

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

November 9, 2023

[REDACTED], CEO
WATERMARK OPERATOR LLC
2020 WEST RUDASILL ROAD
TUCSON, AZ, 85704

RE: BLUE BELL PLACE
777 DEKALB PIKE
BLUE BELL, PA, 19422
LICENSE/COC#: 13280

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/01/2023, 08/03/2023, 08/04/2023, 08/07/2023 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: BLUE BELL PLACE License #: 13280 License Expiration: 09/11/2023
 Address: 777 DEKALB PIKE, BLUE BELL, PA 19422
 County: MONTGOMERY 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

Staffing Hours

Resident Support Staff: Total Daily Staff: 93 Waking Staff: 70

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 08/01/2023

Inspection Dates and Department Representative

08/01/2023 - On-Site: [REDACTED]
 08/03/2023 - Off-Site: [REDACTED]
 08/04/2023 - Off-Site: [REDACTED]
 08/07/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 99 Residents Served: 60
 Secured Dementia Care Unit
 In Home: Yes Area: Parkways Capacity: 30 Residents Served: 23
 Hospice
 Current Residents: x
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 3 Have Physical Disability: 3

Inspections / Reviews

08/01/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/26/2023

Inspections / Reviews (*continued*)

09/01/2023 POC Submission

Submitted: [REDACTED]

Date Submitted: 09/15/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/06/2023

09/05/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/15/2023

11/09/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2023

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 [REDACTED] around lunch time, resident #1 approached resident #2 in the common area living room and kissed on the resident's hand first and then kissed on the lips. Resident #2 frowned and/or cried, visibly shaken. The home did not report this incident to the department.

Plan of Correction

Accept ([REDACTED] 09/05/2023)

A training on incident reporting to the department's personal care home regional office was held on 8/2/2023 for all staff by executive director. Ongoing staff training on incident reporting to departments personal care home regional office will occur upon hire and every 3 months for all staff by executive director or designee for the next 12 months. Beginning 8/15/2023 the administrator or designee will review all reportable incidents and conditions twice a week for a period of 3 months to ensure all reportable incidents and conditions are reported to the department in accordance with regulation 2600.16c. . The administrator or designee will also meet weekly with the regional clinical director to review and ensure all reportable incidents and conditions are report to the department in accordance with regulation 2600.16c.

Licensee's Proposed Overall Completion Date: 09/06/2023

Implemented ([REDACTED] /09/2023)

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

Resident #1 has displayed overly affectionate behaviors towards female residents several times in the months preceding the inspection to include opening his/her arms wide open as if trying to hug or rubbing other female residents' arms since admission.

On [REDACTED], resident #1 was observed kissing resident #2 on the hand first and then on the lips, which was uninvited and left the resident visibly shaken.

On [REDACTED] around [REDACTED], resident #3 was found lying on resident #1's bed naked from the waist up while resident #1 was standing beside the bed totally naked. Resident #3 is unable to let his/her needs known verbally and is unable to undress without assistance. The resident's assessment and support plan (RASP) also states that the resident has poor safety awareness and often wanders. When staff members entered resident #1's room, resident #1 shouted "Get out! This is private. How did you know I was here?" When asked if resident #1 helped resident #3 to undress, resident #1 answered yes, saying that resident #3 came the room to make love. When it was explained that resident #3 did not have the ability to consent, resident #1 apologized.

The home has not taken action to prevent or eliminate resident #1's behavior.

42b - Abuse (continued)

Plan of Correction

Accept (████) - 09/05/2023)

Upon the incident on █████, resident #1 was immediately put on a one to one observation with staff. The one to one observation was continued until resident #1 moved out of the community on 8/16/2023. A training on Residents' Rights, Mandatory Abuse Reporting and resident abuse was held on 8/17/2023 for all staff by the executive director. Ongoing staff training on Residents' Rights, Mandatory Abuse Reporting and resident abuse will occur upon hire and twice a year by the administrator or designee. A training on sexuality and dementia will be provided to all staff by the administrator on 8/17/2023. To prevent future violations of this nature, ongoing education will be provided bi-annually during town hall meetings by the administrator or designee. Residents are informed regularly of their rights, upon admission as well as during resident council. The resident care director, administrator and all other supervisors will communicate weekly with individual residents and ask whether they are being treated well by staff and other residents.

Any complaints will be reviewed at morning meeting and addressed promptly.

Licensee's Proposed Overall Completion Date: 09/06/2023

Implemented (████) - 11/09/2023)

82c - Locking Poisonous Materials

3. 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 █████ at █████, the bathroom cabinets in resident apartment #119 and #121 were unlocked and personal hygiene items including █████, and █████, with a manufacture's label indicating "If accidentally swallowed, get medical help or contact a Poison Control Center right away", were unlocked, unattended, and accessible. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept (████) - 09/01/2023)

All cabinets were checked and corrected onsite 8/1/2023. Beginning 8/1/2023, the resident care director or designee will perform safety rounds on community cabinets weekly for 4 weeks and monthly for 3 months or until compliance is met. Results of the audit to be reviewed in Quality Assurance meeting.

All staff training performed on 8/1/2023 by the administrator regarding Watermark policy, "safe chemical storage in memory care".

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented (████) - 11/09/2023)

224a - Preadmission Screen Form

4. 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.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident #3's preadmission screening form, dated [REDACTED], does not include the resident's ability to safely use and avoid poisonous materials.

Plan of Correction

Accept [REDACTED] - 09/05/2023)

An audit was conducted of all preadmission screening forms on [REDACTED] by the resident care director or designee. All forms are in compliance of 2600.224a. After completion of a preadmission screening form the administrator and resident care director or designee will review for completeness and appropriateness prior to potential resident being accepted starting 8/3/2023 for the next 6 months.

Licensee's Proposed Overall Completion Date: 09/06/2023

Implemented [REDACTED] - 11/09/2023)

231b - Medical Evaluation

5. Requirements

2600.

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 #1 was admitted to the Secured Dementia Care Unit (SDCU) on [REDACTED]; however, the resident's medical evaluation was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] 09/01/2023)

An audit of all resident files was conducted to ensure all medical evaluations were in compliance of 2600.231b. Prior to any new resident moving into the community, a medical evaluation will be obtained within 60 days of admission for all secure dementia care unit admissions. All new medical evaluations will be reviewed by the resident care director or designee for compliance monthly and upon all new admissions for the next 6 months.

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [REDACTED] - 11/09/2023)