

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

February 7, 2024

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

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/04/2023, 10/05/2023 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: *THE WATERMARK AT BELLINGHAM* License #: *14688* License Expiration: *02/11/2024*
 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]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *53* Waking Staff: *40*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *10/05/2023*

Inspection Dates and Department Representative

10/04/2023 - On-Site: [REDACTED]
 10/05/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *80* Residents Served: *32*

Secured Dementia Care Unit
 In Home: *Yes* Area: *The Gardens* Capacity: *24* Residents Served: *9*

Hospice
 Current Residents: *x*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *32*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

10/04/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/09/2023*

11/09/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/16/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/14/2023*

Inspections / Reviews *(continued)*

11/15/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/16/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/01/2023

02/07/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/16/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. 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

Colgate toothpaste and Medline mouthwash with a manufacture's label indicating "in case of accidental ingestion, seek professional assistance or contact a Poison Control Center immediately", were unlocked, unattended, and accessible in the bathroom of resident room [REDACTED]. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Directed [REDACTED] - 11/15/2023)

Resident [REDACTED] toothpaste and mouthwash were immediately removed and secured.

Program Director has established a hygiene basket per resident which is kept secured outside the residents' room to be accessed only by caregivers when providing care. Began basket procedure [REDACTED].

Program director has provided education regarding requirements for 82c and new process.

Educated provided to med techs and caregivers on [REDACTED].

Environmental rounds audit was conducted by Program Director / Designee starting [REDACTED] and will continue weekly times four weeks.

Results will be forwarded by Program Director/Designee to QA for review. Starting [REDACTED] monthly for 3 months, then quarterly.

Proposed Overall Completion Date: 02/15/2024

Directed Plan of Correction [REDACTED] 11/15/23:

Only the overall completion date of 11/30/23 has been directed for completion for the home's plan above.

Directed Completion Date: 11/30/2023

Implemented [REDACTED] - 12/04/2023)

91 - Telephone Numbers

2. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident room [REDACTED].

Plan of Correction

Directed [REDACTED] - 11/15/2023)

Emergency telephone numbers have been placed on the phone of resident [REDACTED] on [REDACTED].

Program Director provided the education to caregivers and med techs regarding emergency numbers on [REDACTED].

91 - Telephone Numbers (continued)

Program director included telephone number check to environmental rounds, this was initiated on [REDACTED] Program Director or designee conduct weekly audits times four weeks. Results will be forwarded by Program Director/Designee to QA for review. Starting [REDACTED] monthly for 3 months, then quarterly.

Directed Plan of Correction [REDACTED] 11/15/23:

Only the overall completion date of 11/30/23 has been directed for completion for the home's plan above. Proposed Overall Completion Date: 02/15/2024

Directed Completion Date: 11/30/2023

Implemented [REDACTED] 12/04/2023)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident [REDACTED] bed is equipped with an enabler, which is more than 10 inches wide and 4 inches high. The enabler was not covered.

Plan of Correction

Directed [REDACTED] - 11/15/2023)

Resident [REDACTED] enabler was removed, and a replacement has been ordered that meets the size and cover requirements. Replacement expected by [REDACTED]. Program Director or designee will ensure enabler is replaced. Education will be provided by Program Director to sales team and associates regarding requirements for enablers on [REDACTED]

Program director included enabler checks to environmental rounds starting [REDACTED] and will be conducted weekly times four weeks by caregivers. or med techs.

Results will be forwarded by Program Director/Designee to QA for review. Starting [REDACTED] monthly for 3 months, then quarterly.

Directed Plan of Correction [REDACTED] 11/15/23:

Only the overall completion date of 11/30/23 has been directed for completion for the home's plan above. Proposed Overall Completion Date: 02/15/2024

Directed Completion Date: 11/30/2023

Implemented [REDACTED] - 12/04/2023)

185a - Implement Storage Procedures

4. Requirements

2600.

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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident [redacted] is prescribed [redacted] as needed. On [redacted], this medication was not available in the home.

Plan of Correction

Directed [redacted] - 11/15/2023)

Resident [redacted] has been discontinued.

Program Director / Designee will conduct an audit of all med carts to ensure all ordered medication are available for residents.

All med techs will be educated by Program Director regarding ensuring ordered medications are available. Education will be completed by [redacted].

