

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

May 8, 2024

[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 03/18/2024 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]

Legal Entity

Name: WATERMARK OPERATOR LLC
 Address: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 03/18/2024

Inspection Dates and Department Representative

03/18/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 99 Residents Served: 58

Secured Dementia Care Unit
 In Home: Yes Area: Pathways Capacity: 30 Residents Served: 26

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 31 Have Physical Disability: 3

Inspections / Reviews

03/18/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/30/2024

04/04/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/07/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/02/2024

Inspections / Reviews *(continued)*

05/03/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/07/2024

05/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [redacted] - 04/04/2024)

In response to the violation on 03/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/18/2024 by the Administrator to obtain a copy of the employee's college diploma from the United States.

To enhance the currently compliant operations, by 04/15/2024 the Human Resource Director will audit all direct care worker and medication technician employee files to ensure compliance. Effective 3/18/2024 the human resource director or designee will obtain a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry on all new direct care new hires. A training on minimum educational requirements as a condition of employment for all staff was conducted on 3/24/2024 for the new human resources director by the administrator.

Effective 04/16/2024 the human resources director will perform an audit on all direct care worker and medication technician new employee files. The audit will be performed 4/16/2024 through 7/30/2024 to maintain ongoing compliance with ensuring direct care staff, including are 18 years of age or older, except as permitted in subsection (b), and have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry., and are free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [redacted] - 05/08/2024)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.

65f Training Topics (continued)

- 6. Safe management techniques.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in medication self administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, safe management techniques , care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2023.

Plan of Correction

Accept [redacted] - 04/04/2024)

In response to the violation on 03/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/27/2024 by the resident care director to have the employee complete the trainings via the learning center and completed one on one training to get them in compliance.

To enhance the currently compliant operations, on 03/27/2024 the resident care director or designee will complete an audit of all trainings to ensure that all direct care staff are in compliance. Anyone out of compliance will have all trainings completed by 04/30/2024.

Effective 04/01/2024 the administrator or designee will perform monthly audits of the monthly training attendance through 06/30/2024 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, medication self administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and personal care service needs of the resident, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home, Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [redacted] - 05/08/2024)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.

65g - Annual Training Content (continued)

6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations during training year January 2023 to December 2023.

Staff person C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, falls and accident prevention during training year January 2023 to December 2023.

Plan of Correction

Accept (████ - 04/04/2024)

In response to the violation on 03/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/19/2024 by the administrator to have the employees complete the trainings via the learning center or one on one direct training to bring them into compliance.

To enhance the currently compliant operations, on 03/20/2024 the administrator or designee completed an audit of 2023 trainings for all employees. It was found that eight employees were out of compliance. All employees will be in compliance with a completion date of 04/30/2024.

Effective 04/01/2024 the administrator or designee will perform a monthly audit of training attendance through 06/30/2024 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable, and fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (████ - 05/08/2024)

81a - Accomodation

4. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

Resident 1's bed is equipped with a bedside mobility device that has an opening 7 inches wide. This exceeds the FDA

81a - Accomodation (continued)

guidelines for areas of entrapment. The device did not have a secure cover.

Resident 2's bed is equipped with a bedside mobility device that has an opening 6 inches wide. This exceeds the FDA guidelines for areas of entrapment. The device did not have a secure cover.

Plan of Correction

Accept (████ - 04/04/2024)

In response to the violation on 03/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/18/2024 by the resident care director and physical therapist to ensure that the opening was only 4 inches or less and a secure cover was placed. A training on Watermark Policy Bedside Mobility Device and Bureau of Human Services Licensing Use of bedside mobility devices in personal care homes and assisted living residences was conducted by the administrator on 3/19/2024 for the resident care director, therapy team and maintenance team.

To enhance the currently compliant operations, on 03/19/2024 the resident care director or designee will audit all other bedside mobility devices for compliance. All bedside mobility devices were corrected by ensuring an opening of 4 inches or less and a secure cover was placed where needed. All devices were in compliance by 3/28/2024.

Effective 04/01/2024 the director of maintenance or designee will perform bi weekly safety checks through 04/30/2024 and per Watermark policy ongoing monthly safety checks there after, to maintain ongoing compliance with providing or arranging for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented (████ - 05/08/2024)

81b - Resident Personal Equipment

5. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident 1's bed is equipped with a bedside mobility device that shifts and wobbles when it is touched. The device is not securely attached to the frame of the bed.

Resident 2's bed is equipped with a bedside mobility device that shifts and wobbles when it is touched. The device is not securely attached to the frame of the bed.

