



February 20, 2020

Mr. David Barnes
Authorized Agent
Watermark Operator, LLC
2020 West Rudasill Road
Tucson, Arizona 85704

RE: Rose Tree Place
500 Sandy Bank Road
Media, Pennsylvania
License #: 132810

Dear Mr. Barnes:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 4, 5, and 18, 2019 and December 5, 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: ROSE TREE PLACE	License Number: 13281
Address: 500 SANDY BANK ROAD,, MEDIA, PA 19063	
County: DELAWARE	Region: SOUTHEAST

Administrator		
Name: Cynthia Evans	Phone: 6105651405	Email: LICENSING@WATERMARKCOMMUNITIES.COM

Legal Entity
Name: WATERMARK OPERATOR, LLC
Address: 2020 WEST RUDASILL ROAD, TUCSON, AZ, 85704

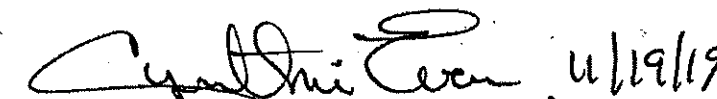
Certificate of Occupancy		
Type: C-2 LP	Date: 11/12/1999	Issued By: COPA of L&I

Staffing Hours		
Resident Support Staff: 201	Total Daily Staff: 402	Waking Staff: 302

Inspection		
Type: Full	BHA Docket #:	Notice: Unannounced
Reason: Renewal		

Inspection Dates and Department Representative
09/04/2019 - On-Site: Jennie Heinberg, Natasha Braswell
09/05/2019 - On-Site: Jennie Heinberg, Natasha Braswell
09/18/2019 - On-Site: Jennie Heinberg, Natasha Braswell

Resident Demographic Data as of Inspection Date:			
General Information			
License Capacity: 149	Residents Served: 129		
Secured Dementia Care Unit			
In Home: Yes	Area: Pathways	Capacity: 26	Residents Served: 26
Hospice			
Current Residents: 18			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 129		
Diagnosed with Mental Illness: 3	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 72	Have Physical Disability: 0		


 Cynthia Evans / Executive Director

5.1 DHS Access

Regulations

2600.

- 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
 1. Agents of the Department.

Description of Violation

On September 5, 2019, Staff person A denied access to an agent of the Department to the home's wellness center where resident's medical equipment is kept.

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 POC

Legal Entity Representative

Cynthia Evans
Signature

Cynthia Evans Executive Director 4/19/19
Printed Name and Title Date

DEPARTMENT USE ONLY HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 02-19-2020
(Date)

Plan of correction implementation status as of 02-19-2020
(Date)

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

Fully Implemented
 Not Implemented

DHS Access Regulations 2600.5.a.

1. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: 1. Agents of the Department

Description of Violation On September 5, 2019,

Staff person A denied access to an agent of the Department to the home's wellness center where resident's medical equipment is kept.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

What was the root cause of the violation?

Staff person A denied access to an agent of the Department to the home's wellness center where resident's medical equipment is kept. The Agent of the Department entered Wellness requesting to inspect resident's glucometers. Staff person A requested that the Agent for the Department leave the Wellness office and staff person A would bring the glucometers to the Agent in the private dining room. The Agent stated that she was concerned about sanitary conditions. Staff person A stated to the Agent that she would bring her gloves to inspect the glucometers.

What was done to immediately correct the violation?

Staff person A deliver glucometers and gloves to the Agent in the private dining room where the agent could safely inspect the medical equipment.

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

To prevent any reoccurrence, an In-service was given on November 13, 2019 to all department managers utilizing the DHS Regulations Compliance Guide to review regulation 2600.5.a.1, see attachment A. Going forward we will include in the community's town hall agenda in the months prior to our annual inspection an in-service reminding all staff members of regulation 2600.5.a.1.

Who will be responsible for monitoring and compliance?

The administrator or designee.