Program Director / Designee will conduct weekly audit starting [redacted] four weeks to ensure continued compliance.

Results will be forwarded by Program Director/Designee to QA for review, Starting 11/22/23 monthly for 3 months, then quarterly.

Proposed Overall Completion Date: 02/15/2024

Directed Plan of Correction [redacted] 11/15/23:

Only the overall completion date of 11/30/23 has been directed for completion for the home's plan above.

Proposed Overall Completion Date: 11/30/2023

Directed Completion Date: 11/30/2023

Implemented [redacted] - 01/17/2024)

5. Requirements

2600.

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 [redacted] is prescribed [redacted] [redacted] times daily. The resident's [redacted] displayed [redacted] while the resident's medication administration record (MAR) [redacted] on [redacted] at [redacted] [redacted] and MAR [redacted] on [redacted] [redacted] and [redacted] and MAR [redacted] on [redacted] at [redacted]

Plan of Correction

Directed [redacted] 11/15/2023)

Med Tech conducting Accu-Check has been counseled by Program Director/Lead Med Tech regarding proper Accu-Check reading and documentation on [redacted].

All Med techs are scheduled for training on [redacted] with DHS certified medication administration trainer.

Weekly audits will be conducted by Program Director / Designee starting [redacted] times four weeks.

Results will be forwarded by Program Director/Designee to QA for review. Starting 11/22/23 monthly for 3 months, then quarterly.

Directed Plan of Correction [redacted] 11/15/23:

Only the overall completion date of 11/30/23 has been directed for completion for the home's plan above.

Proposed Overall Completion Date: 02/15/2024

Proposed Overall Completion Date: 11/30/2023

185a - Implement Storage Procedures (continued)

Directed Completion Date: 11/30/2023

Implemented [redacted] 02/07/2024)

187a - Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 3. Name of medication.
- 6. Dose.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident [redacted] October MAR includes [redacted] every [redacted] as needed, which was not available and was discontinued on [redacted].

Resident [redacted] is prescribed [redacted] s daily at [redacted] and [redacted] based on sliding scale; however, the resident's September MAR does not have a space for units given at [redacted] and bedtime and so this information is not available.

Resident [redacted] is prescribed [redacted] every [redacted] as needed; however, the resident's October MAR does not indicate its purpose/diagnosis.

Resident [redacted] October MAR does not indicate the purpose/diagnosis of the medications including [redacted], and etc.

Resident [redacted] October MAR does not indicate the diagnosis/purpose for [redacted].

Repeat Violation: 03/28/2023

Plan of Correction

Directed [redacted] 11/15/2023)

November MARs for resident [redacted] contain diagnosis / purpose.

Resident [redacted] med order was discontinued and is not included in November MAR.

Resident [redacted] MAR has been updated to allow space to document units.

MARS were updated on by Lead Med Tech.

Administrator / Designee will provide education to med techs about including purpose/diagnosis of medication and MAR transcription on 11/2/23 and 11/3/23.

Weekly audit of MAR to ensure compliance by Administrator/designee. Start 11/2/2023 End 11/23/2023.

Results will be forwarded by Program Director/Designee to QA for review. Starting 11/22/23 monthly for 3 months, then quarterly.

Proposed Overall Completion Date: 02/15/2024

Directed Completion Date: 02/15/2024

Implemented [redacted] - 01/17/2024)

187b - Date/Time of Medication Admin.

7. Requirements

2600.

187b - Date/Time of Medication Admin. (continued)

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] every 4 hours as needed. According to the controlled substance sign-out sheet, this medication was signed out 8 times in October but there are only 2 staff initials present as administered.

Resident [REDACTED] is prescribed [REDACTED] daily as needed. According to the controlled substance sign-out sheet, this medication was last signed out on [REDACTED] at [REDACTED] however, the resident's September MAR indicates that it was administered on [REDACTED] at [REDACTED]

On [REDACTED] at [REDACTED] resident [REDACTED] was administered [REDACTED] and [REDACTED]. Staff person A did not enter the initials until [REDACTED] when this omission was pointed out by the licensing representative.

