

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

March 22, 2023

[REDACTED]
WATERMARK BELLINGHAM LLC
[REDACTED]
[REDACTED]

RE: THE WATERMARK AT BELLINGHAM
1615 EAST BOOT ROAD
WEST CHESTER, PA, 19380
LICENSE/COC#: 14688

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/14/2022, 12/06/2022 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: *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: *2020 WEST RUDASILL ROAD, TUCSON, AZ, 85704*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *02/09/2021* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *59* Waking Staff: *44*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *12/19/2022*

Inspection Dates and Department Representative

11/14/2022 - On-Site: [REDACTED]
 12/06/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	<i>80</i>	Residents Served:	<i>36</i>
Secured Dementia Care Unit			
In Home:	<i>Yes</i>	Area:	<i>sdcu</i>
Capacity:	<i>24</i>	Residents Served:	<i>8</i>
Hospice			
Current Residents:	<i>0</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>35</i>
Diagnosed with Mental Illness:	<i>0</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>23</i>	Have Physical Disability:	<i>0</i>

Inspections / Reviews

11/14/2022 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/30/2022*

Inspections / Reviews (*continued*)

01/12/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/15/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/17/2023

02/01/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/15/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/06/2023

02/22/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/15/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/01/2023

03/22/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/15/2023
Reviewer: [REDACTED] Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 11/18/2022, the heating system failed and was not heating the home. The home did not report this incident to the Department until 11/23/2022.

Plan of Correction

Accept (MJ - 01/06/2023)

**The Administrator provided re- education to all campus directors regarding the required time frame of reporting incidents to DHS during the Campus Leadership Meeting on 12/08/2022, clarifying that the time frame is 24 hours from the time of the incident. Updates to the investigation of the incident and plans for correction can be submitted after the 24 hour time frame.*

**The Administrator reviewed our DHS Incident Reporting Binder to ensure that all Incident Reporting Forms submitted to DHS in 2022 are filed in the binder on 12/30/2022.*

**The Administrator will review the DHS Incident Reporting Binder on a monthly basis for timely completion and submission of incidents to DHS. Results will be reviewed in Quality Assurance Meetings as scheduled until compliance is determined to be achieved*

Licensee's Proposed Overall Completion Date: 12/30/2022

Implemented (MJ - 03/22/2023)

83a - Indoor Temperature

2. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On 12/6/2022, when residents were present in the home, the temperature in the hallways and common areas on the third floor used by the residents was around 60 degrees Fahrenheit.

Plan of Correction

Accept (MJ - 02/22/2023)

**The Plant Operations Director contacted a supplier to rent portable pump heaters for the third floor hallway. Two heaters were delivered on 12/07/2022. The Maintenance Department is monitoring the temperature of the portable heaters in the common areas to maintain the appropriate temperature of not less than 70 degrees Fahrenheit, utilizing a temperature log.*

**Our Personal Care Neighborhood is heated by a Water Source heat pump system. The Plant Operations Director is working with [REDACTED] to service the heating system as needed. The third floor system is requiring a new compressor for the repair. It is on order and awaiting delivery. The portable pump heaters will remain in place until the repair is completed.*

**The Plant Operations Director, and/or designee, will provide updates on the heating system during Quality Assurance meetings as scheduled until compliance is determined to be achieved.*

83a - Indoor Temperature (continued)

UPDATE 01/17/2023 - Please see the attached Proposal/Work Order for the repairs to our 3rd Floor Heating System. Plant Operations Director, [REDACTED], and Regional Director of Plant Operations for Watermark, [REDACTED], are the persons responsible for ensuring that this project is completed. [REDACTED] Services is responsible for obtaining the needed equipment and then completing the repair. [REDACTED] has estimated that the equipment will be delivered and installed by mid-February. A Waiver Request Form has been completed and will be submitted on 01/18/2023 requesting permission for continued use of the current rented heaters until the repair can be completed.

Update 02/18/2023: Administrator has been in contact with [REDACTED] in Harrisburg. Waiver submitted 02/06/2023 for use of the portable heat pumps. Fire Marshall was out to the community to assess safety of the heat pumps. Safety Letter from the Fire Marshall is attached. Plant Operations Director has reported that the repair for the 3rd floor heating system is scheduled for 02/22/2023 - 02/23/2023. Will provide update once repairs are completed.

Licensee's Proposed Overall Completion Date: 02/23/2023

Implemented (MJ - 03/22/2023)

127a - Portable Space Heaters**3. Requirements**

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

On 11/14/2022, a portable space heater was in use in at the front desk.

