



Sent via e-mail [REDACTED]
February 28, 2023

[REDACTED]
[REDACTED]
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 March 11, 2022 of the above facility, we have determined that your submitted plan of correction is 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* License #: *14688* License Expiration: *02/11/2023*
Address: *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] / [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *54* Waking Staff: *41*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
Reason: *Incident* Exit Conference Date: *03/11/2022*

Inspection Dates and Department Representative

03/11/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *40*

Secured Dementia Care Unit

In Home: *Yes* Area: *SDCU* Capacity: *24* Residents Served: *8*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *39*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *14* Have Physical Disability: *3*

Inspections / Reviews

03/11/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/08/2022*

Inspections / Reviews *(continued)*

02/28/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2022

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

54a - Direct Care Staff**1. Requirements**

2600.

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

1. Be 18 years of age or older, except as permitted in subsection (b).
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.

POC Submission**Accept**

The High School diploma of direct care staff person A was provided to surveyor by scan as it was not available onsite at the time of the survey visit. It is currently in the staff person's file.

All direct care staff records were reviewed, corrections were made for those lacking the required documentation. As of 03/20/22 all direct care staff records are compliant.

Hiring procedures were updated to include receiving all qualification documentation before employees can start. The pre-hire checklist form was edited to include mandatory requirements.

The human resources director or designee will include required qualification documentation in quarterly audits. Any discrepancies will be addressed immediately.

Licensee's Proposed Overall Completion Date: 03/31/2022

2.28.23 Implemented

65a - FS Orientation 1st Day**2. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, who was hired on [REDACTED] 22 and whose first day of work was [REDACTED] 22, did not receive orientation until [REDACTED] 22.

POC Submission**Accept**

Staff person A was in training assigned with another direct care staff prior to completion of training requirements. [REDACTED] did not work alone.

Audit of all direct care staff training files was completed.

Prior or during the first day of work, the Maintenance Director, or designee will ensure all new direct care staff complete general fire safety and emergency preparedness training during orientation.

The Administrative Assistant, will maintain records of training.

65a - FS Orientation 1st Day (continued)

The resident care director will follow up to ensure compliance and address any discrepancies immediately and report to the Quality Assurance Committee.

Licensee's Proposed Overall Completion Date: 04/19/2022

2.28.23 Implemented

225c - Additional Assessment**3. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1 started [REDACTED] on [REDACTED] /21, however the resident did not have a new assessment completed

POC Submission

Accept

Bellingham facility assessment was completed by Resident Care Director on [REDACTED] 2021 with service plan completed on [REDACTED] /2021 Resident Care Director at the time did not complete the PA RASP addendum related to the significant change though the service plan was updated.

Audit of all [REDACTED] residents will be completed to confirm proper PA RASP is present by Resident Care Director or designee. Audit results will be reported to the Quality Assurance Committee until substantial compliance is maintained.

Licensee's Proposed Overall Completion Date: 04/20/2022

2.28.23 Implemented

227d - Support Plan Medical/Dental**4. 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 support plan for resident #1, dated [REDACTED] 21, does not address Behavioral or cognitive needs and degree.

Repeat violation et al 11/2/20

POC Submission

Accept

Resident Care Director of [REDACTED] /2021 no longer works at the facility. The current Resident Care Director will assure the support plan addresses behavior or cognitive needs.

Support plans of current residents will be audited for Behavior and cognitive needs. Results of audits will be reviewed by the Quality Assurance Committee and discontinued when compliance is achieved.

Licensee's Proposed Overall Completion Date: 04/29/2022

2.28.23 Implemented

227g - Support Plan Signatures**5. Requirements**

2600.

227g -Support Plan Signatures (continued)

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's support plan dated [REDACTED]/21 was not signed by the assessor and the power of attorney.

POC Submission

Accept

[REDACTED]
All support plans will be audited by Resident Care Director or designee to assure signature by assessor, and resident or their Power of Attorney at the time of review. Any support plans identified as missing signatures will be brought current. If review by telephone or virtual meeting, notation will be made on the support plan as to those present for the review. Compliance will be reviewed at the Quality Assurance Committee and discontinued when determined compliant.

Licensee's Proposed Overall Completion Date: 04/29/2022

[REDACTED] 2.28.23 Implemented