

Department of Human Services  
Bureau of Human Service Licensing

November 18, 2022

[REDACTED]  
WATERMARK OPERATOR, LLC  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/18/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: ROSE TREE PLACE License #: 13281 License Expiration: 06/21/2022  
Address : 500 SANDY BANK ROAD, MEDIA, PA 19063  
County: DELAWARE Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: WATERMARK OPERATOR, LLC  
Address [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 03/04/1998 Issued By: Commonwealth of Pa L&I

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 116 Waking Staff: 87

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Incident Exit Conference Date: 02/18/2022

**Inspection Dates and Department Representative**

02/18/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 149 Residents Served: 69

**Secured Dementia Care Unit**

In Home: Yes Area: scdu Capacity: 26 Residents Served: 17

**Hospice**

Current Residents: 7

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 69  
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 47 Have Physical Disability: 1

**Inspections / Reviews**

**02/18/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/01/2022

Inspections / Reviews (*continued*)

## 05/23/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/26/2022

## 11/04/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 11/19/2022

## 11/18/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15c - Supervision

1. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [redacted]/22, at approximately [redacted] pm, staff person A restrained and pulled resident 1's hair while attempting to force [redacted] to get up off the sofa to go sleep in [redacted] room. This incident was observed by staff person B. This incident was reported to staff person C on [redacted] at around [redacted] am. Staff person A was originally suspended but was brought back to work after the home conducted their own investigation and was not placed on an approved plan of supervision.

POC Submission

Directed [redacted] - 11/04/2022)

There was no violation found through homes investigation and staff person A was brought back to work after completed investigation. No need for plan of supervision, staff member returned to work [redacted]/22

Directed

Within 15 calendar days of receipt of the plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept in the staff records. The administrator shall develop and implement a policy and procedures to ensure any allegations of abuse are reported in accordance with the Older Adult Protective Services Act.

Directed Completion Date: 11/19/2022

Implemented [redacted] - 11/18/2022)

42b - Abuse

2. Requirements

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 [redacted] 22, at approximately [redacted] pm, resident 1 was laying on the sofa asleep when staff person A approached [redacted] to make room for another resident. Staff person A began to force resident 1 to move to [redacted] room to sleep. Resident 1 did not want to get up and was forcefully pulled up by staff person A. Staff person A held resident 1 in hugging position restraining the residents arms and forcing [redacted] to get up. Staff person A then pulled resident 1's hair on the top of [redacted] head to make [redacted] get up off the sofa. Resident 1 jumped up holding [redacted] head in pain.

POC Submission

Directed [redacted] - 10/29/2022)

There was no violation found through homes investigation and staff person A was brought back to work after completed investigation. No need for plan of supervision, staff member returned to work [redacted] 22.

42b - Abuse (continued)

**Directed**

Within 15 days of receipt of the accepted plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept and submitted to the Southeast Regional Office.

The administrator will interview three residents a week for three months and monthly thereafter that staff person A provides direct care for to ensure no residents are neglected, intimidated, physically or verbally abused, mistreated or disciplined in any way, at any time. Documentation of interviews shall be kept.

Directed Completion Date: 11/19/2022

Implemented (█ - 11/18/2022)

42p Restraints

3. Requirements

2600.

42.p. A resident shall be free from restraints.

**Description of Violation**

On █/22, at approximately █ pm, resident 1 was sleeping on the sofa when staff person A approached █ to make room for another resident. Staff person A began to force resident 1 to move off the sofa to go to █ room to sleep. Resident 1 did not want to get up and was being pulled up by staff person A. Staff person A held resident 1 in hugging position restraining the residents arms and forcing █ to get up. Staff person A then pulled resident 1's hair to make █ get up off the sofa.

**POC Submission**

Directed (MJ - 10/29/2022)

There was no violation found through homes investigation and staff person A was brought back to work after completed investigation. No need for plan of supervision, staff member returned to work █/22

**Directed**

Within 15 days of receipt of the plan of correction: All direct care staff and management staff, including the administrator, will receive training in resident rights, positive interventions, safe management techniques, and abuse reporting and prevention from an outside source approved by the Department. Documentation shall be kept in the staff records.

Three residents will be interviewed by the administrator weekly to assess that positive interventions are being used. Documentation will be kept.

Directed Completion Date: 11/19/2022

Implemented (█ - 11/18/2022)

## 201 - Positive Interventions

### 4. Requirements

2600.

201. Safe Management Technique [REDACTED] home shall use positive interventions to modify or eliminate a behavior that endangers the resident [REDACTED] or others. Positive interventions include improving communications, reinforcing appropriate behavior [REDACTED] direction, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

#### Description of Violation

On [REDACTED]/22, at approximately [REDACTED] pm, resident 1 was asleep on the sofa in the common area. Staff person A attempted to wake up the resident to take [REDACTED] to [REDACTED] room to sleep. The resident did not want to move nor did [REDACTED] want to get up from the sofa. Staff person A began forcefully pulling [REDACTED] up from the sofa repeatedly. Staff person A then pulled the residents' hair to make [REDACTED] move. The home failed to implement positive interventions to modify or eliminate the behavior.

#### POC Submission

**Directed** [REDACTED] - 10/29/2022)

There was no violation found through homes investigation and staff person A was brought back to work after completed investigation. No need for plan of supervision, staff member returned to work [REDACTED] 22

#### Directed

Within 15 days of receipt of the plan of correction: All direct care staff and management staff, including the administrator, will receive training in resident rights, positive interventions, safe management techniques, and abuse reporting and prevention from an outside source approved by the Department. Documentation shall be kept in the staff records.

Three residents will be interviewed by the administrator weekly to assess that positive interventions are being used. Documentation will be kept.

**Directed Completion Date:** 11/19/2022

**Implemented** [REDACTED] - 11/18/2022)

## 202 - Prohibitions

### 5. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.

202 - Prohibitions (continued)

- 6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

**Description of Violation**

On [REDACTED] 22, at approximately [REDACTED] pm, resident 1 was sleeping on the sofa when staff person A approached [REDACTED] to make room for another resident. Staff person A began to force resident 1 to move off the sofa to go to [REDACTED] room to sleep. Resident 1 did not want to get up and was being pulled up by staff person A. Staff person A held resident 1 in hugging position restraining the residents.

**POC Submission**

*Directed* [REDACTED] 10/29/2022)

There was no violation found through homes investigation and staff person A was brought back to work after completed investigation. No need for plan of supervision, staff member returned to work [REDACTED]/22

**Directed**

Within 15 days of receipt of the plan of correction: All direct care staff and management staff, including the administrator, will receive training in resident rights, positive interventions, safe management techniques, and abuse reporting and prevention from an outside source approved by the Department. Documentation shall be kept in the staff records.

Three residents will be interviewed by the administrator weekly to assess that positive interventions are being used. Documentation will be kept.

**Directed Completion Date:** 11/19/2022

*Implemented* ([REDACTED] - 11/18/2022)