

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

November 9, 2023

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

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 08/14/2023, 08/15/2023, 08/29/2023, 08/31/2023, 09/01/2023 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: 09/11/2024
 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

Type: C-2 LP Date: 10/16/2000 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 89 Waking Staff: 67

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 09/01/2023

Inspection Dates and Department Representative

08/14/2023 - On-Site: [REDACTED]
 08/15/2023 - Off-Site: [REDACTED]
 08/29/2023 - Off-Site: [REDACTED]
 08/31/2023 - Off-Site: [REDACTED]
 09/01/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 99 Residents Served: 62

Secured Dementia Care Unit
 In Home: Yes Area: Pathways Capacity: 30 Residents Served: 23

Hospice
 Current Residents: 7

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 27 Have Physical Disability: 3

Inspections / Reviews

08/14/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/22/2023

10/12/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/17/2023

10/18/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2023

11/09/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

44e - Complaint Submission

1. Requirements

2600.

44.e. Within 2 business days after the submission of a written complaint, a status report shall be provided by the home to the complainant. If the resident is not the complainant, the resident and the resident's designated person shall receive the status report unless contraindicated by the support plan. The status report must indicate the steps that the home is taking to investigate and address the complaint.

Description of Violation

On [REDACTED], a written complaint regarding Resident # 1's room placement was filed in the home. The home did not respond to the concern until [REDACTED].

Plan of Correction

Accept [REDACTED] - 10/18/2023)

The Administrator is responsible for receiving verbal or written concerns/grievances. Administrator verbally communicated with Resident #1's responsible party on 7/27/2023, 7/29/2023, 8/1/2023. Resident #2 had one-to-one supervision in place. On 8/4/23 a discharge notice was provided to Resident #2 and appropriate placement was being evaluated with the ultimate goal of relocation. Discharge of Resident #2 was planned for [REDACTED]; however, the exact moved out date of was not set in stone and dependent on placement availability. Resident #2 moved out on [REDACTED]. The Administrator did not share details regarding placement or potential placement for Resident #2 with the responsible party for Resident #1.

On-site coaching with Administrator was conducted on 8/14/23 by [REDACTED] regarding the timeliness of initial response even where action plan is in flux. On 8/17/23 Administrator received coaching from regional clinical director regarding state regulation 2600.44e and Watermark's Concern/Grievance Policy.

Beginning on 8/18/23 the Administrator or designee reviews concerns/grievances during daily (Monday-Friday) stand-up with community managers. The Administrator documents concerns/ grievances using the Watermark's Grievance/Concern Report form, which includes a status report indicating steps the community is taking to investigate and address the concern/grievance per regulation. Documentation of any concern/grievance, with required follow up dates and written decisions are kept in a binder in the administrator's office for continued compliance. Beginning 9/12/2023, the resident care director or designee will conduct an audit of the 2-day grievance/concern follow up, 3x per week for three months or until compliance has been met. A training on complaint submission, regulation 2600.44e, and Watermark's concern/grievance policy was held for all staff on 9/12/23 by Administrator. Grievances will be monitored ongoing as part of the Community's Quality Assurance Program.

Proposed Overall Completion Date: 10/27/2023

Licensee's Proposed Overall Completion Date: 10/27/2023

Implemented [REDACTED] - 11/09/2023)

44f - Written Decision

2. Requirements

2600.

44.f. Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

44f - Written Decision (continued)

Description of Violation

On [REDACTED] a written complaint regarding Resident # 1's room or Resident #2's room be moved or Resident # 2 be removed from the community was filed with the home. The home did not respond to this request until [REDACTED]. The home's response was that a safety plan was in place for Resident # 1 and that a plan was in place for Resident #2 but there were no details included. This followed a concern about alleged abuse between these two residents.

Plan of Correction

Accept (CM - 10/18/2023)

Administrator sent an email response to Resident #1's responsible party on [REDACTED] or within seven (7) days of the initial grievance/concern. The written response provided no specific details regarding the plan of action for Resident #2.

On-site coaching with Administrator was conducted on 8/14/23 by [REDACTED] regarding the timeliness response and appropriate level of detail to be shared when plan for resolution concerns another resident. On 8/17/23 Administrator received coaching from regional clinical director regarding state regulation 2600.44f and Watermark's Concern/Grievance Policy.

The Administrator is responsible for receiving verbal or written concerns/grievances. Beginning on 8/18/23 the Administrator or designee reviews concerns/grievances during daily (Monday-Friday) stand-up with community managers. The Administrator documents concerns/ grievances using the Watermark form Grievance/Concern Report, which includes a status report indicating steps the community is taking to investigate and address the concern/grievance per regulation. Documentation of any concern/grievance, with required follow up dates and written decisions are kept in a binder in the administrator's office for continued compliance. Beginning 9/12/2023, an audit of the 7-day written decision explaining the home's investigation findings and the action the community plans to take to resolve the complaint will be conducted by the resident care director or designee 3x per week for three months or until compliance has been met to ensure all concerns/grievances.

A training on complaint submission/written decision, regulation 2600.44f, and Watermark's Concern/Grievance Policy was held for all staff on 9/12/23 by Administrator. Grievances will be monitored ongoing as part of the Community's Quality Assurance Program.

Proposed Overall Completion Date: 10/27/2023

Licensee's Proposed Overall Completion Date: 10/27/2023

Implemented ([REDACTED] - 11/09/2023)