81b - Resident Personal Equipment (continued)

Plan of Correction

Accept () - 04/04/2024)

In response to the violation on 03/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/18/2024 by the resident care director and director of maintenance to tighten the mobility device to ensure the bedside mobility device was secure and did not shift or wobble. A training on Watermark Policy Bedside Mobility Device and Bureau of Human Services Licensing Use of bedside mobility devices in personal care homes and assisted living residences was conducted by the administrator on 3/19/2024 for the resident care director, therapy team and maintenance team.

To enhance the currently compliant operations, on 03/19/2024 the resident care director and director of maintenance audited all other bedside mobility devices for compliance. All bedside mobility devices were corrected by ensuring all bedside mobility devices were securely fixated and did not shift or wobble. All devices were in compliance by 3/19/2024.

Effective 4/1/2024 the director of maintenance or designee will perform safety checks on all bed mobility devices biweekly for one month 4/1/2024 through 4/30/2024 and per Watermark policy ongoing monthly safety checks there after, to maintain ongoing compliance with wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented () - 05/08/2024)

91 - Telephone Numbers

6. 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 room 217.

Plan of Correction

Accept () - 04/04/2024)

In response to the violation on 03/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/18/2024 by the administrator to place emergency telephone numbers in room 217 on the nightstand witnessed by the inspector.

To enhance the currently compliant operations, on 03/18/2024 an audit was conducted immediately of every resident room by the administrator. No other deficiencies found, with a completion date of 3/18/2024.

Effective 04/01/2024 the director of maintenance or designee will perform monthly checks 04/01/2024 through 6/30/2024 to maintain ongoing compliance with posting telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on or by each telephone with an outside line. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

91 - Telephone Numbers *(continued)*

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented (█) - 05/08/2024)

95 - Furniture and Equipment

7. Requirements

2600.

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

Description of Violation*On 3/18/24, the lock on the second floor hall bathroom was broken.***Plan of Correction**

Accept (█) - 04/04/2024)

*In response to the violation on 03/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/18/2024 by the director of maintenance to order a new door handle and lock for the second floor hall bathroom.**To enhance the currently compliant operations, by 04/01/2024 the director of maintenance will audit all door locks for resident rooms and bathrooms on the first and second floors for compliance. Additional door handles with locks were ordered to have on hand for continued compliance, with a completion date of 04/15/2024.**Effective 04/01/2024 the director of maintenance or designed will complete a monthly safety survey checklist ongoing, to maintain ongoing compliance with ensuring furniture and equipment is in good repair, clean and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented (█) - 05/08/2024)

132c - Fire Drill Records

8. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation*The fire drill record for the drill conducted on 12/7/23 does not include the exit route used, problems encountered and whether the fire alarm or smoke detector was operative.***Plan of Correction**

Accept (█) - 04/04/2024)

*In response to the violation on 03/18/2024 by the Pennsylvania Bureau of Human Service Licensing, on 03/18/2024 the 12/7/2023 fire drill record was corrected immediately by the administrator.**To enhance the currently compliant operations, on 03/18/2024 the administrator conducted an audit of all other fire drills from 2023 to current and no other deficiencies were found.*

132c Fire Drill Records (continued)

Effective 04/01/2024 the administrator or designee will perform a monthly audit of each fire drill record with the fire expert conducting the drill through 05/31/2024 to maintain ongoing compliance with ensuring each written fire drill record includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented ([REDACTED] - 05/03/2024)

183d - Prescription Current

9. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED] prescribed for individual resident 3, was in the home's medication cart; however, the medication was discontinued on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 04/04/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the resident care director remove the [REDACTED] from the medication cart immediately.

To enhance the currently compliant operations, on 03/19/2024 the resident care director or designee audited all medication carts for any discontinued medications, with a completion date of 03/20/2024. No other discontinued medications were found. A training was conducted on 3/21/2024, by the resident care director with all medication technicians and LPN supervisors on Watermark Policy Medications PA only, reviewing medication practices.

Effective 04/01/2024 the resident care director or designee will perform monthly medication cart audit through 06/30/2024 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. If compliance is met we will continue our standard audit schedule. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented ([REDACTED] - 05/08/2024)

190c - Record of Training

10. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

190c - Record of Training (continued)

Description of Violation

The home's medication administration training record for staff person D does not include the date and the name of the trainer for the multiple choice section.