Signature:

Cynthia Evans

Date:

11/19/19

Cynthia Evans / Executive Director

Resident Abuse Report

Regulation

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 8/31/2019, a staff member noticed resident #1's left ring finger was wrapped with a tissue and when it was removed, noticed the finger was swelling and bruised. The home is unable to tell the origin of the injury and failed to complete an Act 13 to report the suspected abuse of physical harm of the resident.

WITHDRAWN

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 POC

Resident Representative

Cynthia Evans
Signature

Cynthia Evans Executive Director 05/19/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

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)

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

WITHDRAWN

DHS Access Regulations

2600.15.a - Resident Abuse Report

The home shall immediately report suspected abuse of a resident served in the home in accordance with the Senior Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation On 8/31/2019

A staff member observed resident #1's left ring finger was wrapped with a tissue and when it was removed, noticed the finger was swollen and bruised. The home was unable to tell the origin of the injury and failed to complete an Act 13 to report the suspected abuse of physical harm 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.)

What was the root cause of the violation?

The agent from the Department of Human Services reported that the home did not know the origin of injury sustained by resident #1's left ring finger. As a result the community recorded an abuse violation as it relates to regulation 2600.15.a.

Resident #1's progress notes entered on August 31, 2019 state that the resident injured her finger when she fell and was able to get herself up, Attachment B.

A follow-up reportable was sent on 09/09/2019 stating the findings of our investigation, Attachment C. When resident #1 was brought down to Wellness by caregiver, the resident stated to the LPN that she had injured her finger from a fall. This information was noted in the resident's progress notes, the home did know the origin of the injury and therefore did not see any reason to complete an Act 13 as suspected abuse. Therefore the home requests the removal of the 2600.15.a violation from this inspection.

What was done to immediately correct the violation?

Interviews were conducted with all associated assigned 48 hours prior. Family was contacted and agreed to put a 1:1 in place to ensure residents safety.

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

A mandatory in-service on Understanding Mandatory Reporting requirements regarding abuse, neglect, exploitation or abandonment of adults covered by the Adult Protective Services Act was conducted at Town Hall on October 17, 2019 for all staff members. This in-service will be conducted annually during town hall.

Attachment D

Appropriate required Posting for mandatory reporting is posted on community communication boards with numbers and contact information as required.

The home requests that this violation 2600.15.a be removed from the survey report since the origin of injury was known.

Who will be responsible for monitoring and compliance?

Administrator, Resident Care Director and the Assistance/Compliance Director

Signature:

Cynthia Evans

Date:

11/19/19

Cynthia Evans / Executive Director

42b Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On September 5, 2019, at approx. 3:39 p.m., Department representatives witnessed resident #1 being brought to the dining room without the resident's oxygen tank. The home is aware resident #1 needs the oxygen tank at all times. Department representatives started to interview the resident and the resident complained of being out of breath. Direct care staff went to resident #1's room to get the oxygen tank.


Resident #1, admission date 9/13/2017, has mobility needs and was diagnosed with Dementia by a physician on 4/27/2018. The resident has had many falls while trying to complete ADLs, some injuries include bone fractures and hospitalization. The resident experiences unexplainable epistaxis episodes every morning which requires the resident's bed sheets to be changed per the home's staff statements.

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 POC

Legal Entity Representative


Signature

Cynthia Evans Executive Director 11/19/19
Printed Name and Title Date

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

Fully Implemented



Not Implemented

42.b. – Abuse Regulations 2600.42.b

A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On September 5, 2019, at approx. 3:39 p.m., Department representatives witnessed resident #1 being brought to the dining room without the resident's oxygen tank. The home is aware resident #1 needs the oxygen tank at all times. Department representatives started to interview the resident and the resident complained of being out of breath. Direct care staff went to resident #1's room to get the oxygen tank.

Resident #1, admission date 9/13/2017, has mobility needs and was diagnosed with Dementia by a physician on 4/27/2018. The resident has had many falls while trying to complete ADLs, some injuries include bone fractures and hospitalization. The resident experiences unexplainable epistaxis episodes every morning which requires the resident's bed sheets to be changed per the home's staff statements.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

What was the root cause of the violation?

Resident was observed by staff person coming off the elevator heading towards the dining room without her oxygen,

What was done to immediately correct the violation?

