



February 13, 2020

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 19, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

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. 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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: BLUE BELL PLACE

License Number: 13280

Address: 777 DEKALB PIKE, BLUE BELL, PA 19422

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Anda Durso

Phone: 6102776443

Email:

LICENSING@WATERMARKCOMMUNITIES.COM

Legal Entity

Name: WATERMARK OPERATOR LLC

Address: 2020 WEST RUDASILL ROAD, TUCSON, AZ, 85704

Certificate(s) of Occupancy

Type: C-2 LP

Date: 02/26/1998

Issued By: Commonwealth of PA

Staffing Hours

Resident Support Staff: 74

Total Daily Staff: 187

Waking Staff: 140

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

06/19/2019 - On-Site: Sabrina Freeman, Natasha Braswell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 99

Residents Served: 74

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care 1st floor Capacity: 30

Residents Served: 24

Hospice

Current Residents: NM

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 7

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 7

Have Mobility Need: 39

Have Physical Disability: 7

Anda Durso

Anda Durso, Executive Director

8/2/19

06/19/2019

1 of 8

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/19/19, resident #1's glucometer was inspected. The med-tech stated it was broken and there were no logs in the glucometer. However, on 6/18 and 6/19/19 the home used a house glucometer for resident #1's accu-check readings.

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 attached POC.

Please see attached.....

Legal Entity Representative

Anda Nuss Signature Anda Nuss, Executive Director 8/2/19 Printed Name and Title 8/2/19 Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 02-12-2020 (Date) Plan of correction implementation status as of 02-12-2020 (Date)

The above plan of correction was approved by SP (Initials) Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 13280-06/19/2019

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

REGULATION 55 Pa. Code §2600

85.a. Sanitary conditions shall be maintained.

DESCRIPTION OF VIOLATION

On 6/19/19, resident #1's glucometer was inspected. The med-tech stated it was broken and there were no logs in the glucometer. However, on 6/18 and 6/19/19 the home used a house glucometer for resident #1's Accu-check readings.

PLAN OF CORRECTION (POC)

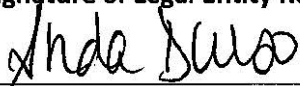
-What caused the violation? The resident's Accu-check malfunctioned. The home maintains a backup supply of glucometers to ensure they are available in such a case. The med tech used the backup glucometer for this resident, therefore no historical recordings were in this new device.

-What was done right away to fix the violation? The glucometer was replaced with a house backup glucometer so the resident's glucose could continue to be monitored. A notation was made on the log that the glucometer was a replacement and readings would start from that date on the current glucometer. Training was conducted during July's Town Hall meetings on 7/16/19 to raise awareness and educate all staff on this regulation.

-What can be done to prevent future violations of this nature? Education regarding sanitary use of glucometers was conducted with the med techs the week of June 24, 2019. The Department's memo (Jones, March 17, 2015) on the improper use of diabetic testing supplies was reviewed with the med techs as well as Watermark's policy HS-P010 *Blood Glucometer Monitoring, Cleaning, Maintenance and Storage Policy*. Blue Bell Place retrains med tech on the use of glucometers annually and the last diabetes education class was on June 6, 2019. Annual diabetes education will continue. Med techs will complete a glucometer competency evaluation during their scheduled med pass observations by a med administration trainer or nurse.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The Resident Care Director (nursing director), medication administration trainer, nurse or designee will conduct weekly random glucometer audits to ensure they match the log. Any discrepancies will be reviewed at the monthly Quality Assurance meetings and training and education for med techs will be completed as issues are identified.

Signature of Legal Entity Representative



Printed Name and Title of Legal Entity Representative

ANDA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

8/2/2019

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's, 2/6/19 medical evaluation was incomplete and did not include documentation of Section 7 or the resident's Medication Addendum. The form documented "see attached," but there was no med list attached to the medical evaluation.

Resident #2's, 2/15/19 medical evaluation was incomplete and did not include documentation of Section 7 or the resident's Medication Addendum which was blank.

Resident #3's, 9/27/18 medical evaluation was incomplete and did not list all of the residents medication on Section 7 of the Medication Addendum.

