

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

January 13, 2023

[REDACTED]  
WATERMARK OPERATOR, LLC  
500 SANDY BANK ROADROAD  
MEDIA, PA, 19063

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 07/20/2022, 07/21/2022 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

## Facility Information

Name: ROSE TREE PLACE License #: 13281 License Expiration: 06/21/2023  
 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: 500 SANDY BANK ROADROAD, MEDIA, PA, 19063  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

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

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 134 Waking Staff: 101

## Inspection Information

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 07/21/2022

## Inspection Dates and Department Representative

07/20/2022 - On-Site: [REDACTED]  
 07/21/2022 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 149 Residents Served: 81

## Secured Dementia Care Unit

In Home: Yes Area: Pathways Capacity: 26 Residents Served: 18

## Hospice

Current Residents: 7

## Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 81  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 53 Have Physical Disability: 0

## Inspections / Reviews

## 07/20/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/06/2022

Inspections / Reviews (*continued*)

## 09/08/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/12/2022

## 11/28/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/06/2022

## 01/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

In accordance with the Carbon Monoxide Alarms Standards Act that went into effect in September 2016, a carbon monoxide detector shall be installed in close proximity of, but not less than 15 feet away from, any fossil fuel burning device or appliance. The home has gas operated stove, however there is no carbon monoxide detectors located in the area of the kitchen.

POC Submission

Accept (SW - 11/28/2022)

Corrective Action: Carbon Monoxide Alarms were replace immediately on 7/20/22 by Director of Maintenance.

Compliance: Carbon Monoxide Alarms will be tested monthly to ensure functioning properly.

Completion: Maintenance Staff trained on how to check functioning alarms

Responsible: Director of Maintenance

Licensee's Plan Completion Date: 09/20/2022

Implemented (MS - 01/13/2023)

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 7/20/22 at 1:53PM, tooth paste and disinfectant wipes with a manufacture's label indicating "contact poison control if swallowed", was unlocked, unattended, and accessible in resident room [redacted] of the secure dementia care unit. Not all the residents of the home, including in the secure dementia care unit, have been assessed capable of recognizing and using poisons safely.

POC Submission

Accept (SW - 11/28/2022)

Corrective Action: 7/20/22 Items were removed and placed in resident storage area for care staff to access.

Compliance: Residents rooms are inspected 3 times per day on each shift to ensure there are no poisonous materials.

Responsible: Program Directors (Memory Care)

Completion: 7/20/22, items were removed and secured in locked area

Licensee's Plan Completion Date: 09/20/2022

82c - Locking Poisonous Materials (*continued*)*Implemented (MS - 01/13/2023)*

## 103f - Refrigerator/Freezer Temps

**3. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*On 7/20/22 at 2:05PM, the temperature in the ice cream was 10 degrees Fahrenheit and on 7/21/22 at 10:30AM it was 8 degrees Fahrenheit.*

**POC Submission****Accept (SW - 11/28/2022)**

*Corrective Action: Thermometer was replaced and was reading properly once corrected 7/21/22*

*Compliance: Temp log has been implemented and is being recorded 2 times per day by Dining staff*

*Completion: Dining Staff trained on proper temperatures of refrigerators and freezers.*

*Responsible: 7/21/22, Dining Director*

**Licensee's Plan Completion Date: 09/20/2022**

*Implemented (MS - 01/13/2023)*

## 103g - Storing Food

**4. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*On 7/20/22 at 2:05PM there was an uncovered ice cream tub in the ice cream freezer*

**POC Submission****Accept (SW - 11/28/2022)**

*Corrective Action: Ice Cream bins covered and dated, immediately*

*Compliance: Ice Cream Freezer will be monitored during to ensure items are covered when not being served from*

*Completion: Dining staff trained on proper food handling (WRC training)*

*Responsible: Dining Director*

**Licensee's Plan Completion Date: 09/20/2022**

*Implemented (MS - 01/13/2023)*

## 103i - Outdated Food

**5. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*On 7/20/22 at 1:50PM, there was a 20oz wawa cup in the pathways fridge unlabeled and undated.*

103i - Outdated Food (continued)