Staff member escorted resident #1 into the dining room and then went up to resident #1's apartment to get resident's oxygen and brought it to the dining room.

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

Resident has on file a negotiated risk agreement dated 10/01/2018 in place stating the risk associated with walking alone and to call staff for assistance at any time, Attachment E. Negotiated risk agreement was updated on 04/15/2019 to reflect residents need to be escorted via wheelchair to and from meals and activities.

Caregiver assignment sheet states that resident is to be escorted via wheelchair with oxygen to and from all meals and activities.

Resident is currently on hospice since 03/21/2019 and has a 1:1 in place to ensure safety. 1:1 has been in place since October 9, 2019 from 8:00AM to 8:00PM daily.

Staff members were in serviced on 10/08/2019 and 10/09/2019 on Taking Care of Residents on Oxygen, Attachment F.

Because resident ambulated independently to the dining room with her walker and without her oxygen, the home is requesting that this violation be removed. It was not the staff person who brought her to the dining room without her oxygen.

Who will be responsible for monitoring and compliance?

Administrator, Resident Care Director and the Assistance/Compliance Director

Signature: Cynthia Evans Date: 11/19/19
Cynthia Evans / Executive Director

52. Hiring Staff

Regulations

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

On 9/5/2019, DHS representatives witnessed that the home had contractors in the facility to work on light fixtures. The home's administrator stated the home doesn't have criminal background checks for the contractors who were in the home.

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 POC

Legal Entity Representative

Cynthia...
Signature

Cynthia Evans Executive Director
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 02-19-2020 (Date) Plan of correction implementation status as of 02-19-2020 (Date)

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

Fully Implemented
 Not Implemented

52 - Hiring Staff

Regulations

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.10110225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

On 9/5/2019, DHS representatives witnessed that the home had contractors in the facility to work on light fixtures. The home's administrator stated the home doesn't have criminal background checks for the contractors who were in the home.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

What was the root cause of the violation?

Contractors were working in the lobby of the community replacing recessed lighting fixtures without criminal background checks on file.

What was done to immediately correct the violation?

Contractors were immediately asked to leave the home and were not permitted to return to the community until the home could obtain criminal background checks.

On 09/09/2019 community obtained criminal background checks on contractors resulting on no record on file. Attachment G.

It should be noted that according to the Department of Human Services "Frequently Asked Questions" persons who do not need criminal background checks are: "A contracted employee who has no direct contact with residents or unsupervised access to the residents' personal living quarters. The home did not consider criminal background checks necessary because the contractors work was restricted to the lobby only and did not have direct contact with residents or any unsupervised access to the residents' personal living quarters. Therefore, we request that this violation be removed from this inspection.

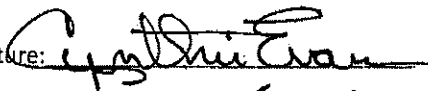
What will be done to ensure the violations does not reoccur?

Background checks will be run on all contractors that work in the home. If a background check cannot be obtained a staff member will remain with the contractor at all times while at the home.

Who will be responsible for monitoring and compliance?

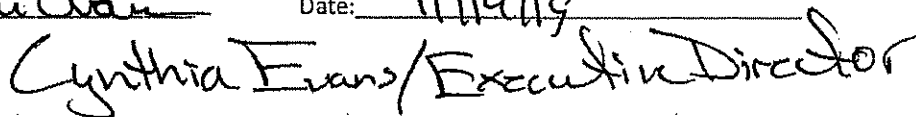
Administrator and Director of Maintenance

Signature:



Date:





57.c. 2 Hours/Day

Regulations

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 8/28/2019, (and several other days in August 2019), there were 129 residents in the home, including 72 residents with mobility needs, requiring a total minimum of 201 hours of direct care service. On this date, only 197 hours of direct care staffing was provided.