Resident #4's, 6/25/18 medical evaluation was incomplete and did not include documentation of Section 7 or the resident's Medication Addendum. The form documented "see attached med list," but there was no med list attached to the medical evaluation.

Resident #5's, 3/6/19 medical evaluation was incomplete and did not include documentation of Section 7 or the resident's Medication Addendum. The form documented "see attached," but there was no med list attached to the medical evaluation.

Plan of Correction (POC)

See page 2 of attached 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.)

Legal Entity Representative

Anda Duroso
Signature

Anda Duroso, Executive Director 8/2/19
Printed Name and Title Date

141a 1-10 Medical Evaluation Information (continued)

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The above plan of correction is approved as of	<u>02-12-2020</u> (Date)	Plan of correction implementation status as of	<u>02-12-2020</u> (Date)
The above plan of correction was approved by	<u>SP</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: 13280-06/19/2019

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

REGULATION 55 Pa. Code §2600

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

DESCRIPTION OF VIOLATION

Resident #1's, 2/6/19 medical evaluation was incomplete and did not include documentation of Section 7 or the resident's Medication Addendum. The form documented "see attached," but there was no med list attached to the medical evaluation.

Resident #2's, 2/15/19 medical evaluation was incomplete and did not include documentation of Section 7 or the resident's Medication Addendum which was blank.

Resident #3's, 9/27/18 medical evaluation was incomplete and did not list all of the resident's medication on Section 7 of the Medication Addendum.

Resident #4's, 6/25/18 medical evaluation was incomplete and did not include documentation of Section 7 or the resident's Medication Addendum. The form documented "see attached med list," but there was no med list attached to the medical evaluation.

Resident #5's, 3/6/19 medical evaluation was incomplete and did not include documentation of Section 7 or the resident's Medication Addendum. The form documented "see attached," but there was no med list attached to the medical evaluation.

PLAN OF CORRECTION (POC)

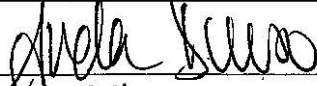
-What caused the violation? Prior to admission, nurses have been separating the medication list from the medical evaluation to complete the new resident's medication administration records and conduct the medication reconciliation. The nurses did not reattach the medication lists after this process was completed.

-What was done right away to fix the violation? The Resident Care Director retrained the nurses and had them reattach the medication list to the documentation of medication administration (DME) to ensure the resident's admission record is complete. The remainder of the resident charts were audited and the med list were reattached to the DME's if needed.

-What can be done to prevent future violations of this nature? Training was conducted during July's Town Hall meetings on 7/16/19 to raise awareness and educate all staff on this regulation. Ongoing education will be provided for the nurses on the admission process and the importance of keeping the residents' records intact.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? Resident Care Director, Program Directors, Executive Director or designee will audit new resident charts on a monthly basis to ensure compliance. Results of audits will be reviewed during the Quality Assurance meetings with the rest of the management team.

Signature of Legal Entity Representative



Printed Name and Title of Legal Entity Representative

ANDRA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

8/2/19

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #1 is prescribed accu-checks three times a day. On 6/19/19, resident #1's glucometer was inspected, however the med-tech stated it was broken and there were no logs. The home recorded accu-check readings for resident #1 however there were no glucometer readings to confirm the log.

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.

Please see attached.....

Legal Entity Representative

Anda Surso
Signature

Anda Surso, Executive Director 8/2/19
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 02-12-2020
(Date)

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

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

Violation Report: 13280-06/19/2019

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

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.

DESCRIPTION OF VIOLATION

Resident #1 is prescribed Accu-checks three times a day. On 6/19/19, resident #1's glucometer was inspected, however the med-tech stated it was broken and there were no logs. The home recorded Accu-check readings for resident #1 however there were no glucometer readings to confirm the log.

PLAN OF CORRECTION (POC)

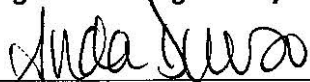
-What caused the violation? The resident's Accu-check malfunctioned. The home maintains a backup supply of glucometers to ensure they are available in such a case. The med tech used the backup glucometer for this resident, therefore no historical readings were in this new device.