**POC Submission**

*Accept (SW - 11/28/2022)*

*Correction Action: Food items removed from resident refrigerator immediately.*

*Compliance: No food items to be stored in resident refrigerator, sign placed on door.*

*Completion: Training of staff took place on 7/21*

*Responsible: Program Coordinator*

*Completion: Sign placed on door, staff break area is used for food and beverages*

**Licensee's Plan Completion Date:** 09/23/2022

*Implemented (MS - 01/13/2023)*

107d - Procedure Emergency Management Agency Submission

**6. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**Description of Violation**

*The home's written emergency procedures have not been submitted to the local emergency management agency in 2021 and 2022.*

**POC Submission**

*Accept (SW - 11/28/2022)*

*Correction: Emergency Procedures were submitted on 7/20/22 to [REDACTED]*

*Compliance: Emergency Procedures will be submitted July 1st. going forward to the county representative.*

*Completion: Submitted on 7/20/22, received fax confirmation*

*Responsible: Executive Director*

**Licensee's Plan Completion Date:** 09/23/2022

*Implemented (MS - 01/13/2023)*

132a - Monthly Fire Drill

**7. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

**Description of Violation**

*An unannounced fire drill was not held during the months of 1/2022 and 5/2022.*

**POC Submission**

*Accept (SW - 11/28/2022)*

*Plan of Correction: Signed agreement with outside agency to perform required fire drills*

*Compliance: Fire Drills have been scheduled monthly with an outside agency to ensure they are completed monthly and on different shifts.*

*Completion: 7/20/22*

*Responsible: Maintenance Coordinator*

132a - Monthly Fire Drill (continued)

Licensee's Plan Completion Date: 09/23/2022

Implemented (MS - 01/13/2023)

184a - Resident's Meds Labeled

8. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed Oraljel 10% apply pea sized amount to affected area 4 times daily as needed, however the medication label reads apply pea sized amount to affected area 4 times daily.

Resident #1 is prescribed Donepezil 10mg tab take one tablet by mouth once daily, however the medication label reads take 1 tablet by mouth at bedtime.

Resident #1 is prescribed Cefpodoxime tab take one tablet by mouth twice daily however the medication administration record reads take one tablet by mouth daily.

POC Submission

Accept (SW - 11/28/2022)

Plan of Correction: LPN will verify prescription orders with Pharmacy before distributing meds. Continued training for Med Techs and LPN's on MARS through Pharmacy

Compliance: The prescribed doses for administration must be followed, if there is an error on the MAR pharmacy will be contacted to correct

Completion: Immediate

Responsible: Program Coordinator

Completion: Immediate

Licensee's Plan Completion Date: 09/23/2022

Implemented (MS - 01/13/2023)

185a - Implement Storage Procedures

9. Requirements

2600.

**185a - Implement Storage Procedures (continued)**

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**

Resident #1's glucometer reading on 7/16/22 at 5:03PM was 139, however it was documented as 135.

Repeat: 4/6/21

**POC Submission**

**Accept (SW - 11/28/2022)**

Plan of Correction: The glucometers for both resident #1 and resident #2 were not calibrated correct.

Completion: Immediate, calibrated correctly

Compliance: Audit schedule has been established for every Wednesday. LPN Supervisor will audit all Glucometers

Responsible: DON

Licensee's Plan Completion Date: 10/24/2022

**Implemented (MS - 01/13/2023)**

**224a - Preadmission Screen Form****10. 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 #2 was admitted to the home on [REDACTED]; however, the resident 2 did not have a preadmission screening form was completed.

**POC Submission**

**Directed (SW - 11/28/2022)**

Plan of Correction: Preadmission screening will be reviewed by the Director of Nursing before admitting residents.

Directed POC: Resident #2 prescreening will be completed by [REDACTED] the DON, with a current date to ensure the residents needs can be met by the home. - SW 11/28/22

Completion: Ongoing

Compliance: Pre-screening of Residents will be completed within 30 days prior to admission.

Directed POC: The Program Director or Business office will audit the resident records to ensure each resident record contains a completed pre-screening form. If a form has not been completed, as required, a screening form will be completed by the Program Director or ED with a current date, in response to this POC by 12/30/22. -SW 11/28/22

Responsible: Program Director

Directed Completion Date: 10/24/2022

**Implemented (MS - 01/13/2023)**

227g -Support Plan Signatures

11. Requirements

2600.

