

Department of Human Services
Bureau of Human Service Licensing

July 13, 2020

WATERMARK OPERATOR, LLC
2020 WEST RUDASILL ROAD
TUCSON, AZ, 85704

RE: ROSE TREE PLACE
500 SANDY BANK ROAD
MEDIA, PA, 19063
LICENSE/COC#: 13281

Dear Ms. Evans,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2020, 05/15/2020, 05/18/2020, 05/19/2020, 05/20/2020, 05/22/2020, 05/27/2020, 05/28/2020, 06/02/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSE INSPECTION SUMMARY**

| Facility Information | | |
|--|--------------------------|--------------------------|
| Name: <i>ROSE TREE PLACE</i> | License #: <i>13281</i> | License Expiration Date: |
| Address: <i>500 SANDY BANK ROAD, MEDIA, PA 19063</i> | | |
| County: <i>DELAWARE</i> | Region: <i>SOUTHEAST</i> | |

| Administrator | | |
|----------------------------|----------------------------|---|
| Name: <i>Cynthia Evans</i> | Phone: <i>610-565-1405</i> | Email: <i>cevans@watermarkcommunities.com</i> |

| Legal Entity | | |
|--|---|--|
| Name: <i>WATERMARK OPERATOR, LLC</i> | | |
| Address: <i>2020 WEST RUDASILL ROAD, TUCSON, AZ, 85704</i> | | |
| Phone: <i>6105651405</i> | Email: <i>cevans@watermarkcommunities.com</i> | |

| Certificate(s) of Occupancy | | |
|-----------------------------|-------------------------|----------------------------------|
| Type: <i>C-2 LP</i> | Date: <i>11/12/1999</i> | Issued By: <i>COPA L & I</i> |

| Staffing Hours | | |
|----------------------------------|-------------------------------|--------------------------|
| Resident Support Staff: <i>0</i> | Total Daily Staff: <i>147</i> | Waking Staff: <i>110</i> |

| Inspection | | |
|--------------------------|----------------------------|---|
| Type: <i>Partial</i> | Notice: <i>Unannounced</i> | BHA Docket #: |
| Reason: <i>Complaint</i> | | Exit Conference Date: <i>06/02/2020</i> |

| Inspection Dates and Department Representative |
|--|
| <i>05/13/2020 - Off-Site: Denise Gillespie</i> |
| <i>05/15/2020 - Off-Site: Denise Gillespie</i> |
| <i>05/18/2020 - Off-Site: Denise Gillespie</i> |
| <i>05/19/2020 - Off-Site: Denise Gillespie</i> |
| <i>05/20/2020 - Off-Site: Denise Gillespie</i> |
| <i>05/22/2020 - Off-Site: Denise Gillespie</i> |
| <i>05/27/2020 - Off-Site: Denise Gillespie</i> |
| <i>05/28/2020 - Off-Site: Denise Gillespie</i> |
| <i>06/02/2020 - Off-Site: Denise Gillespie</i> |

| Resident Demographic Data as of Inspection Dates | | | |
|--|-------------------|-----------------------------|-----------------------------|
| General Information | | | |
| License Capacity: <i>149</i> | | Residents Served: <i>87</i> | |
| Secured Dementia Care Unit | | | |
| In Home: <i>Yes</i> | Area: <i>SDCU</i> | Capacity: <i>26</i> | Residents Served: <i>20</i> |

Resident Demographic Data as of Inspection Dates (*continued*)

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 87

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 60

Have Physical Disability: 2

Inspections / Reviews

05/13/2020 - Partial

Lead Inspector: *Denise Gillespie*Follow-Up Type: *POC Submission*Follow-Up Date: *06/12/2020*

6/12/2020 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Document Submission*Follow-Up Date: *06/17/2020*

6/18/2020 - Document Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Not Required*

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident # 1 is prescribed Zithromax 500 mg. However, Resident # 1's medication administration record does not indicate the diagnoses or purpose for this medication.

Plan of Correction - 06/12/2020

Accept

What was the root cause of the violation?

Resident's medication administration record did not indicate a diagnoses or purpose for the medication.

What was done to immediately correct the violation?

Associates were in-serviced on the following policies: Ordering Medications Policy, Significant Medication Error Policy and Medication Administration Policy. (See Attachment A)

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

Going forward, Physician's orders must include an indication for the community's pharmacy, SourceOnce, to fill the order. If no indication is included in the physician's order, SourceOne will contact Wellness for the indication prior to the medication being filled.

Who will be responsible for monitoring and compliance?

LPN Supervisor, Resident Care Director, Compliance Director and Executive Director

Completion Date: 06/11/2020

Document Submission - 06/18/2020

Implemented

See Attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident # 1 is prescribed Zithromax 500 mg once daily for 5 days starting 4/3/2020. However, Resident # 1 was not administered Zithromax 500 mg until 4/7/2020 continuing to 4/15/2020.

187d - Follow Prescriber's Orders (continued)**Plan of Correction - 06/12/2020****Accept**

What was the root cause of the violation?

Resident #1 was not administered Zithromax 500mg on 04/03/2020 as prescribed.

What was done to immediately correct the violation?

A complete investigation was performed to determine if there was a reason for the delay in the start of the medication. After completing the investigation it was determined that there was no justifiable reason for the delay. The LPN Supervisor and med-techs received disciplinary action and were in-serviced on 24 Hour Chart Check Policy, Significant Medication Error Policy and Medication Administration Policy. (See Attachments A and B)

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

LPN Supervisors will perform chart checks based on the attached schedule. Also, medication labels were ordered for use in resident medication record indicating the date the medication is stopped. (See Attachment C)

Completion Date: 06/11/2020

Document Submission - 06/18/2020**Implemented**

See Attached