





**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

December 9, 2020

Mr. David Freshwater  
Authorized Signatory  
Watermark Bellingham, LLC  
2020 West Rudasill Road  
Tucson, Arizona 85704

RE: The Watermark at Bellingham  
1615 East Boot Road  
West Chester, PA 19380  
License #: 146881

Dear Mr. Freshwater:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on September 28, 2020 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

**Facility Information**

Name: *The Watermark at Bellingham* License #: *14688* License Expiration Date:  
 Address: *1615 E. Boot Road, West Chester, PA 19380*  
 County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: *Brandon Wright* Phone: *2152663757* Email:  
*licensing@watermarkcommunities.com,*

**Legal Entity**

Name: *Watermark Bellingham, LLC DBA The Watermark at Bellingham*  
 Address: *1615 E. Boot Road, West Chester, PA, 19380*  
 Phone: *215-375-4465* Email: *jtapner@watermarkcommunities.com*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *07/26/2000* Issued By: *Dept. of L&I*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *45* Waking Staff: *34*

**Inspection**

Type: *Partial* Notice: *Announced* BHA Docket #:  
 Reason: *Change Legal Entity* Exit Conference Date: *09/28/2020*

**Inspection Dates and Department Representative**

*09/28/2020 - On-Site: Evelyn Perez*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *80* Residents Served: *38*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Capacity: 24* Residents Served: *6*  
*Memory care neighborhood*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *7* Have Physical Disability: *0*

## Inspections / Reviews

## 09/28/2020 - Partial

Lead Inspector: *Evelyn Perez*Follow-Up Type: *POC Submission*Follow-Up Date: *10/11/2020*

## 10/29/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *11/02/2020*

## 12/7/2020 - Document Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *On-site Verification*

86a - Ventilation

1. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

The bathrooms in A112, A113, A203, A214, A302 and A307, have no operable window, fan, air conditioner or other mechanical ventilation to ensure airflow.

Plan of Correction

Accept

The building currently has central ventilation in place servicing all resident bathrooms. Existing fans will be serviced for proper function.

Necessary repairs to be completed by 10/31/20

Central ventilation system will be added to a preventative maintenance program semi-annually, and serviced as needed. Maintenance Director or designee will be responsible for monitoring.

Completion Date: 10/31/2020

Document Submission

Not Implemented

Bathroom fans in A112, A113, A203, A214, A302, and A 307 were serviced and fully operational and functioning.

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the Memory Care Neighborhood on the first floor does not include a thermometer.

Plan of Correction

Accept

Upon finding, thermometer was placed back into the first aid kit. First aid kits were audited to ensure they hold the following; nonporous gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Routine audits will take place of the first aid kits to ensure they hold the following: nonporous gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Nurse or designee will be responsible for quality assurance process.

Completion Date: 09/29/2020

Document Submission

Implemented

Full completion and compliance with first aide kit requirements on 09/29/2020.

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

**Facility Information**

Name: *The Watermark at Bellingham* License #: *14688* License Expiration Date:  
Address: *1615 E. Boot Road, West Chester, PA 19380*  
County: *CHESTER* Region: *SOUTHEAST*

**Administrator**

Name: *Teresa Long* Phone: *2152663757* Email:  
*Telong@watermarkcommunities.com;*

**Legal Entity**

Name: *Watermark Bellingham, LLC DBA The Watermark at Bellingham*  
Address: *1615 E. Boot Road, West Chester, PA, 19380*  
Phone: *215-375-4465* Email: *jtapner@watermarkcommunities.com*

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *38* Waking Staff: *29*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Interim* Exit Conference Date: *11/02/2020*

**Inspection Dates and Department Representative**

*11/02/2020 - On-Site: Alexander Goldstein, Natasha Braswell*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *55* Residents Served: *29*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Memory Care* Capacity: *24* Residents Served: *7*

**Hospice**

Current Residents: *5*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *9* Have Physical Disability: *0*

## Inspections / Reviews

## 11/02/2020 - Partial

Lead Inspector: *Alexander Goldstein*Follow-Up Type: *POC Submission*Follow-Up Date: *11/19/2020*

## 11/23/2020 - POC Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *12/01/2020*

## 12/7/2020 - Document Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *12/14/2020*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/2/20 at 10:15am, upon entering resident #5's room, B1, there was a strong smell of urine and incontinence.

Plan of Correction

Accept

- Resident #5s service plan adjusted to include an increased need for incontinence monitoring.
- Staff will monitor bed and chair to ensure that any incontinence episodes are addressed.
- Housekeeping will visit apartment B1 with a focus on mitigating any smell of urine and incontinence.
- Resident's personal recliner was identified as a prime source of the urine smell. When deep cleaning was unsuccessful, the recliner was replaced for one with a surface that can be wiped clean and easily disinfected.
- Program Director or designee will monitor B1 five times a week for lack of odors for two weeks, then 2 times a week for 2 weeks. Then monitor once a week for 3 months. Reports of observations will be reported to the Quality Assurance committee. Monitoring will be discontinued after consistent compliance is achieved.

Completion Date: 11/16/2020

Document Submission

Implemented

- Service Plan of R5 has been updated to indicate verbal prompts to toilet and staff to remove trash from room twice daily as of 11/11/2020
- Resident's recliner chair has been exchanged for one with a material for ease of cleaning and disinfecting as of 11/11/2020
- Housekeeping continues to clean apartment on a daily basis to mitigate any source of urine odors - ongoing
- Audit tool (see 85a Audit Tool) for room sanitation implemented with inspections five days a week for two weeks, followed by two days a week for two weeks. With continued compliance, monitoring will change to once a week for two months. Audits will be reviewed by Quality Assurance Committee. Ongoing, initiated 11/27/2020

86a - Ventilation

1. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

The bathrooms in Rooms A115, A310, B1, B3, B8, B16, B18, have no operable window, fan, air conditioner or other mechanical ventilation to ensure airflow.

