

Department of Human Services
Bureau of Human Service Licensing

April 21, 2021

██████████ EXECUTIVE DIRECTOR
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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/05/2021, 04/06/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

04/05/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *04/26/2021*

4/20/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/26/2021*

4/21/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on [REDACTED], has been providing unsupervised ADL services since hire. Staff person previously held a CNA registry, however this expired on 9/16/20. The staff person did not complete and pass the Department-approved direct care training course and pass the competency test after this CNA registration expired. Direct care staff person B, hired on [REDACTED] has been providing unsupervised ADL services since hire date. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

65d - Initial Direct Care Training (*continued*)**Plan of Correction****Accept**

Root Cause: Staff members A and B did not complete the DHS Direct Care Staff training course and competency test therefore providing unsupervised direct care to residents.

What was done to immediately correct the problem: Staff Member A and Staff Member B were immediately contacted and requested to complete the DHS Direct Care Staff Training Course and Competency test. Staff member A completed training on 04/06/2021, Staff member B completed training on 04/07/2021. See attachment A and B training certifications.

What will be done to prevent this from happening again? The Director of Associate Engagement did a complete audit of all associates files confirming compliance. Going forward, the Director of Associate Engagement will see that all new hires, regardless if a CNA or Med-Tech will complete the DHS on-line Direct Care Staff Training and Competency test during the first day of hire, alleviating this from happening again.

Director of Associate Engagement and Executive Director will be responsible for the Direct Care Staff Training Competency test is completed first day of hire.

Completion Date: 04/19/2021

Document Submission**Implemented**

See attached document 65d - Initial Direct Care Training Documents

123a - Exit Doors

1. Requirements

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Description of Violation

The exit door at the Southeast Stairwell #1 is equipped with a magnetic lock operated by a key pad. The code to the keypad is not posted in a conspicuous location allowing for easy egress in an emergency. .

Plan of Correction**Accept**

What was the Root of the problem? The code to the key pad was posted but had become faded from utilizing the disinfectant spray gun. Therefore making it difficult to read the code to the keypad.

What was done to immediately correct the problem? The Director of Maintenance immediately reposted the code in the Southeast Stairwell#1.

Going forward what will be done to prevent this from happening again? The Maintenance Director immediately put a schedule in place to perform weekly visual inspections of all Emergency Exit doors and their corresponding exit and resetting code display. See attachment C with inspections beginning week of April 6, 2021.

Executive Director and Maintenance Director will be responsible completion of weekly audit.

Completion Date: 04/19/2021

Document Submission**Implemented**

See attached document 123 a Exit Doors audit sheet

185a - Implement Storage Procedures

1. Requirements

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

On 4/6/2021, the glucometer belonging to resident #1 is not calibrated to the correct date and time. The glucometer time reads 11:16 am and the actual time is 12:16 pm.

On 4/6/2021, the glucometer belonging to resident #2 is not calibrated to the correct date and time. The glucometer time reads 11:19 am and the actual time is 12:19 pm.

Plan of Correction

Accept

What was the root cause of the violation? The glucometers for both resident #1 and resident #2 were not calibrated to the correct time. This was due to the glucometers not being adjusted for day light saving.

What was done to immediately correct the violation? The glucometers were calibrated to the correct time by the LPN Supervisor.

What will be done to prevent this from happening again? Audit schedule has been established for every Wednesday. LPN Supervisor will audit all Glucometers for results, control solution test, weekly date and time checks. See Attachment D.

Resident Care Director and LPN Supervisor will be responsible for completion of audit.

Completion Date: 04/19/2021

Document Submission

Implemented

See attached document 185a - Implement Storage Procedures audit sheet

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; however, the resident's medical evaluation was completed on 3/18/2021.

231b - Medical Evaluation (*continued*)**Plan of Correction****Accept**

What was the root cause of the problem? Resident #3 DME was dated 03/18/2021 but resident moved to SDCU on [REDACTED] one day before the DME was dated.

What was done to immediately correct the violation? The community provided the inspector with nursing notes and a doctor's order recommending that the resident immediately move to the SDCU for safety and elopement concerns. The community explained that the resident had been found in the back stairwell and hallways exiting seeking and that the resident continued to express her need to leave the community. The community was unable to get the DME until 03/18/21 but felt with the doctor's order and for safety reasons it would be best to move her on 03/17/21 where she would be safe and then get the DME on 03/18/2021.

Attachment E - Nurses Notes

Attachment F - Doctor's Note

What was done to ensure this would not happen again? Program Director, Assistant Resident Care/Compliance Director and Resident Care Director were in-serviced on 2600.231.b Medical Evaluation.

Attachment G

Executive Director

Completion Date: 04/19/2021

Update - 04/20/2021

Document Submission**Implemented**

See attached training documents and sign-in sheet 231b - medical Evaluation