

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

May 16, 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 11/13/2023 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

Type: *C-2 LP* Date: *02/09/2021* Issued By: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *11/13/2023*

Inspection Dates and Department Representative

11/13/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *80* Residents Served: *23*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care* Capacity: *24* Residents Served: *8*

Hospice
 Current Residents: *4*

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: *8* Have Physical Disability: *0*

Inspections / Reviews

11/13/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/18/2023*

Inspections / Reviews *(continued)*

05/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2023

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

05/16/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

58a - Awake Staff 16 or More

1. Requirements

2600.

58.a. If a home serves 16 or more residents, all direct care staff persons on duty in the home shall be awake at all times one or more residents are present in the home.

Description of Violation

On 10-13-23, there were 23 residents were present in the home. Staff person A, was found sleeping at 4:50am observed by the administrator sleeping for 15 minutes while on duty in the memory care unit.

On 10-13-23, there were 23 residents were present in the home. Staff person B, was found sleeping at 4:50am observed by the administrator sleeping for 15 minutes while on duty on the personal care unit in front of the nurses station.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

Staff members A & B were observed by Program Director at 4:50am on 10/13/2023 sleeping in the living room. Program Director intervened and sent the staff members home immediately. All [REDACTED] residents were asleep and safe. Program Director provided care and services. Staff members were subsequently terminated. Program Director provided education to caregivers and med techs regarding Awake Staff regulation on 11/14/23 and 11/15/23. Program Director will continue random off hour visits to ensure compliance. Results will be forwarded by Program Director/Designee to QA for review. Starting 1/1/2024 monthly for 3 months, then quarterly.

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented [REDACTED] - 05/16/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11-13-23 at 11:08 am, there was a brown smear was identified on the banister located in memory care unit.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

Bannister was immediately cleaned by housekeeping. Program Director provided education to housekeeping associate on 11/13/2023. Program Director/Designee will conduct weekly audits times four weeks. Starting 11/24/23 times four weeks. Results will be forwarded by Program Director/Designee to QA for review. Starting 1/1/2024 monthly for 3 months, then quarterly.

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented [REDACTED] - 05/16/2024)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

88a - Surfaces (continued)

Description of Violation

On 11-13-23, the rugs in the memory care unit were spotted/stained, torn, and frayed where the carpet meets the wood/wood colored flooring.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

Housekeeping Director will establish weekly carpet cleaning schedule.

Program Director will audit during rounds to ensure schedule is maintained weekly.

Starting 12/22/2023 times four weeks.

Results will be forwarded by Program Director/Designee to QA for review. Starting 1/1/2024 monthly for 3 months, then quarterly.

Licensee's Proposed Overall Completion Date: 01/19/2024

Implemented [REDACTED] - 05/16/2024)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The medical evaluation for the following resident's were missing the height component on the form of resident [REDACTED], resident [REDACTED] and resident [REDACTED].

Repeated violation: 3/28/23

Plan of Correction

Accept [REDACTED] - 12/18/2023)

Resident [REDACTED] and [REDACTED] height components were updated by Program Director on 11/15/2023.

Program Director provided education to PCP on 11/15/2023 about including height component on medical evaluation record.

Program Director/Designee will audit new resident DME's prior to admission to ensure compliance.

Starting 11/14/2023 times for weeks.

Results will be forwarded by Program Director/Designee to QA for review. Start 1/1/2024 for three months, then quarterly.

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented [REDACTED] - 05/16/2024)

187a - Medication Record

5. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED]. However, resident's [REDACTED] medication administration record (MAR) does not indicate the initials of the staff who administered this medication the following dates:

- 11-8-23 on the 3pm-11pm shift.
- On 11-1-23, 11-2-23, 11-3-23, 11-5-23, 11-6-23 and 11-8-23 on the 11pm-7am shift

Resident [REDACTED] has a treatment to remove the compression stockings. However, resident [REDACTED] medication administration record does not indicate the initials of the staff who completed this treatment on 11-12-23.

Resident [REDACTED] is prescribed [REDACTED] twice per day. There are no staff initials present for the morning administration of this medication on 11/12/23

There is no diagnosis or purposed indicated on the MAR for Resident [REDACTED], [REDACTED], or [REDACTED].

Repeated Violation: 3/28/23

Plan of Correction

Accept [REDACTED] - 12/18/2023)

Administrator provided additional education to med techs about medication administration documentation and purpose/diagnosis of medication on 11/14 and 11/15/23.

Weekly audit of MAR to ensure compliance by Administrator/designee. Start 12/15/2023 times four weeks.

Results will be forwarded by Program Director/Designee to QA for review. Starting 1/1/2024 monthly for 3 months, then quarterly.

Proposed Overall Completion Date: 01/12/2024

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented ([REDACTED] - 05/16/2024)

221c - Post Activity Calendar

6. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. A black easel was present showing a one day activity schedule, which appeared to reflect activities on an unknown Sunday.

221c - Post Activity Calendar (*continued*)**Plan of Correction****Accept** [REDACTED] - 12/18/2023)

Weekly activity calendar was immediately posted in a public and conspicuous place.

Maintenance was educated on hanging all activity calendars and posters immediately after painting jobs are completed.

Program Director provided education on 11/16/2023 to Activities associates about updating black easel board with current activities for the day and posting activities in public and conspicuous place.

Program Director/Designee will conduct weekly audit starting 12/15/2023 times four weeks.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented [REDACTED] 05/16/2024)