



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
September 2, 2022

[REDACTED]
Administrator
Watermark Bellingham, LLC
[REDACTED]
[REDACTED]

RE: The Watermark at Bellingham
1615 East Boot Road
West Chester, PA 19380
License #: 14688

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on September 9, 2021 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: THE WATERMARK AT BELLINGHAM **Licen e #:** 14688 **Licen e Expiration Date:** 06/08/2021
Addr e : 1615 EAST BOOT ROAD, WEST CHESTER, PA 19380
County: CHESTER **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: WATERMARK BELLINGHAM LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 47 **Waking Staff:** 35

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Rea on: Complaint **Exit Conference Date:** 09/09/2021

Inspection Dates and Department Representative

09/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 80 **Residents Served:** 32

Secured Dementia Care Unit

In Home: Yes **Area:** The Inn **Capacity:** 24 **Residents Served:** 8

Hospice

Current Re ident : 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 31
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 15 **Have Physical Disability:** 1

Inspections / Reviews

09/09/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *10/31/2021*

11/2/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *11/24/2021*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted]/2021, for resident #1 indicates the resident requires assistance with drinking. On [redacted]/21 at [redacted] am, resident #1 rang the call bell to request a drink from the refrigerator. The call bell auto cleared, and the resident did not receive this assistance until [redacted] am. Resident #1's RASP indicates that drinking containers need to be opened and the resident cued on the placement of the item.

Plan of Correction

Accept

Resident #1 is provided with assistance for ADLs as indicated in the resident's assessment and support plan. Resident #1 requested assistance of Watermark staff indicating [redacted] wished to count the number of drinks [redacted] had in [redacted] refrigerator. Assistance was offered but staff member did not have the magnet necessary to clear the pendant while with the resident. All nursing staff educated as to the expectation of response to call bells. Education provided to caregivers on how to reset call stations and pendants. . Magnets are available in the nursing office for staff use to reset resident pendants.

Administrator or designee will monitor complaints about requests for assistance for ADLs that are not responded to timely and report results to the Quality Assurance committee for two months

Completion Date: 11/22/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/2/22 CM

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies 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).

Description of Violation

[redacted] staff A, hired on [redacted]/21, does not have a criminal background.

Staff member B, hired on [redacted]/21, does not have a criminal background.

51 - Criminal Background Check (continued)

Plan of Correction**Accept**

The Home abides by the hiring policy in accordance with the Older Adult Protective Services Act. Staff members A and B are both [REDACTED] staff. The [REDACTED] director was not available to provide copies of the criminal background check on the day of the survey. Per the request of the onsite surveyor, both background checks were sent electronically to the [REDACTED] on [REDACTED] 2021.

The home will procure criminal background check from the [REDACTED] for all [REDACTED] staff on or before their first day of direct caregiving.

An audit will be conducted by the administrator or designee to confirm presence of criminal background check for all currently working [REDACTED] staff. An audit will be conducted weekly to confirm the presence of criminal background check for any new [REDACTED] staff. Audits will be presented to the Quality Assurance committee at the next two monthly meetings. The committee will determine when audits can be discontinued.

Completion Date: 11/22/2021*Licensee's Proposed Date of POC Implementation***Implemented 9/2/22 CM**

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction**Accept**

The home abides by the guideline that direct care staff have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Training of education requirements will be provided to all actively used staffing [REDACTED] Copies of documented education will be procured with hiring documents for employed and [REDACTED] staff.

An audit will be conducted by the administrator or designee to confirm presence of education requirements for all currently working [REDACTED] staff. An audit will be conducted weekly to confirm the presence of education requirements for any new [REDACTED] staff. Audits will be presented to the Quality Assurance Performance Improvement committee at the next two monthly meetings. The committee will determine when audits can be discontinued.

Completion Date: 11/22/2021*Licensee's Proposed Date of POC Implementation***Not Implemented 9/2/22 CM**

60c - Housekeeping/Maintenance

1. Requirements

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.

60c - Housekeeping/Maintenance (continued)

Description of Violation

On [redacted]/21, residents were served lunch in their apartment. According to resident interviews, the service was not provided due to a lack of staff to complete the task. On [redacted]/21, residents had to wait [redacted] mins for lunch to be served in their apartment. On [redacted]/21, residents were served lunch at [redacted] pm.

Plan of Correction

Accept

Staff hours are provided to meet the laundry, food service, housekeeping and maintenance needs of the home. Meal delivery to the residents' apartments was scheduled to occur between [redacted] noon and [redacted] PM. In the three story home, the service began on the first floor and was completed on the third floor where residents were awaiting their food within the designated time window for delivery. The third floor resident offering information about their meal service time on [redacted] 21, [redacted]

Education was provided to Dining Room Manager and Executive Chef regarding the regulatory requirement of meal delivery within stated service times.

Delivery audits performed by Administrator or designee to ensure service occurs within the designated times. Audits will be brought before Quality Assurance Committee monthly for review. The Committee will determine when audits can be discontinued.

Completion Date: 11/22/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/2/22 CM

65d - Initial Direct Care Training

1. Requirements

2600.

- 65.d. Direct care staff persons hired after [redacted] 2006, may not provide unsupervised ADL services until completion of the following:
 - 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Repeat Violation

Direct care staff person A, hired on [redacted]/21, began providing unsupervised ADL services on [redacted]/21. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Repeated Violation: 5/3/21 et al

65d - Initial Direct Care Training (continued)

Plan of Correction

Accept

Direct Care staff hired will not provide unsupervised ADL services until the completion of the Department approved direct care training course and passing of the competency test.