On 11/18/2022 through 11/21/2022, the home used portable heaters to heat resident rooms during the time the heating system was not operating.

Plan of Correction

Accept (MJ - 01/06/2023)

*The Administrator notified the Business Office Manager of the portable space heater at the front desk upon notification from the DHS Licensing Representative. The space heater was immediately removed on 11/14/2022. All space heaters were removed from resident apartments on 11/21/2022 once apartment heating systems were repaired.

*The Administrator provided education to the campus directors regarding the prohibiting of portable space heater use in the community due to Fire Safety concerns during the Campus Leadership Meeting on 11/17/2022. The Administrator and the Campus Executive Director reviewed the Emergency Preparedness Plan with the Plant Operations Director and the Maintenance Director with regards to the heating system, identifying that residents will need to be temporarily relocated to apartments with functioning heating units while awaiting repairs moving forward.

*The Administrator, and/or designee, will review any updates regarding the heating system and pending repairs in Quality Assurance Meetings as scheduled until compliance is determined to be achieved.

Licensee's Proposed Overall Completion Date: 12/30/2022

Implemented (MJ - 03/22/2023)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on [REDACTED].

Plan of Correction**Accept (MJ - 01/06/2023)**

*The Documentation of Medical Evaluation form was faxed to Resident 1's PCP, an outside provider, prior to the DHS visit on 12/06/2022. The Nursing Department has contacted the PCP's office for follow up with no return of the DME. The Administrator faxed the DME to the PCP's office on 12/30/2022 and will continue to follow up with the office until received.

*On 12/20/2022, the Interim Resident Care Director and the Regional Director of Health Services audited the resident records for compliance with the Documentation of Medical Evaluations. All records were found to be within compliance.

*The Interim Resident Care Director, and/or designee, will review all new resident records for completion of the initial DME and all existing resident records for timely completion of annual and significant change DMEs. Results will be reviewed in Quality Assurance Meetings as scheduled until compliance is determined to be achieved.

Licensee's Proposed Overall Completion Date: 12/30/2022

Implemented (MJ - 03/22/2023)

227g -Support Plan Signatures

5. 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 1 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Resident 1's support plan dated [REDACTED] was not signed by assessor.

Plan of Correction**Accept (MJ - 01/19/2023)**

*Resident 1's support plan was reviewed by the Administrator for accuracy and signed. Resident 1's signature was obtained on the support plan.

*On 12/20/2022, the Interim Resident Care Director and the Regional Director of Health Services audited the resident records for compliance with the Resident Assessment and Support Plan. All RASPs were found to be completed. Care conferences are being scheduled as support plans are due.

*The Interim Resident Care Director, and/or designee, will review all new resident records for completion of the initial RASP and all existing resident records for timely completion of annual and significant change RASPs. Results will be reviewed in Quality Assurance Meetings as scheduled until compliance is determined to be achieved.

UPDATE 01/17/2023: The support plan was signed by the resident on [REDACTED]. The assessor at the time the plan was completed is no longer employed in the Resident Care Director position. The Administrator reviewed the support plan and signed in [REDACTED] place on 1 [REDACTED] Please see attached.

Licensee's Proposed Overall Completion Date: 01/17/2023

227g -Support Plan Signatures (*continued*)*Implemented (MJ - 03/22/2023)*

227h - Support Plan Refuse Sign

6. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident 1 participated in the development of his/her support plan on [REDACTED]. The resident did not sign the support plan. The home did not make a notation regarding the resident's refusal or inability to sign.

Plan of Correction*Accept (MJ - 01/19/2023)*

**Resident 1's support plan was reviewed by the Administrator for accuracy and signed. Resident 1's signature was obtained on the support plan.*

**On 12/20/2022, the Interim Resident Care Director and the Regional Director of Health Services audited the resident records for compliance with the Resident Assessment and Support Plan. All RASPs were found to be completed. Care conferences are being scheduled as support plans are due. Signatures will be obtained or noted as refused/inability to sign.*

**The Interim Resident Care Director, and/or designee, will review all new resident records for completion of the initial RASP and all existing resident records for timely completion of annual and significant change RASPs, to include signatures obtained during the care conferences. Results will be reviewed in Quality Assurance Meetings as scheduled until compliance is determined to be achieved.*

UPDATE 01/17/2023: The support plan was signed by the resident on [REDACTED]. The assessor at the time the plan was completed is no longer employed in the Resident Care Director position. The Administrator reviewed the support plan and signed in [REDACTED] place on [REDACTED]. Please see attached.

Licensee's Proposed Overall Completion Date: 01/17/2023

Implemented (MJ - 03/22/2023)