Plan of Correction

Directed [REDACTED] - 11/15/2023)

Education provided to med techs regarding medication administration and documentation on [REDACTED] and [REDACTED]. Med Techs will ensure that controlled substance sign-out sheets are initialed before accepting keys from off-going shift. Education provided by Administrator/designee. Weekly audits will start on [REDACTED] times four weeks. Results will be forwarded by Program Director/Designee to QA for review. Starting [REDACTED] monthly for 3 months, then quarterly.

Proposed Overall Completion Date: 02/15/2024

Directed Plan of Correction [REDACTED] 11/15/23:

Only the overall completion date of 11/30/23 has been directed for completion for the home's plan above.

Directed Completion Date: 11/30/2023

Implemented [REDACTED] 01/17/2024)

190a - Completion Medication Course

8. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B (initial medication administration training [REDACTED]), C (initial training [REDACTED]) and D (initial training [REDACTED]), who have not successfully completed the Department-approved medications administration annual practicum, administered medications to residents.

Plan of Correction

Directed [REDACTED] - 11/15/2023)

Staff Member B, C and D have been scheduled for training by a contracted DHS certified Medication Administration trainer on [REDACTED]. Subsequent training regarding annual practicums and observations will be conducted by Program Director who is a DHS certified medication administration trainer.

190a - Completion Medication Course (continued)

Program Director / Designee will audit files of all med techs to be completed by [REDACTED] to ensure compliance. Then every six months to ensure required observations are completed. Results will be forwarded by Program Director/Designee to QA for review. Starting [REDACTED] monthly for 3 months, then quarterly.

Proposed Overall Completion Date: 02/15/2024

Directed Plan of Correction [REDACTED] 11/15/23:

Only the overall completion date of 11/30/23 has been directed for completion for the home's plan above.

Directed Completion Date: 11/30/2023

Implemented [REDACTED] - 02/07/2024)

227d - Support Plan Medical/Dental

9. 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

Resident [REDACTED] uses an enabler for transferring in and out of bed. The assessment/support plan (RASP) for the resident, dated [REDACTED], does not indicate this need.

Resident [REDACTED] is hard of hearing and wears reading glasses according to the preadmission screening form completed [REDACTED]; however, the resident's RASP dated [REDACTED] is checked none on the resident's sensory need (vision, hearing, communication, olfactory, tactile) and does not address how to meet these needs.

Plan of Correction

Directed [REDACTED] 11/15/2023)

Resident [REDACTED] enabler was added to RASP immediately.

Resident [REDACTED] sensory needs were updated on the RASP immediately.

Education provided on [REDACTED] to Lead Med tech by administrator about proper completion of RASP.

Administrator will conduct random weekly chart audits times four weeks. Start [REDACTED] End [REDACTED].

Results will be forwarded by Program Director/Designee to QA for review. Starting [REDACTED] monthly for 3 months, then quarterly.

Proposed Overall Completion Date: 02/15/2024

Directed Plan of Correction [REDACTED] 11/15/23:

Only the overall completion date of 11/30/23 has been directed for completion for the home's plan above.

Directed Completion Date: 11/30/2023

Implemented [REDACTED] - 02/07/2024)

227h - Support Plan Refuse Sign

10. 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

The RASP for resident [REDACTED] dated [REDACTED] and the one for resident [REDACTED] dated [REDACTED] were not signed by the resident. The home did not make a notation regarding the resident's inability/refusal to sign.

Plan of Correction

Directed [REDACTED] - 11/15/2023)

Residents [REDACTED] and [REDACTED] RASP were signed on [REDACTED]

Lead Med Tech/ Designee will ensure compliance with support plan signatures.

Education was be provided to Lead Med Tech on [REDACTED] by Administrator.

Weekly audit of RASP by Administrator will Start on [REDACTED] End [REDACTED].

Results will be forwarded by Program Director/Designee to QA for review. Starting [REDACTED] monthly for 3 months, then quarterly.

Proposed Overall Completion Date: 02/15/2024

Directed Plan of Correction [REDACTED] 11/15/23:

Only the overall completion date of 11/30/23 has been directed for completion for the home's plan above.

Directed Completion Date: 11/30/2023

Implemented [REDACTED] - 02/07/2024)

231b - Medical Evaluation

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

Plan of Correction

Directed [REDACTED] - 11/15/2023)

Education was provided by administrator to Lead Med Tech and Social Services about Medical Evaluation timely completion.

Audits will be conducted weekly to ensure compliance by Administrator/designee. Start 11/3-End 11/24.

