitation of the community during July 17, 2018 Town Hall meeting. The Dining Services Director and dining supervisor were coached on the importance of conducting cleanliness rounds after and before meals. The Memory Care Director and nurse supervisors were also re-educated on their role in ensuring the staff members clean up spills as they occur.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The Dining Services director or designee conducts cleanliness rounds before and after meals. The Memory Care Director monitors the memory care dining room regularly. The Maintenance Director will monitor the Memory Care dining room weekly to ensure the cleaning is taking place as scheduled and is effective at removing stains.

Signature of Legal Entity Representative



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

Date:

8/13/18

Violation Report: 13280 - 08/11/2018 - Braswell, Natasha
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

The bed in room 148 does not have a source of light that can 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.

See page 4 of attached POC.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Anda Burs*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Anda Burs, Executive Director* Date *8/13/18*

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

The above plan of correction is approved as of 9/10/18
(Date)

Plan of correction implementation status as of 9/10/18
(Date)

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

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

58

Violation Report: 13280 - 06/11/2018 - Natasha Braswell

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

4. 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

The bed in room 148 does not have a source of light that can be turned on/off from bedside.

6. PLAN OF CORRECTION (POC)

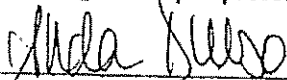
-What caused the violation? The lamp in room 148 was unplugged and the light bulb was not working.

-What was done right away to fix the violation? The lamp in room 148 was plugged in and the light bulb was replaced by the Maintenance Director.

-What can be done to prevent future violations of this nature? The Blue Bell Place staff were trained on the physical plant requirements during the July 17, 2018 Town Hall meeting. Caregivers and housekeepers were given checklists of regulatory physical plant requirements to audit resident rooms as they provide care and clean.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The Maintenance Director and Program Directors will conduct weekly room checks to ensure compliance. The Executive Director will conduct weekly inspections in both memory care and personal care to ensure compliance.

Signature of Legal Entity Representative



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

Date:

8/13/18

Violation Report: 13280 - 06/11/2018 - Braswell, Natasha
 PCH Name: BLUE BELL PLACE

1. REGULATION 66 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 6-12-18 there was no thermometer in the freezer of the Pathways memory care unit.

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 page 5 of POC.

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 Director* Date *8/13/18*

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

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 (Date)

Plan of correction implementation status as of 9/10/18
 (Date)

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

The above plan of correction was approved by *AD*
 (Initials)

CA

Violation Report: 13280 - 06/11/2018 - Natasha Braswell

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

5. REGULATION 55 Pa. Code §2600

2600.103 (f)- Food requiring refrigeration shall be stored at or below 40° F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 6-12-18 there was no thermometer in the freezer of the Pathways memory care unit.

7. PLAN OF CORRECTION (POC)

-What caused the violation? The thermometer was removed for cleaning the same morning by the Dining Services Director and therefore was not in the freezer at the moment of inspection.

-What was done right away to fix the violation? The thermometer was replaced during the inspection.

-What can be done to prevent future violations of this nature? The Blue Bell Place staff were trained on the physical plant requirements during the July 17, 2018 Town Hall meeting. Dining room staff were given checklists of regulatory physical plant requirements to audit the kitchen and serving areas during their shift.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The dining room supervisor or designee will check refrigerators daily for compliance. The Dining Services Director will conduct weekly inspections of refrigerators to ensure compliance. The Executive Director will conduct monthly refrigerator inspections to ensure compliance.

Signature of Legal Entity Representative



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

Date:

8/13/18

Violation Report: 13280 - 08/11/2018 - Braswell, Natasha
 PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The home's procedures for the safe use of medications and medical equipment do not include a process to ensure prescribed medications are received and available for the residents in the home.

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 6 of attached POC and
 Watermark Retirement Communities policy
 AL-PA-037: Assisted Living Medications - PA Only

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anda DUBO, Executive Director* Date *8/13/18*

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

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 (Date)

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

Plan of correction implementation status as of 9/10/18
 (Date)

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

Violation Report: 13280 - 06/11/2018 - Natasha Braswell

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

6. REGULATION 55 Pa. Code §2600

2600.185 (b)- At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The home's procedures for the safe use of medications and medical equipment do not include a process to ensure prescribed medications are received and available for the residents in the home.