Plan of Correction

Accept (█ - 04/04/2024)

In response to the violation on 03/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/19/2024 by the medication train the trainer to correct the training record for staff person D.

To enhance the currently compliant operations, on 03/19/2024 the medication train the trainer performed an audit of all training records for all medication technicians. All records were corrected immediately if needed, with a completion date of 03/20/2024. A training was conducted on 3/19/2024 with the train the trainer by the administrator on the new electronic version of the documentation sheet to be used for all new tested medication technicians.

Effective 04/01/2024 the resident care director or designee will perform a quarterly audit through 09/30/2024 to maintain ongoing compliance with ensuring A record of the training must be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (█ - 05/08/2024)

225a - Assessment 15 Days

11. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 4's assessment, dated █, does not include Behavioral and Cognitive needs. Diagnoses of █ and █ are listed on the assessment, however the resident does not have these diagnoses on the medical evaluation. .

Plan of Correction

Accept (█ - 04/04/2024)

In response to the violation on 03/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/19/2024 by the resident care director to complete the sections of the assessment that were blank and correct the diagnosis to reflect the diagnoses on the medical evaluation.

To enhance the currently compliant operations, on 03/20/2024 the resident care director or designee completed an audit of all assessments, no other residents were affected, with a completion date of 03/20/2024.

225a Assessment 15 Days (continued)

Effective 04/01/2024 the resident care director or designee will perform a monthly audit to verify each initial assessment has been completed in its entirety and diagnosis match the medical evaluation through 06/30/2024 to maintain ongoing compliance with ensuring each resident has a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [redacted] - 05/08/2024)

227d - Support Plan Medical/Dental

12. 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 1 has a need for a bedside mobility device. The resident's support plan does not indicate the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Resident 2 has a need for a bedside mobility device. The resident's support plan does not indicate the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept [redacted] 04/04/2024)

In response to the violation on 03/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the resident care director indicate the specific need for the device, the intended use and any risks associated with the use and the residents ability to use the device safely for the purpose it was intended to support the need for a bedside mobility device for resident 1 and resident 2. A training on Watermark Policy Bedside Mobility Device and Bureau of Human Services Licensing Use of bedside mobility devices in personal care homes and assisted living residences was conducted by the administrator on 3/19/2024 for the resident care director.

To enhance the currently compliant operations, on 04/01/2024 the resident care director or designee will audit all resident support plans that need a bedside mobility device. Correct any resident support plan that does not indicate the specific need for the device, the intended use and any risks associated with the use and the residents ability to use the device safely for the purpose it was intended, with a completion date of 04/5/2024.

227d - Support Plan Medical/Dental (continued)

Effective 04/01/2024 the resident care director or designee will perform a monthly review of all support plans for residents needed a bedside mobility device through 07/31/2024 and upon order for a new bedside mobility device, to maintain ongoing compliance with documenting 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented () - 05/08/2024)

234a - Admission Support Plan

13. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 5 was admitted to the Secure Dementia Care Unit (SDCU) on (). However, the resident's initial support plan was completed on ().

Plan of Correction

Accept () - 04/04/2024)

In response to the violation on 03/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/19/2024 by the resident care director or designee to audit all SDCU files to assess the timeliness of the support plan, no other residents were affected.

To enhance the currently compliant operations, on 03/20/2024 the resident care director or designee will complete the initial support plan upon admission for all SDCU residents within 72 hours. A re-education training will be completed by the administrator with the resident care director, with a completion date of 04/01/2024.

Effective 04/01/2024 the resident care director or designee will perform monthly audits through 06/30/2024 to maintain ongoing compliance with ensuring that within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan is developed, implemented and documented in the resident record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented () - 05/08/2024)

236 - Staff Training

14. Requirements

2600.

236 Staff Training (continued)

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person B, who works in the Secure Dementia Care Unit (SDCU) had only 1 hour of training in dementia care during the January 2023 to December 2023 training year.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

In response to the violation on 03/18/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/27/2024 by the resident care director to to have the employee complete the trainings via the learning center and completed one on one training to get them in compliance.

To enhance the currently compliant operations, on 03/27/2024 the resident care director or designee will complete an audit of all trainings to ensure that all direct care staff who work in the SDCU are in compliance with the 6 hours of dementia care training. Anyone out of compliance will have all trainings completed by 04/30/2024.

Effective 04/01/2024 the resident care director or designee will perform monthly audits of the dementia training attendance records through 06/30/2024 to maintain ongoing compliance with ensuring that each direct care staff person working in a secured dementia care unit has 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 05/08/2024)