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 POC

Legal Entity Representative

[Handwritten Signature]
Signature

Cynthia Evans, Executive Director 11/29/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 02-19-2020
(Date)

Plan of correction implementation status as of 02-19-2020
(Date)

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

Fully Implemented

Not Implemented

57c - 2 Hours/Day

Regulations

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 8/28/2019, (and several other days in August 2019), there were 129 residents in the home, including 72 residents with mobility needs, requiring a total minimum of 201 hours of direct care service. On this date, only 197 hours of direct care staffing was provided.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

What was the root cause of the violation?

On August 28, 2019 based on the homes current staffing needs with 129 residents in the home including 72 residents with mobility needs, the required number of hours of direct care service needed was 201 and the home on that date only provided 197 hours. This was due to a callout received at 11:09PM on 08/27/2019.

What was done to immediately correct the violation?

The LPN supervisor who was on duty when the callout was received at 11:09PM August 27, 2019, posted the open shift on Onshift, our scheduling system. There was no response from staff members to fill the open shift, Attachment H.

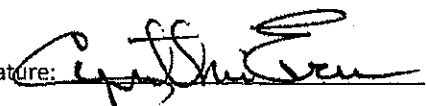
What will be done to ensure the violations does not reoccur?

The home will make every effort to ensure that all open shifts are filled first by posting open shift messages on our scheduling tool Onshift. Secondly, calling staff members requesting that they come in early and or previous shift stays later. If the shift cannot be filled by either method, LPN Supervisor will ask for volunteers from current shift. If there are no volunteers LPN Supervisor will mandate staff remain on duty based on seniority.

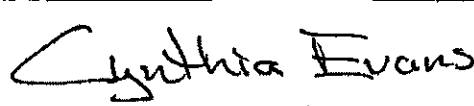
The home has also added a new position, effective November 11, 2019 Director of Associate Engagement, to improve on associate retention and satisfaction which we anticipate a reduction in turnover.

Who will be responsible for monitoring and compliance?

LPN Supervisor, Scheduler, Resident Care Direct and Administrator

Signature: 

Date: 11/19/19

 Executive Director

60c. Housekeeping/Maintenance

Regulations:

2600.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

Description of Violation

On 9/18/2019, at 12:20pm, according to residents and staff members, the dining service was not provided timely due to a lack of staff needed to complete the task. Lunch starts at 11:15am but residents were served meals at 12:20 p.m. Food was served cold and residents either left without eating due to a long wait or asked for their meals to be reheated.

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 POC

Legal Entity Representative

Cynthia Evans
Signature

Cynthia Evans, Executive Director 11/19/19
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 02-19-2020
(Date)

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

Fully Implemented

Not Implemented

60c - Housekeeping/Maintenance

Regulations

2600.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

Description of Violation

On 9/18/2019, at 12:20pm, according to residents and staff members, the dining service was not provided timely due to a lack of staff needed to complete the task. Lunch starts at 11:15am but residents were served meals at 12:20 p.m. Food was served cold and residents either left without eating due to a long wait or asked for their meals to be reheated.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

What was the root cause of the violation?

On 09/18/2019, Dining services were not provided timely, due to a lack of staffing in the dining room for that particular days menu item being offered made to order hoagies, copy of menu attached, Attachment I. This menu option resulted in dining services under estimating the amount of time required to make each individual hoagie to order.

What was done to immediately correct the violation?

The Director of Dining Services assisted behind the line in preparing made to order hoagies for the residents.

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

The home will ensure there are sufficient staff members behind the line to prepare the made to order hoagies which will reduce the turnaround time of the delivery of dining services to residents.

The home is also utilizing community life in the dining room to assist with seating residents and monitoring the dining room services to ensure resident's orders are taken promptly and orders are delivered in a timely manner.

Who will be responsible for monitoring and compliance?

Dining Services Director, Dining Room Supervisor and Administrator

Signature:

Cynthia Evans

Date:

11/19/19

Cynthia Evans

Executive Director

66a. Training Plan Content

Regulations

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the name of the courses, job title of staff taking the training courses, locations.

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 POC

Legal Entity Representative

Cynthia Evans
Signature

Cynthia Evans, Executive Director 11/19/19
Printed Name and Title Date

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(Date) (Date)

The above plan of correction was approved by SP [Redacted]
(Initials) (Name)

Fully Implemented

Not Implemented

66b - Training Plan Content

Regulations

2600.