-What was done right away to fix the violation? The glucometer was replaced with a house backup glucometer so the resident's glucose could continue to be monitored. A notation was made on the log that the glucometer was a replacement and readings would start from replacement date of the current glucometer. Training was conducted during July's Town Hall meetings on 7/16/19 to raise awareness and educate all staff on this regulation

-What can be done to prevent future violations of this nature? Education regarding sanitary use of glucometers was conducted with the med techs the week of June 24, 2019. The Department's memo (Jones, March 17, 2015) on the improper use of diabetic testing supplies was reviewed with the med techs as well as Watermark's policy HS-P010 *Blood Glucometer Monitoring, Cleaning, Maintenance and Storage Policy*. Blue Bell Place retrained med tech on the use of glucometers annually and the last diabetes education class was on June 6, 2019. Annual diabetes education will continue. Med techs will complete a glucometer competency evaluation during their scheduled med pass observations by a med administration trainer or nurse.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The Resident Care Director (nursing director), medication administration trainer and LPN supervisors will conduct weekly random glucometer audits to ensure they match the log. Any discrepancies will be reviewed at the monthly Quality Assurance meetings and training and education for med techs will be completed as issues are identified.

Signature of Legal Entity Representative



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

Date:
8/2/19

187b - Date/Time of Medication Admin.

Regulations

2600.

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

Description of Violation

Resident #2 is prescribed Divalproex at 8AM & 12PM, Memantine at 8AM and Vitamin B-12 at 8AM. During the 3:25PM medication audit the med-tech stated resident #2 refused the AM and PM medication and wrote refusal on the medication administration record at that time, 3:25PM.

Additionally resident #2's medication administration record does not include the initials of the staff person who administered the resident Memantine on 6/17/19 at 8AM.

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.

Legal Entity Representative

Anda Nusso

Signature

Anda Nusso, Executive Director 8/2/19

Printed Name and Title

Date

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(Date)

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(Date)

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

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

Violation Report: 13280-06/19/2019

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

REGULATION 55 Pa. Code §2600

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

DESCRIPTION OF VIOLATION

Resident #2 is prescribed Divalproex at 8AM & 12PM, Memantine at 8AM and Vitamin B-12 at 8AM. During the 3:25PM medication audit the med-tech stated resident #2 refused the AM and PM medication and wrote refusal on the medication administration record at that time, 3:25PM.

Additionally resident #2's medication administration record does not include the initials of the staff person who administered the resident Memantine on 6/17/19 at 8AM.

PLAN OF CORRECTION (POC)

-What caused the violation? The med tech had been trying to get resident #2 to take his medications unsuccessfully repeatedly throughout the day.

-What was done right away to fix the violation? The med tech was counseled and re-trained on the appropriate medication administration process of noting the refusal at the end of the 2-hour administration window, as well as reporting the refusal to the Licensed Nurse immediately so they can notify the physician and family. Training was conducted during July's Town Hall meetings on 7/16/19 to raise awareness and educate all staff on this regulation

-What can be done to prevent future violations of this nature? Education regarding medication administration processes will continue on a monthly basis. MAR audits are conducted by the Resident Care Director, nurses or designee on a weekly basis.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented?
The Resident Care Director (nursing director), nurse or designee will conduct weekly MAR audits. Any discrepancies will be reviewed at the monthly Quality Assurance meetings and training and education for med techs will be completed as issues are identified.

Signature of Legal Entity Representative



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

Date:

8/2/19

232d - Awareness/Independence

Regulations

2600.

232.d. The home shall provide a full description of the measures taken to enhance environmental awareness and maximize independence of the residents. The measures to enhance environmental awareness and maximize independence of the residents shall be implemented.

Description of Violation

Resident #6 , has a visual impairment and on 6/19/19 his bedroom was not set up to maximize his independence to maneuver freely through the room as evident by lamp fixtures that were not visually appropriate, lack of tactile striping to allow the resident to move safely and freely in his room.

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 5 of attached POC.

Please see attached.....