Direct Care staff person A was credentialed by [redacted] Person A completed the training on [redacted] 2021 as a copy of [redacted] temporary nurses aide certification was not able to be located. Direct Care staff will complete the Department approved training with the evidenced of completion stored with [redacted] credentials by the administrative assistant/scheduler or designee before unsupervised ADL are provided.

An audit will be conducted by the Resident Care Director or designee to confirm presence of approved direct care training for all currently working staff. An audit will be conducted weekly to confirm the presence of department approved direct care training for any new staff. Audits will be presented to the Quality Assurance Performance improvement committee at the next two monthly meetings. The committee will determine when audits can be discontinued.

Completion Date 11/22/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/2/22 CM

88a Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted]/21 at [redacted] am, black mold was observed on the 3rd floor ceiling near the air conditioner vent by the medication room.

Plan of Correction

Accept

he unverified black substance observed on the 3rd floor ceiling near the air conditioner vent by the medication room was cleaned on [redacted] 21.

he housekeeping staff and caregiving staff have been provided education to observe for any surfaces that must be cleaned and free of hazards. Such needs are communicated through the home s work order system to be addressed by the appropriate personnel.

Maintenance Supervisor or designee will perform routine audit of all work order requests and confirm completion. Safety rounds will be conducted weekly by Maintenance Supervisor or designee. Audits and safety round reports will be brought before community s Quality Assurance Committee who will determine when compliance has been met.

Completion Date 11/22/2021 Licensee's Proposed Date of POC Implementation

Not Implemented 9/2/22 CM

95 Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 - Furniture and Equipment (continued)

Description of Violation

On [REDACTED] /21 at 11:45 am, a portable air-conditioner was observed inside of resident #1's apartment. Resident #1 is [REDACTED]. The P-tac unit in the room is not functioning. The portable air conditioner could pose a tripping hazard to resident #1.

Resident #2 stated that the call bell pendant has not worked for a week, which was previously reported to the home and has not been repaired or replaced.

Plan of Correction**Accept**

Furniture and Equipment will be in good repair, clean and free of hazards. The portable air conditioner which was identified as "could pose a tripping hazard", never impeded the resident or posed a hazard. Resident #1 never expressed concern about the portable air conditioner. The involved family of Resident #1 did not express any discontent or concern of hazard for Resident #1. The portable air conditioner was replaced with an alternative related to the surveyors concern, not a concern of resident or family.

Maintenance Director or designee will conduct room audit to identify that rooms are free of hazards.

Resident #2 had reported that [REDACTED] pendant was not working and had been provided with a replacement pendant, but could not locate the pendant in question. On [REDACTED] /21 it was identified that resident in fact had two pendants. The replacement pendant was functioning and a second pendant that functioned only on an intermittent basis. That pendant was removed, so that Resident #2 only possessed one functioning pendant.

An initial audit of all pendants will be conducted by administrator assuring that all pendants are functioning properly. Then ongoing audits will be conducted weekly by nurse or designee and reported to the Quality Assurance Committee.

Completion Date: 11/22/2021 Licensee's Proposed Date of POC Implementation

Not Implemented 9/2/22 CM

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 3's preadmission screening form, dated [REDACTED] 2021, does not include a determination that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)

Plan of Correction

Accept

Resident #3 was in a [redacted] prior to admission to the home. Discharge planning from [redacted] [redacted] included transfer to the home's special care secure unit. The preadmission screen form was not completed in its entirety. This was since corrected.

Resident Service Director will review all prescreening forms completed by other parties to ensure all necessary sections are complete prior to resident admission. Resident Service Director or designee will complete an audit of all current resident prescreens to ensure accurate document completion. Audit will be reviewed at the monthly Quality Assurance Committee meetings for the next two months.

Completion Date: 11/22/2021 Licensee's Proposed Date of POC Implementation

Not Implemented 9/2/22 CM

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 #1, dated [redacted]/21, indicates the resident has a need for dental, vision, hearing, mental health or other behavioral care services The resident's support plan does not document how this need will be met.

The assessment for resident #3, dated [redacted]/21, indicates the resident has a need for dental, vision, hearing, mental health or other behavioral care services The resident's support plan does not document how this need will be met.

Plan of Correction

Accept

The home will continue to document in the support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be available to the resident.

The home's Point Click Care software program was failing to print all items marked on the computerized version of the support plan. This information was provided to the surveyor

All support plans were updated for missed items in the printing process.

Administrator or designee will complete initial audit of support plans. Resident Services director or designee will assure that all printed support plans print with the plan in its entirety or add any missing elements of the support plan. Audits will be reviewed at the Quality Assurance committee meeting for two months.

Completion Date: 11/22/2021

Implemented 9/2/22 CM

231b - Medical Evaluation

1. Requirements

2600.

231b - Medical Evaluation (continued)

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 home and into [REDACTED] on [REDACTED]/21. The resident's initial medical evaluation does not state the need of a secure dementia unit.

Plan of Correction

Accept

Residents will have a medical evaluation documented within 60 days prior to admission, including the need for the resident to be served in a secure dementia unit.

Resident #3 was [REDACTED] prior to admission to the home. Discharge planning from [REDACTED] [REDACTED] included transfer to the home's secured dementia care unit. The nursing facility physician failed to complete the form in its entirety indicating the need of a secure dementia unit. This was since corrected.

Education will be provided to the physician who failed to complete the form correctly as well as the social worker of the discharging [REDACTED] and the admitting nurses of the home.

Resident service director or designee will perform audit of all current resident DME's to ensure accuracy in physician information. Audit will be reviewed with community's Quality Assurance Committee monthly until committee determines compliance has been met.

Completion Date: 11/22/2021 Licensee's Proposed Date of POC Implementation

Implemented 9/2/22 CM