66.b . The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the name of the courses, job title of staff taking the training courses, locations.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

What was the root cause of the violation?

Staff training plan needed to include the name of the courses, job title of staff taking the training courses and the locations of the training.

What was done to immediately correct the violation?

The Administration reviewed with the Agent from the Department of Human Services the document that was required by the Department of Human Services.

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

The home updated the training plan utilizing the required Department of Human Services document. Attachment J.

The home currently utilizes a document out of their Learning Center training management system that provides the required Information requested by the Department of Human Services and requests that the Department allow the home to continue to utilize that document to track trainings, Attachment K. The home requests that this violation be removed since the document the home has been utilizing provides the required information requested by the Department of Human Services.

Who will be responsible for monitoring and compliance?

Administrator and Director of Associate Engagement

Signature:

Cynthia Evans

Date:

11/21/19

Cynthia Evans / *Executive Director*

85.a Sanitary Conditions

Regulations

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

Description of Violation

On 9/5/2019, medication residue and spillage was found on the medication cart.

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 POC

Legal Entity Representative

[Handwritten Signature]
Signature

Cynthia Evans, Executive Director
Printed Name and Title
Date

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(Date)

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(Initials)

Not Implemented

85a - Sanitary Conditions

Regulations

2600.

85.a . Sanitary conditions shall be maintained.

Description of Violation

On 9/5/2019, medication residue and spillage was found on the medication cart.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

What was the root cause of the violation?

Med Tech had crushed medication, utilizing the pill crusher on the medication cart which left a powder residue on the surface of the medication cart.

What was done to immediately correct the violation?

Med tech wiped the residue from the surface of the medication cart utilizing a disinfectant wipe.

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

Moving forward, all med-carts will contain a supply of disinfectant wipes stored in a locked area on the med cart, away from any medications, see attached photo, Attachment I.

On 09/25/2019 All Med-Techs were in serviced on the cleaning and maintenance of the Silent Knight Pill crusher, Attachment M. Med-carts will be cleaned at the end of first and second shifts. A med-cart cleaning log is kept on each cart.

Who will be responsible for monitoring and compliance?

LPN Supervisor, Resident Care Director, Administrator

Signature: _____

Cynthia Evans

Date: _____

9/19/19

Cynthia Evans / Executive Director

187.a Medication Record

Regulations

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.

Description of Violation

On 9/5/2019, resident #4's over the counter medications were not on the medication administration record.

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 POC

Legal Entity Representative

[Handwritten Signature]
Signature

Cynthia Evans / Executive Director 11/19/19
Printed Name and Title Date

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The above plan of correction is approved as of 02-19-2020
(Date)

Plan of correction implementation status as of 02-19-2020
(Date)

Fully implemented

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

Not Implemented

187a - Medication Record

Regulations

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.

Description of Violation

On 9/5/2019, resident #4's over the counter medications were not on the medication administration record.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

What was the root cause of the violation?

Over the counter medications were not listed on resident #4's medication administration record.

What was done to immediately correct the violation?

Over the counter medications were verified with resident #4's physician. Once confirmed, medication administration record was ordered from the pharmacy on 09/05/2019 containing the over the counter medications for resident #4, Attachment N.

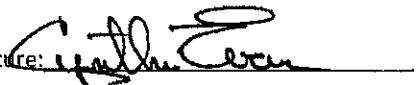
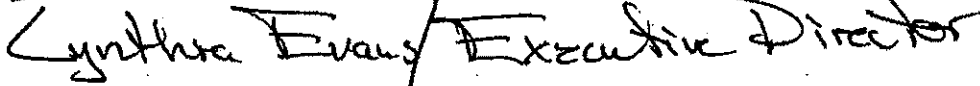
What will be done to ensure the violations does not reoccur?

Compliance Director or designee will request medication administration record from pharmacy 24 hours prior to any new resident moving in. Compliance Director will review medication administration record to ensure all over the counter medications are listed on the medication administration record.