8. PLAN OF CORRECTION (POC)

-What caused the violation? From 05/21/18 to 05/23/18 the medication Mirtazapine 30 mg prescribed for Resident #3 was not available in the home. The pharmacy documented that the Mirtazapine had been delivered, but it was not received by the community. Watermark Retirement Communities' policy, AL-PA-037 Medications (see attached) was developed based on Chapter 55 Pa. Code § 2600 to ensure that the Personal Care Homes of PA have the appropriate standards of medication practices.

-What was done right away to fix the violation? After numerous attempts to obtain the medication from the pharmacy, the Mirtazapine was received on 5/24/18. The physician was notified that the resident had missed this medication and that no adverse effects noted. Blue Bell Place selected a new pharmacy in early 2018 and was engaged in the contract negotiation process to replace the pharmacy Blue Bell Place previously used. The new pharmacy started providing services to residents in July 2018.

-What can be done to prevent future violations of this nature? *Teaching:* The nursing and med tech team was re-educated on the requirements of regulation 185 (b). They were reminded to conduct an audit of all medication deliveries and cross-reference the delivery slip against the medications delivered to ensure all meds are available. The new pharmacy contract went into effect July 2018 and Blue Bell Place is confident that this pharmacy's procedures and systems are thorough and reduce the margin of error.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The LPN supervisors will conduct weekly MAR to medication audits. The Resident Care Director or designee will conduct MAR to medications audits twice a month. The pharmacy will conduct a quarterly MAR to med audit. Results of audits will be reviewed at the community's QI meeting.

Signature of Legal Entity Representative



Printed Name and Title of Legal Entity Representative

ANDA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

8/13/18

Violation Report: 13280 - 06/11/2018 - Braswell, Natasha
PCH Name: BLUE BELL PLACE

1. REGULATION 55 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 does not include the diagnosis for Alondronate tablet 70MG.

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 7 of attached POC.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Anda Buro

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Anda Buro, Executive Director Date 8/13/18

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

The above plan of correction is approved as of 9/10/18
(Date)

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

Plan of correction implementation status as of 9/10/18
(Date)

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

DA

Violation Report: 13280 - 06/11/2018 - Natasha Braswell

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

7. REGULATION 55 Pa. Code §2600

2600.187 (a)- (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 does not include the diagnosis for Alendronate tablet 70 mg.

9. PLAN OF CORRECTION (POC)

-What caused the violation? The pharmacy failed to print the diagnosis of osteoporosis for Alendronate on the resident's MAR.

-What was done right away to fix the violation? The Resident Care Director corrected the MAR on the day of inspection by adding the diagnosis of osteoporosis.

-What can be done to prevent future violations of this nature? *Teaching:* The nursing team was re-educated on the requirements of regulation 187 (a) and ensuring that they pay special attention to diagnoses during the recap process. Blue Bell Place entered into a contract with a new pharmacy whose electronic records are very thorough and run queries prior to printing out recaps and distributing them. Diagnosis omissions will be captured more easily during that process.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The LPN supervisors will conduct weekly MAR audits. The Resident Care Director or designee will conduct MAR audits twice a month. The pharmacy will conduct a quarterly audits. Results of audits will be reviewed at the community's QI meeting.

Signature of Legal Entity Representative



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

Date:

8/13/18

Violation Report: 13280 - 06/11/2018 - Natasha Braswell

Violation Report: 13280 - 06/11/2018 - Braswell, Natasha
PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
From 05/21/18 to 05/23/18 the medication Mirtazapine 30mg prescribed for Resident #3 was not available in the home.

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 8 of attached POC.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Anda Dursod

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Anda Dursod Executive Director Date 8/13/18

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The above plan of correction is approved as of 9/10/18
(Date)

Plan of correction implementation status as of 9/10/18
(Date)

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

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

9A

Violation Report: 13280 - 06/11/2018 - Natasha Braswell

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

8. REGULATION 55 Pa. Code §2600

2600.187 (b)- The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

From 05/21/18 to 05/23/18 the medication Mirtazapine 30 mg prescribed for Resident #3 was not available in the home.

10. PLAN OF CORRECTION (POC)

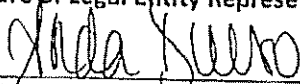
- What caused the violation? The pharmacy documented that the Mirtazipine had been delivered, but it was not received by the community.

-What was done right away to fix the violation? After numerous attempts to obtain the medication from the pharmacy, the Mirtazipine was finally received on 5/24/18. The physician was notified that the resident had missed this medication and that no adverse effects noted. Blue Bell Place selected a new pharmacy in early 2018 and was engaged in the contract negotiation process to replace the pharmacy Blue Bell Place previously used. The new pharmacy started providing services to residents in July 2018.

