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

November 27, 2023

[redacted], CEO
WATERMARK OPERATOR LLC

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 09/08/2023 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,

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: **Phone**: **Email**:

Legal Entity

Name: *WATERMARK OPERATOR LLC*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *02/28/2023* **Issued By**: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *67* **Waking Staff**: *50*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *09/08/2023*

Inspection Dates and Department Representative

09/08/2023 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *99* **Residents Served**: *36*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Pathways* **Capacity**: *30* **Residents Served**: *23*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *1*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *31* **Have Physical Disability**: *2*

Inspections / Reviews

09/08/2023 Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/14/2023*

11/09/2023 - POC Submission

Submitted By: **Date Submitted**: *11/20/2023*

Reviewer: **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/20/2023*

Inspections / Reviews *(continued)*

11/27/2023 Document Submission

Submitted By: [redacted]
Date Submitted: *11/20/2023*
Reviewer: [redacted]
Follow Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at [redacted], resident #1 with a diagnosis of [redacted]. Resident #1, began to curse at staff person A, due to staff person A communicating that resident #1 , must leave the kitchen due to safety concerns. Resident #1, responded with the statement " FUCK YOU! and GO FUCK YOURSELF!"

Staff person A communicated back and forth in a confrontational manner with resident #1 in regards to the use of the foul language when communicating. Staff person A, asked resident #1 "Would you talk to your mother, father, daughter , sister or brother in that manner?"

Plan of Correction ***Directed ([redacted] - 11/09/2023)***

A training on Resident Rights was held on 9/14/2023 for all
staff by executive director. Ongoing staff training on resident rights will occur upon hire and every 3 months for all staff by executive director or designee for the next 12 months. Record of trainings will be maintained for Departments review.

Proposed Overall Completion Date: 10/20/2023

Directed plan of correction additional steps (slw 11/9/23)

- *Include with the steps noted above, the Executive Director will observe staff and resident interactions on all three shifts, at least monthly, for the next 6 months.*
- *The Executive Director will discuss verbal abuse and staff to resident interactions at monthly staff meetings for the next six months. Copies of the agenda and sign in sheets for the Departments review.*

Directed Completion Date: *10/20/2023*

Implemented ([redacted] - 11/27/2023)

88a - Surfaces

2. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 9-8-23, the door leading to the kitchenette are in memory care was not in good repair. The door does not lock, and is missing a screw. The lock occasionally jams.

Plan of Correction ***Accept ([redacted] - 11/09/2023)***

The door leading to the kitchenette in memory care was repaired immediately on site by the maintenance director. The lock was repositioned and the screw was replaced. The lock was in proper working order by the end of the day 9/8/2023. The lock has been added to the safety survey and will be monitored monthly for 3 months and reviewed during QI.

88a - Surfaces *(continued)*

Licensee's Proposed Overall Completion Date: *10/20/2023*

Implemented [redacted] - 11/27/2023)

185a - Implement Storage Procedures

3. 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 #1 is prescribed [redacted] as needed. On 9-8-23 at 11:09am, the medication was not available in the home.

Plan of Correction ***Accept ([redacted] - 11/09/2023)***

Upon review with provider the medication was discharged. A medication cart audit was completed immediately, no other residents were affected. The resident care director re-educated staff September 8, 2023 regarding the community's policy of medication reordering and notification to the physician if the medication has not been received by pharmacy. Ongoing training will also be provided on September 21, 2023. A weekly audit of the MARs and med carts will be conducted by the LPN Supervisor or designee for 4 weeks and monthly for the next 6 months or until compliance has been reached. Any issues found will be reported immediately to the resident care director or designee. The audit results will be presented at our QI meeting.

Licensee's Proposed Overall Completion Date: *10/20/2023*

Implemented ([redacted] - 11/27/2023)

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted] However, this medication was not administered to resident on [redacted] [redacted] because the medication was not available in the home.

Plan of Correction ***Accept ([redacted] 11/09/2023)***

Upon review with provider the medication was put on hold until the medication was received at the home by the pharmacy. A medication cart audit was completed immediately, no other residents were affected. The resident care director re-educated staff September 8, 2023 regarding the community's policy of medication reordering and notification to the physician if the medication has not been received by pharmacy. Ongoing training was also be provided on September 21, 2023. A weekly audit of the MARs and med carts will be conducted by the LPN Supervisor or designee for 4 weeks and monthly for the next 6 months or until compliance has been reached. Any issues found will be reported immediately to the resident care director or designee. The audit results will be presented at our QI meeting.

Licensee's Proposed Overall Completion Date: *10/20/2023*

Implemented [redacted] - 11/27/2023)