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

Description of Violation

Resident #3 participated in the development of his/her support plan on [REDACTED] However, the resident and assessor did not sign the support plan.

POC Submission

Accept (SW - 11/28/2022)

Plan of correction: Support Plans will be completed and presented by the Dept. Head of the level of care that the resident resides in. Residents will sign plan.

Completion: [REDACTED], resident signed RASP and was placed in file. See attached document

Compliance: Staff training on RASP occurs annually by Program Coordinator

Responsible: Program Coordinator

Licensee's Plan Completion Date: 10/24/2022

Implemented (MS - 01/13/2023)

231c - Preadmission Screening

12. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, resident #2's did not have a written cognitive preadmission screening completed.

POC Submission

Directed (SW - 11/28/2022)

Plan of Correction: All preadmission screens will be reviewed by DON prior to admitting resident.

**Directed POC: Resident #2 prescreening will be completed by [REDACTED], by the DON, with a current date to ensure the residents needs can be met by the home. - SW 11/28/22**

Completion: Ongoing

Compliance: Pre-screening of Residents will be completed within 30 days prior to admission.

**Directed POC: The Program Director or Business office will audit the resident records to ensure each resident record contains a completed pre-screening form. If a form has not been completed, as required, a screening form will be completed by the Program Director or ED with a current date, in response to this POC by 12/30/22. -SW 11/28/22**

Compliance: Preadmission screen will be received within 72 hours of residents admission to Secured Dementia Care Unit

231c - Preadmission Screening (continued)

Responsible: Program Coordinator of Memory Care

Directed Completion Date: 10/24/2022

Implemented (MS - 01/13/2023)

231e - No Objection Statement

13. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] The home has no documentation that the resident and the resident's designated person have not objected to the admission.

POC Submission

Directed (SW - 11/28/2022)

Plan of Correction: This will be reviewed as above on 224a, 231c upon admitting resident to Memory Care by DON. No Objection was not signed. Residents families will be presented the statement before admission and must be reviewed and signed.

Directed POC: The DON will complete documentation with resident #2's and their family to ensure they do not object to the admission to the SDCU by 12/6/22. - SW 11/28/22

Compliance: Program Coordinator will review residents files before admission to include "No Objection Statement"

Directed POC: The DON or Program Coordinator will audit all SDCU resident records to ensure there is no objection to being admitted to the SDCU unit, by 12/30/22. - SW 11/28/22

Completion: Immediate

Responsible: Program Coordinator of Memory care

Directed Completion Date: 10/24/2022

Implemented (MS - 01/13/2023)

234a - Admission Support Plan

14. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, the resident's initial support plan was not completed.

POC Submission

Directed (SW - 11/28/2022)

Plan of Correction: Support Plans will be completed 72 hours prior to dementia care resident admissions. Resident moved into SDU on [REDACTED] however Program Coordinator was not in the community. Returned 7/21/22.

234a - Admission Support Plan (continued)

**Directed POC: The Program Director will complete a Support Plan for resident #2 by [REDACTED] - SW 11/28/22**

Completion: Immediate upon return

Compliance: Program Director, Assistant Resident Care/Compliance Director and Resident Care Director were in-serviced on 2600.231.b Medical Evaluation.

**Directed POC: The DON and Program Director will review all resident Support Plans to ensure they are current and record the resident needs by 12/30/22. - SW 11/28/22.**

Responsible: Executive Director

Directed Completion Date: 10/24/2022

Implemented (MS - 01/13/2023)

252 - Record Content

15. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.

Description of Violation

Resident #2's record does not include eye color.

Resident #3's record does not include eye color.

Resident #4's record does not include eye color.

Resident #5's record does not include hair color and eye color.

Resident #6's record does not include eye color.

POC Submission

Accept (SW - 11/28/2022)

Plan of Correction: Resident record will be reviewed thoroughly before admission

Completion: Immediate/ongoing

Compliance: Continued training on Record Content fro Coordinators and LPN's

Responsible: Program Coordinator of Memory Care, Compliance Director, DON

Licensee's Plan Completion Date: 10/24/2022

Implemented (MS - 01/13/2023)