Who will be responsible for monitoring and compliance?

Assistant Resident Care/Compliance Director, Administrator

Note – Resident #4 is [REDACTED] Incorrect name is listed on annual report [REDACTED] is not a resident at the home.

Signature:  Date: 11/19/19
 Executive Director

187.b. 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

The OTC medication of resident #4 is on a microsoft word document for staff to sign. It is not signed on the MAR at times when the medication is being administered.

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 POC

Legal Entity Representative

[Signature]
Signature

Cynthia Evans Executive Director 02/19/19
Printed Name and Title Date

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(Date)

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

Fully Implemented

Not Implemented

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

The OTC medication of resident #4 is on a micro soft word document for staff to sign. It is not signed on the MAR at times when the medication is being administered.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

What was the root cause of the violation?

Over the counter medications were given to resident #4 and not signed on the MAR at the time the medication was given.

What was done to immediately correct the violation?

Over the counter medications were verified with resident #4's physician. Once confirmed, medication administration record was ordered from the pharmacy on 09/05/2019 containing the over the counter medications for resident #4, Attachment N.

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

Compliance Director or designee will request medication administration records from pharmacy 24 hours prior to any new resident moving in. Compliance Director will review medication administration record to ensure all over the counter medications are listed on the medication administration record so med-tech can sign the MAR when medications are administered.

In-service was given to all med-techs to review medication policy PA-AL-P037 Attachment O, with emphasis on the following: Page 2 XI, XII, XIV, XVIII and XIX, Page 4, XLVIII.

Who will be responsible for monitoring and compliance?

Assistant Resident Care/Compliance Director, Administrator

Note – Resident #4 is [REDACTED]. There is no resident by the name of [REDACTED] at the home.

Signature: Cynthia Evans Date: 11/19/19
Cynthia Evans / Executive Director

187.d. Follow Prescribers Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Melatonin 3mg. However, resident #3 has been self-administering melatonin 5mg every night.

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 POC

Legal Entity Representative

Cynthia Evans
Signature

Cynthia Evans/Executive Director 11/19/19
Printed Name and Title Date

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(Date)

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The above plan of correction was approved by SP
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Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

187.d . The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Melatonin 3mg. However, resident #3 has been self-administering melatonin 5mg every night.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

What was the root cause of the violation?

Resident #3 was self-administering 5mg of Melatonin nightly when the order prescribed was for 3mg of Melatonin nightly.

What was done to immediately correct the violation?

On 09/05/2019, resident was re-assessed for continuation of self-administering medications, see attached medication assessment, Attachment P. Based on assessment results the home will administer resident #3 medications and has since been on our medication program.

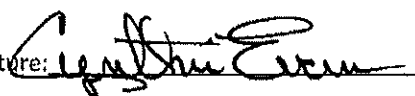
What will be done to ensure the violations does not reoccur?

Effective September 2019, Compliance Director will perform a monthly audit of all residents who self-administer their medications to determine that the resident is able to continue to safely self-administer their medications.

Who will be responsible for monitoring and compliance?

Assistant Resident Care/Compliance Director, Administrator

Signature:



Date:

11/19/19

 / 

255. Additional Assessment

Regulations

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.

Description of Violation

Resident #1's assessment, dated 3/25/2019, does not include care for oxygen therapy for the resident who needs assistance and a responsible care party to enforce the care.

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 POC

Legal Entity Representative

Cynthia Evans
Signature

Cynthia Evans / Executive Director 11/9/19
Printed Name and Title Date

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(Date)

Fully Implemented

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(Initials)

Not Implemented

225c - Additional Assessment

Regulations
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.

Description of Violation

Resident #1's assessment, dated 3/25/2019, does not include care for oxygen therapy for the resident who needs assistance and a responsible care party to enforce the care.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

What was the root cause of the violation?

Resident #3's assessment, dated 03/25/2019 did not include care for oxygen therapy for resident who needs assistance and a responsible care party to enforce the care.

What was done to immediately correct the violation?