86a - Ventilation (continued)

**Plan of Correction**

**Accept**

- Facility commits to assuring that all areas of the home that are used by the residents shall be ventilated with ventilation that ensures airflow.
- Outside expert vendor visited home and assessed the home ventilation on 11-10-2020.
- Contact arranged to complete needed mitigation to ensure ventilation airflow for areas used by all residents including the bathrooms of A115, A310, B1, B3, B8, B16, and B18.
- Following mitigation, Maintenance Department designee will audit six bathrooms per week for one months.
- Then 6 bathrooms per month for one month. All audits will be provided to the Quality Assurance Committee. Audits will be discontinued after committee deems consistence compliance with ventilation standard has been met.

**Completion Date:** 12/10/2020

**Document Submission**

**Not Implemented**

- Ventilation fans for rooms A115 and A310 have been corrected and in good working order as of 11/5/2020
- Rooms B01 through B18 inspected by contractor on 11/10/2020. Contract awarded for proposed corrections 12/2/2020. Contractor to provide date for start of service. Request made for earliest start date.
- Following mitigation, Maintenance department will engage audit tool (See 86a Ventilation Audit Tool) and inspect six bathrooms per week for one month. With continued compliance, six bathrooms will be inspected monthly for one month.
- All audits will be reviewed by Quality Assurance Committee to ensure compliance has been met.

96a - First Aid Kit

**1. Requirements**

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**Description of Violation**

The first aid kit on the 3rd floor does not include a thermometer and eye coverings.

The first aid kit on the 1st floor and 2nd floor does not include a eye coverings.

**Plan of Correction**

**Accept**

- The nurse or designee assigned to each floor will sign attesting to the inventory of first aid kit daily. If any required items are missing, they will be replace immediately
- Resident Care Director or designee will complete weekly audits of first aid kits and first aid kit attestations on the 1st, 2nd, and 3rd floors weekly for one month, followed by audits monthly for three months.
- Audits will be presented at community QA review and discontinued when consistence compliance is identified,

**Completion Date:** 11/16/2020

96a - First Aid Kit (continued)

**Document Submission**

**Implemented**

- Contents of all First Aid Kits were brought into compliance 11/2/2020
- Audits (see 96a First Aid Audit tool) initiated for daily checks to be completed by nursing staff 11/20/2020 and ongoing
- Resident Care Director to monitor audits and perform weekly inspection of First Aid Kits 11/16/2020
- Audits will be reviewed by Quality Assurance Committee.

227d - Support Plan Medical/Dental

**1. Requirements**

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 #5, dated 9/17/20, does not indicate the resident has a need for incontinence. The resident's support plan, dated 9/17/20 does not document how this need will be met.

**Plan of Correction**

**Accept**

- Service plan for resident #5 has be updated to include toileting assistance from caregivers as needed
- Service plan will include prompts for toileting.
- Resident Care director or designee will audit two resident support plans per week for two weeks to assure that the assessment reflect the service needs of the resident and that the resident's support plan documents how the needs will be met. Then one audit will be completed per week for three months. Audit results will be reported monthly to the Quality Assurance Committee and discontinued when consistence compliance is identified.

Completion Date: 11/16/2020

**Document Submission**

**Not Implemented**

- Service plan for R5 updated to reflect staff prompts for increased toileting 11/11/2020
- Resident continues to self-toilet with staff assistance as needed.
- Resident Care Director actively reviewing two Resident Service Plans per week for accuracy. Initiated 11/16/2020 (See 227d Support Audit Tool).

254a - Records Discharge/Active

**1. Requirements**

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

**Description of Violation**

On 11/2/20 at 9:50am, resident records for resident #1, resident #2, resident #3, and resident #4 were unlocked, unattended, and accessible on the 3rd Floor Med Room.

## 254a - Records Discharge/Active (continued)

**Plan of Correction****Accept**

- Resident Records for residents #1, resident #2, resident #3, and resident #4 have been secured and maintained in a confidential manner, which prevents unauthorized access.
- Associates will be in-serviced with Watermark HIPAA policy
- Associates will be in-serviced with importance of securing nursing station as well as any location including resident protected information
- Security of nursing stations will be added and reviewed at Community's Quality Assurance meeting agenda
  - o Resident Care Director or designee will monitor for records maintenance in a confidential manner five times per week for one month
  - o Then audits will be completed once a week for three months
  - o Will then move to Monthly audits for three months
- Audits will be presented at community QA review and discontinued when found in consistent compliance

Completion Date: 11/20/2020

**Document Submission****Implemented**

- Records for R1, R2, R3 and R4 have been secured and maintained in a confidential manner.
- Associates provided in-service regarding Watermark standards to protect Resident Rights and HIPAA compliance. In-services initiated 11/18/2020 (see 254a Records In-service)
- Associates educated to the importance of securing resident information and nursing stations.
- Audits for compliance of safeguarding records initiated 12/01/2020 (see 254a Records Audit Tool)
- Audit completion to continue according to schedule until compliance achieved. All reports to be reviewed with Quality Assurance Committee before discontinuation.