

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

January 26, 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 12/07/2023 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: *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: <i>I-1</i>	Date: <i>01/23/2023</i>	Issued By: <i>East Goshen Township</i>
Type: <i>I-2</i>	Date: <i>01/06/2021</i>	Issued By: <i>East Goshen Township</i>
Type: <i>C-2 LP</i>	Date: <i>02/09/2001</i>	Issued By: <i>L&amp;I</i>

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *40* Waking Staff: *30*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Monitoring* Exit Conference Date: *12/07/2023*

**Inspection Dates and Department Representative**

*12/07/2023 - 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: *8*

**Hospice**

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>32</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>8</i>	Have Physical Disability: <i>0</i>

**Inspections / Reviews**

*12/07/2023 - Partial*

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/29/2023*

Inspections / Reviews (*continued*)

12/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/26/2024

01/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

185a - Implement Storage Procedures

1. 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

On [redacted] at [redacted], Resident [redacted] was not calibrated to the correct time. The [redacted] was set to [redacted] at [redacted].

On [redacted] at [redacted], Resident [redacted] reading was [redacted]. However, it was documented as [redacted] on the Medication Administration Record.

On [redacted] at [redacted], Resident [redacted] was not calibrated to the correct time. The [redacted] was set to [redacted] at [redacted].

On [redacted] at [redacted], Resident [redacted] reading was [redacted]. However, it was documented as [redacted] on the Medication Administration Record.

On [redacted] at [redacted], Resident [redacted] reading was [redacted]. However, it was documented as [redacted] on the Medication Administration Record.

On [redacted] at [redacted], Resident [redacted] reading was [redacted]. However, it was documented as [redacted] on the Medication Administration Record.

On [redacted] at [redacted], Resident [redacted]'s [redacted] reading was [redacted]. However, it was documented as [redacted] on the Medication Administration Record.

Plan of Correction

Accept ([redacted] - 12/27/2023)

Education provided to med techs regarding accurate documentation of [redacted] readings by Program Director on [redacted].

Med Techs Diabetic Training class scheduled for [redacted].

Training will be provided by Penn State Certified Diabetic Instructor.

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

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

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

Implemented [redacted] - 01/26/2024)

227d - Support Plan Medical/Dental

2. 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.

227d - Support Plan Medical/Dental (continued)

Description of Violation

Resident [redacted] uses glasses to see, according to the preadmission screening form completed on [redacted]. However, the resident's assessment and support plan, dated [redacted], does not indicate this device for the vision need.

Resident [redacted] has total hearing impairment, according to the preadmission screening form completed on [redacted]. However, the resident's assessment and support plan, dated [redacted] checked 'none' on the resident's hearing need and does not address how to meet this need.

Plan of Correction

Accept [redacted] - 12/27/2023)

Residents [redacted] and #5 RASP were immediately updated.  
Program Director re-educated Lead Med Tech about documentation of RASP on [redacted].  
Program Director/Designee will conduct weekly audit starting [redacted] times four weeks to ensure compliance. Results will be forwarded by Program Director/Designee to QA for review starting [redacted] monthly for 3 months, then quarterly.

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented [redacted] - 01/26/2024)

227g -Support Plan Signatures

3. Requirements

2600.  
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] support plan dated [redacted]. was not signed by the assessor.

Plan of Correction

Accept [redacted] - 12/27/2023)

Resident [redacted]s support plan was immediately signed by the assessor during the review by surveyor.  
Program Director re-educated Lead Med Tech about signing and completing support plans on [redacted].  
Program Director/Designee will conduct weekly audit starting [redacted] times four weeks.  
Results will be forwarded by Program Director/Designee to QA for review starting [redacted] monthly for 3 months, then quarterly.

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented [redacted] - 01/26/2024)