There was no update needed to resident #3's assessment because on 04/02/2019 resident's RASP was updated to reflect oxygen at 3 liters continuously, Attachment Q.

Resident's assignment reflects oxygen at 3 liters continuously via Nasal, Attachment R.

The home would request that violation 225c be removed from the survey report.

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

Compliance Director will ensure assessments are accurate and support plan addresses the resident needs.

Who will be responsible for monitoring and compliance?

Assistant Resident Care/Compliance Director, Administrator

Signature: Cynthia Evans

Date: 4/16/19

Cynthia Evans Executive Director

227.d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #3, dated 5/19/2019, indicates the resident is able to self-administer medication with assistance. The resident's support plan, dated 1/30/2019 does not document how this need will be met or who will provide the assistance.

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 POC

Legal Entity Representative

Cynthia Evans
Signature

Cynthia Evans / Executive Director 11/19/19
Printed Name and Title Date

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Not Implemented

227d - Support Plan Medical/Dental

Regulations

2600.

227.d . Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #3, dated 5/19/2019, indicates the resident is able to self-administer medication with assistance. The resident's support plan, dated 1/30/2019 does not document how this need will be met or who will provide the assistance.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

What was the root cause of the violation?

The agent from the Department of Human Services reported that resident #3's assessment indicated the resident was able to self-administer medication with assistance and that the resident's support plan, dated.01/30/2019 did not document how the resident's need would be met or who would provide the assistance

What was done to immediately correct the violation?

A review of the resident's assessment was performed and the assessment does not reflect that the resident #3 needs assistance with medications. Therefore, the support plan would not reflect such support, Attachment S.

Also, resident #3 does not have a support plan dated 01/30/2019. In addition the residents DME dated 05/13/2019 indicates resident can self-administer medications with no assistance from others, Attachment T.

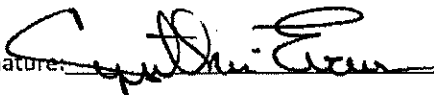
The home would request that violation 227d be removed from the survey report.

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

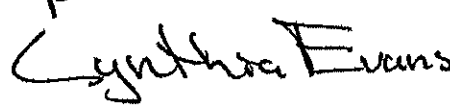
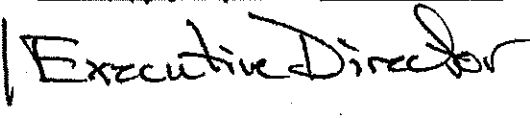
Compliance Director will ensure assessments are accurate and support plan address the resident needs.

Who will be responsible for monitoring and compliance?

Assistant Resident Care/Compliance Director, Administrator

Signature: 

Date: 11/19/19

 / 

Violation Report

Facility Information

Name: ROSE TREE PLACE

License Number: 13281

Address: 500 SANDY BANK ROAD,, MEDIA, PA 19063

County: DELAWARE

Region: SOUTHEAST

Administrator

Name: Cynthia Evans

Phone: 6105651405

Email: cevans@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:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 216

Waking Staff: 162

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint, Monitoring

Inspection Dates and Department Representative

12/05/2019 - On-Site: Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 149

Residents Served: 130

Secured Dementia Care Unit

In Home: Yes

Area: Memory Care

Capacity: 26

Residents Served: 26

Hospice

Current Residents: 0

Number of Residents Who

Receive Supplemental Security Income: 0

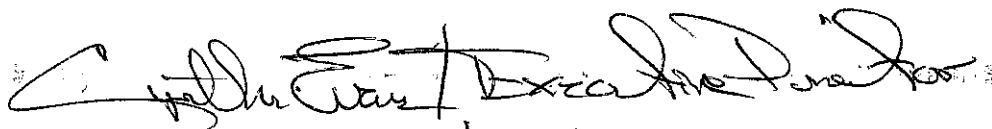
Are 60 Years of Age or Older: 125

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 86

Have Physical Disability: 2


12/24/2019

183e - Storing Medications

Regulations

2600. 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

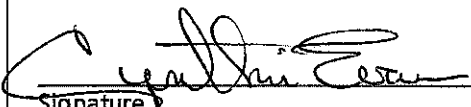
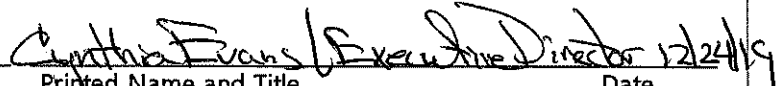
On 12/5/19 1 small white round tablet was found loose in the 3rd floor medication cart.