Results will be forwarded by Program Director/Designee to QA for review. Starting 11/22/23 monthly for 3 months, then quarterly.

Directed Plan of Correction [REDACTED] 11/15/23:

Only the overall completion date of 11/30/23 has been directed for completion for the home's plan above.

Proposed Overall Completion Date: 02/15/2024

231b - Medical Evaluation (*continued*)

Directed Completion Date: 11/30/2023

Implemented [REDACTED] - 02/07/2024)

234b - Support Plan Needs Elements

12. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The RASP, dated [REDACTED], for resident [REDACTED] indicates that the resident needs 24-hour direct supervision. However, it does not show how to meet this need.

Plan of Correction

Directed [REDACTED] 11/15/2023)

Resident [REDACTED] Support plan has been updated with a plan to meet the resident's need.

Education provided by the administrator to Med Techs about RASP documentation 11/2/23-11/3/23.

Weekly audit will be conducted by administrator / designee to ensure compliance will start 11/3/2023 times four weeks.

Results will be forwarded by Program Director/Designee to QA for review. Starting 11/22/23 monthly for 3 months, then quarterly.

Proposed Overall Completion Date: 02/15/2024

Directed Plan of Correction [REDACTED] 11/15/23:

Only the overall completion date of 11/30/23 has been directed for completion for the home's plan above.

Directed Completion Date: 11/30/2023

Implemented [REDACTED] - 02/07/2024)

234c - Support Plan Responsible Person

13. Requirements

2600.

234.c. The support plan must identify the individual responsible to address the resident's needs.

Description of Violation

The support plan, dated [REDACTED], for resident [REDACTED] does not identify the individual responsible for addressing the resident's needs, including supervision and hobbies/interests.

Plan of Correction

Directed [REDACTED] - 11/15/2023)

Resident [REDACTED] support plan has been updated to reflect the responsible individual for addressing the resident needs.

Education provided by Administrator to Med Techs about RASP documentation 11/2/23 and 11/3/23.

Weekly audit to ensure compliance by administrator /designee. Start 11/3/2023 times four weeks.

Results will be forwarded by Program Director/Designee to QA for review. Starting 11/22/23 monthly for 3 months, then quarterly.

Proposed Overall Completion Date: 02/15/2024

234c - Support Plan Responsible Person (continued)

Directed Plan of Correction CM 11/15/23:

Only the overall completion date of 11/30/23 has been directed for completion for the home's plan above.

Directed Completion Date: 11/30/2023

Implemented [REDACTED] 02/07/2024)

251b - Record Entries Legible

14. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The [REDACTED] at [REDACTED] entry for Novolog flexpen on resident [REDACTED] October MAR was not legible. The blood glucose reading, units given, and site were blurred.

Plan of Correction

Directed [REDACTED] 11/15/2023)

Education provided by administrator to med techs about legible entry on MAR 11/2/23-11/3/23.

Weekly audit to ensure compliance will start 11/3/2023 times four weeks by Administrator/designee.

Results will be forwarded by Program Director/Designee to QA for review. Starting 11/22/23 monthly for 3 months, then quarterly.

Proposed Overall Completion Date: 02/15/2024

Directed Plan of Correction [REDACTED] 11/15/23:

Only the overall completion date of 11/30/23 has been directed for completion for the home's plan above.

Directed Completion Date: 11/30/2023

Implemented [REDACTED] - 02/07/2024)

252 - Record Content

15. Requirements

2600.

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

Description of Violation

Resident [REDACTED] record does not include a preadmission screening.

Plan of Correction

Directed [REDACTED] 11/15/2023)

Preadmission screening for Resident [REDACTED] has been located and confirmed that it was completed on [REDACTED]. It is now located in resident's record.

Associate Executive Director educated the personal care administrative team on the timely filing of required record content. 11/3/2023.

Administrator/ designee will audit records of all new move-ins.

Start 11/3/23 weekly times four weeks to ensure compliance of record content. S

Results to QA for review.

252 - Record Content (continued)

Proposed Overall Completion Date: 02/15/2024

Directed Plan of Correction [REDACTED] **11/15/23:**

Only the overall completion date of 11/30/23 has been directed for completion for the home's plan above.

Directed Completion Date: 11/30/2023

Implemented [REDACTED] **- 02/07/2024)**