Legal Entity Representative

Anda Nuroso
Signature

Anda Nuroso, Executive Director 8/2/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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(Date)

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(Date)

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(Initials)

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Violation Report: 13280-06/19/2019

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

REGULATION 55 Pa. Code §2600

232.d. The home shall provide a full description of the measures taken to enhance environmental awareness and maximize independence of the residents. The measures to enhance environmental awareness and maximize independence of the residents shall be implemented.

DESCRIPTION OF VIOLATION

Resident #6, has a visual impairment and on 6/19/19 his bedroom was not set up to maximize his independence to maneuver freely through the room as evident by lamp fixtures that were not visually appropriate, lack of tactile striping to allow the resident to move safely and freely in his room.

PLAN OF CORRECTION (POC)

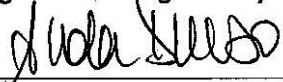
-What caused the violation? The resident in question has a diagnosis of macular degeneration. He has some peripheral vision. The light fixture in his room was considered too large by the inspector, and was replaced with a smaller lamp the day of the inspection. Additionally, the resident had existing reflective tape throughout his room (which was installed with the occupational therapist's guidance) to help him identify where his bed, door, shower and toilet are. The inspector suggested replacing the light and adding furniture foam protecting guards to prevent injury if he were to bump into them. Tactile striping is not recommended by the rehab team as the resident uses a walker and should not release the walker to feel for the tactile striping.

-What was done right away to fix the violation? The lamp was replaced with a smaller, more functional one the day of inspection. LED tap lights were mounted on the wall next to the resident's bed in case he would like to have easier access to the light and not have to fumble with a small knob. Extra thick furniture foam bumper guards were installed on the corners of the furniture to prevent injury. Training was conducted during July's Town Hall meetings on 7/16/19 to raise awareness and educate all staff on this regulation.

-What can be done to prevent future violations of this nature? The Blue Bell Place care team will continue working with the rehab team to ensure we enhance environmental awareness and maximize independence of our residents. The suggestions from the inspector was helpful and these tools will be utilized in the future with other visually impaired residents. During the bi-weekly resident care collaboration meetings the resident care team and rehabilitation department will identify residents who may be at risk and implement measures to enhance environmental awareness and maximize independence of these residents.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented? The Program Director for Memory Care and Personal Care, nurses and maintenance/housekeeping team will complete weekly rounds of resident rooms to ensure their environment is safe, and to maximize independence of the residents. Any issues will be reviewed during the Quality Assurance meeting.

Signature of Legal Entity Representative



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

Date:

8/2/19

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.

Description of Violation

Resident #3's record did not include a clear photo of the resident.

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.

Legal Entity Representative

Anna Russo
Signature

Anna Russo Executive Director 8/2/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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(Date)

Plan of correction implementation status as of 02-12-2020
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(Initials)

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- Not Implemented

Violation Report: 13280-06/19/2019

PCH Name: BLUE BELL PLACE

License Number: 13280

Address: 777 Dekalb Pike, Blue Bell, PA 19422

County: Montgomery

REGULATION 55 Pa. Code §2600

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.

DESCRIPTION OF VIOLATION

Resident #3's record did not include a clear photo of the resident.

PLAN OF CORRECTION (POC)

-What caused the violation? The record contained an enlarged copy of the resident's driver's license. Due to the magnified copying of the driver's license, the picture of the resident was unclear. However, the record also contained a clear and colorful standard photo of the resident, which was captured upon her admission in October 2018.

-What was done right away to fix the violation? The enlarged, unclear copy of the resident's driver's license was removed from the resident's chart as it was older than 2 years. The team audited the other resident's records to ensure resident photos were clear.

-What can be done to prevent future violations of this nature? The team was re-educated about this regulation during the July 16th Town Hall meeting. The admission team was instructed not to include any photos or records which are unclear in residents' charts.

-Who will be responsible for ensuring the POC is implemented and that future violations are prevented?
The Program Directors, nurses, or designee will perform ongoing chart audits to ensure photos are clear and up to date. Any discrepancies or patterns will be reviewed at the monthly Quality Assurance meetings.

Signature of Legal Entity Representative

Anda Durso

Printed Name and Title of Legal Entity Representative

ANDA DURSO, PERSONAL CARE ADMINISTRATOR

Date:

8/2/19