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
POC

Legal Entity Representative

 Signature  Cynthia Evans / Executive Director Printed Name and Title 12/24/19 Date

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The above plan of correction was approved by SP (Initials) Implemented Not Implemented

ROSE TREE PLACE

183e – Storing Medications

Regulations

2600.183.e

Prescription medications, OTC medications and CAM Shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 12/05/2019 1 small white round tablet was found loose in the 3rd floor medication cart.

Plan of Correction (POC)

What was the root cause of the violation?

1 small white round tablet was found loose in the 3rd floor medication cart during cart audit.

What was done to immediately correct the violation?

The pill was removed from the cart and destroyed.

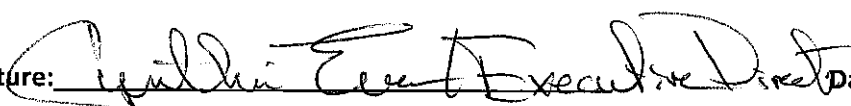
What will be done to ensure the violation does not reoccur?

Med-Techs were in-serviced on Medication Policy PA-AL-P037 with an emphasis on storage and disposal of medications. Nursing Supervisor will audit all med-carts nightly to ensure there are no loose pills. Nursing Supervisor will initial and date audit sheet after audit is performed to ensure carts are clear. If loose medication is found, LPN supervisor will notify Resident Care Director.

Attachment A, Attachment B, Attachment C

Who will be responsible for monitoring and compliance?

LPN Supervisor, Resident Care Director, Executive Director

Signature:  Executive Director Date: 12/24/2019
Cynthia Evans

185b - Medication Procedures

Regulations

2600.

185.b. At a minimum, the procedures must 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 to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

On 11/19/19 resident #1 was administered Lorazepam at 10pm. According to the homes policies, controlled medications are to be logged on the declining inventory narcotics logs when removed from the medication package. This medication was not logged on the declining inventory log at the time of administration. Staff person A did not follow the homes policy for controlled substances.

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 POC

Legal Entity Representative

Cynthia Evans
Signature

Cynthia Evans, Executive Director 12/24/19
Printed Name and Title Date

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(Date)

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

- Implemented
- Not Implemented

ROSE TREE PLACE

185b – Storing Medications

Regulations

2600.185.b

At a minimum, the procedures must 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 to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

On 11/11/2019 resident #1 was administered Lorazepam at 10:00pm. According to the homes policies, controlled medications are to be logged on the declining inventory narcotics log when removed from the medication package. This medication was not logged on the declining inventory log at the time of administration. Staff person A did not follow the homes policy for controlled substances.

Plan of Correction (POC)

What was the root cause of the violation?

Staff Member A did not follow the community's policy of logging the Lorazepam on the declining inventory narcotics log when the medication was removed from the medication package.

What was done to immediately correct the violation?

Staff person A has been removed from the medication cart and is no longer permitted to distribute medications.

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

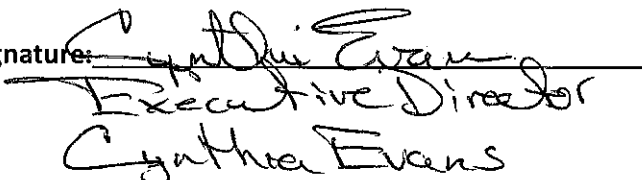
Med-Techs were in-serviced on Medication Policy PA-AL-P037 with an emphasis on medication management of controlled substances.

Attachment A, Attachment B

Who will be responsible for monitoring and compliance?

LPN Supervisor, Resident Care Director, Executive Director

Signature:


Executive Director
Cynthia Evans

Date: 12/24/2019