-What was done to prevent future violations of this nature? *Teaching:* The nursing and med tech team was re-educated on the requirements of regulation 185 (b). They were reminded to conduct an audit of all medication deliveries and cross-reference the delivery slip against the medications delivered to ensure all meds are available. The new pharmacy contract went into effect July 2018 and Blue Bell Place is confident that this pharmacy's procedures and systems are more thorough and reduce the margin of error.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The LPN supervisors will conduct weekly MAR to medication audits. The Resident Care Director or designee will conduct MAR to medications audits twice a month. The pharmacy will conduct a quarterly MAR to med audit. Results of audits will be reviewed at the community's QI meeting.

Signature of Legal Entity Representative



Printed Name and Title of Legal Entity Representative

ANDA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

8/13/18

Violation Report: 13280 - 06/11/2018 - Braswell, Natasha
 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

The home did not report 9 doses of missed Mirtazapline 30mg at bedtime for Resident #3.

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 9 of attached POC.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Anda Burso

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

Anda Burso, Executive Director

Date *8/13/18*

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

The above plan of correction is approved as of 9/10/18
 (Date)

Plan of correction implementation status as of 9/10/18
 (Date)

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

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

10A

Violation Report: 13280 - 06/11/2018 - Natasha Braswell

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

9. 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

The home did not report 9 doses of missed Mirtazapine 30 mg at bedtime for Resident #3.

11. PLAN OF CORRECTION (POC)

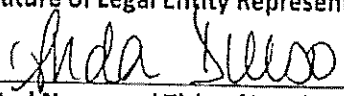
-What caused the violation? The pharmacy documented that the Mirtazapine had been delivered, but it was not received by the community. The med techs had reported the medication not being available to the nurses, who had followed up with the pharmacy regarding the medication. When the Resident Care Director conducted her weekly MAR to medication audit she noticed that the medication was not available and escalated the request to the pharmacy owner, who delivered the medication the next day. The community then reported the missed dose.

-What was done right away to fix the violation? The Mirtazapine was finally received on 5/24/18. The physician was notified that the resident had missed this medication and that no adverse effects noted. Blue Bell Place selected a new pharmacy in early 2018 and was engaged in the contract negotiation process to replace the pharmacy Blue Bell Place previously used. The new pharmacy started providing services to residents in July 2018.

--What was done to prevent future violations of this nature? *Teaching:* The nursing and med tech team was re-educated on the requirements of reportable incidents and that missed medication doses constitute a medication error. The new pharmacy contract went into effect July 2018 and Blue Bell Place is confident that this pharmacy's procedures and systems are more thorough and reduce the margin of error.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The LPN supervisors will conduct weekly MAR to medication audits. The Resident Care Director or designee will conduct MAR to medication audits twice a month. The pharmacy will conduct a quarterly MAR to med audit. Results of audits will be reviewed at the community's QI meeting.

Signature of Legal Entity Representative



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

Date:

8/13/18

~~10/18~~

Violation Report: 13280 - 06/11/2018 - Braswell, Natasha
PCH Name: BLUE BELL PLACE

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the 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.

See page 10 of attached POC.

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

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 Director Date 8/13/18

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

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(Date)

Plan of correction implementation status as of 9/10/18
(Date)

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

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

11A

Violation Report: 13280 - 06/11/2018 - Natasha Braswell

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

10. REGULATION 55 Pa. Code §2600

2600.233 (c)- If key locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the SDCU.

12. PLAN OF CORRECTION (POC)

-What caused the violation? The label with the code in the courtyard was missing because the weather stripped the sticker off.

-What can be done right away to fix the violation? The locking mechanisms in the courtyard were re-labeled the day of inspection and all key pads were audited to ensure that they were all labeled.

-What can be done to prevent future violations of this nature? The Blue Bell Place staff were trained on the physical plant requirements during the July 17, 2018 Town Hall meeting. Caregivers, the maintenance assistant and housekeepers were given checklists of regulatory physical plant requirements to check compliance with the labeling of the exits to the SDCU.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The Maintenance Director and Memory Care Program Director or designee will conduct weekly checks to ensure compliance. The Executive Director will conduct monthly inspections of the SDCU exits to ensure compliance. Results of inspections will be reviewed during monthly QI and Safety meetings.

Signature of Legal Entity Representative



Printed Name and Title of Legal Entity Representative

ANDA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

8/13/18