

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

January 28, 2025

[REDACTED]
WATERMARK OPERATOR LLC
[REDACTED]

RE: BLUE BELL PLACE
777 DEKALB PIKE
BLUE BELL, PA, 19422
LICENSE/COC#: 13280

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/28/2024, 11/07/2024, 11/12/2024 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: 09/11/2025
Address: 777 DEKALB PIKE, BLUE BELL, PA 19422
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: WATERMARK OPERATOR LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/16/2000 Issued By: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 81 Waking Staff: 61

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 10/28/2024

Inspection Dates and Department Representative

10/28/2024 - On-Site: [REDACTED]
11/07/2024 - Off-Site: [REDACTED]
11/12/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 99	Residents Served: 55		
Secured Dementia Care Unit			
In Home: Yes	Area: MEMORY CARE	Capacity: 30	Residents Served: 26
Hospice			
Current Residents: 5			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 54		
Diagnosed with Mental Illness: 2	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 26	Have Physical Disability: 3		

Inspections / Reviews

10/28/2024 Partial
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/30/2024

Inspections / Reviews (*continued*)

12/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/09/2024

12/19/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/17/2025

01/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], around 4:10pm, staff person A was notified of an incident between resident [redacted] and resident [redacted] as the residents engaged in a physical altercation. It was reported to staff person B that resident [redacted] had hit resident [redacted] on the back of the head. The home did not report this incident to the department.

Plan of Correction

Accept ([redacted] - 12/19/2024)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the administrator to train all staff on incident reporting and the 24 hour timeline that needs to be met. Regional health services director completed a training with the administrator on 11/27/2024 regarding reporting all incidents even if they were unfounded.

To enhance the currently compliant operations, on 11/21/2024 the administrator or designee will discuss with supervisors and managers any reportable incidents that may have occurred during the previous 24 hours at daily stand up Monday through Friday and with the manager on duty Saturday or Sunday, with a completion date of 12/31/2024. This will be an ongoing process to ensure compliance. Ongoing staff training on incident reporting to departments personal care home regional office will occur upon hire and twice per year.

Effective 12/1/2024 the administrator or designee will perform audits on all reportable incidents 4 times a week for one month for timely reporting and weekly for an additional 2 months through 2/28/2025 to maintain ongoing compliance with reporting an incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally at QI for continuous improvement purposes.

Proposed Overall Completion Date: 1/15/2025

Proposed Overall Completion Date: 01/15/2025

Licensee's Proposed Overall Completion Date: 01/15/2025

Implemented [redacted] 01/28/2025)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted], for resident [redacted] indicates the resident requires assistance with reminders in the areas of eating, behaviors, and personal hygiene reminders. On the following days, the resident did not receive this assistance as required:

23a - Activities of Daily Living Assistance (continued)

- [REDACTED]: Both breakfast and lunch reminders are documented to have occurred at 1:42pm. The Dinner reminder scheduled to occur at 6pm was documented at 7:50pm
- [REDACTED]: dinner reminder at 8:53pm
- [REDACTED]: dinner reminder at 8:27pm
- [REDACTED] through [REDACTED], no breakfast reminders were documented. Rather, the breakfast and lunch reminders were documented at the same time:
 - [REDACTED] both at 1:58pm
 - [REDACTED] both at 1:19pm
 - [REDACTED] both at 2:51pm
 - [REDACTED] both at 1:29pm

On [REDACTED] and [REDACTED] evening hygiene reminders were not documented as having been completed.

Plan of Correction**Accept [REDACTED] 12/19/2024)**

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, program director or designee to to audit all POC documentation for completeness. Any missed documentation items that occurred in the previous 24 hour were corrected immediately by staff assigned to the resident.

To enhance the currently compliant operations, on 11/01/2024 the resident care director, program director or designee conducted a training with staff and supervisors regarding Watermark Policy to document all ADLs on the POC system prior to the end of their shift. All POC documentation will be reviewed prior to the end of the shift by shift supervisor for completion, with a completion date of 11/05/2024. This process will continue ongoing.

Effective 11/01/2024 the resident care director, program director or designee will perform weekly for 30 days, monthly for 3 months an audit of POC documentation through 02/28/2025 to maintain ongoing compliance with ensuring documentation has been completed prior to the end of the shift by each staff member providing each resident with assistance with ADLs as indicated in the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally at QI for continuous improvement purposes.

Proposed Overall Completion Date: 1/15/2025

Proposed Overall Completion Date: 01/15/2025

Licensee's Proposed Overall Completion Date: 01/15/2025

Implemented [REDACTED] 01/28/2025)**42b - Abuse****3. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b Abuse (continued)

Description of Violation

On [REDACTED] at 7:38pm while walking down the hall resident [REDACTED] slapped the back of resident [REDACTED] head who was self propelling down the hall in [REDACTED] wheelchair. Resident [REDACTED] engaged in a verbal altercation with resident [REDACTED] who then attempted to strike resident [REDACTED]. Resident [REDACTED] grabbed the arm of resident [REDACTED] and held it while resident [REDACTED] attempted to pull away which caused pain in the resident's arm.

On [REDACTED], resident [REDACTED], who utilizes an assistive mobility device, walked out of the dining room and was approached by resident [REDACTED] who punched their upper right arm. When staff person A inquired with the resident as to why [REDACTED] hit resident [REDACTED], the resident responded "[REDACTED]."

On [REDACTED], resident [REDACTED] became verbally aggressive with resident [REDACTED] for an unknown and unprovoked reason and had to be redirected by staff.

The home instituted "assurance checks" for resident [REDACTED] which are to occur every four hours. The checks are not always being completed as described in the resident's assessment and support plan. On [REDACTED] and [REDACTED] the checks were not started until the 3:00pm shift. On [REDACTED] and [REDACTED] the checks were missed during the 6:00pm shift.

Plan of Correction

Accept [REDACTED] - 12/19/2024)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED] by the administrator to re train all staff in residents' rights, resident abuse and mandatory abuse reporting.

To enhance the currently compliant operations, on 11/01/2024 the resident care director, program director or designee conducted a training with staff and supervisors regarding Watermark Policy to document all ADLs on the POC system prior to the end of their shift. All POC documentation will be reviewed prior to the end of the shift by shift supervisor for completion, with a completion date of 11/05/2024. This process will continue ongoing.

Effective 12/4/2024 the resident care director or designee will pull Point Click Care "Point of Care" audit reports on assurance checks daily for 7 days then weekly for 30 days through 1/15/2024 to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally at QI for continuous improvement purposes.

Effective 11/01/2024 the administrator or designee will perform daily wellness rounds every shift on the memory care unit through 11/30/2024. Effective 12/1/2024 the administrator will perform weekly rounds to observe staff and resident interactions for 2 months through 01/31/2025 to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally at QI for continuous improvement purposes.

Proposed Overall Completion Date: 01/15/2025

Licensee's Proposed Overall Completion Date: 01/15/2025

Implemented [REDACTED] - 01/28/2025)

42b - Abuse (continued)

183f - Discontinued Medications

5. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Earwax Removal drops, prescribed for resident [REDACTED], was discontinued on [REDACTED]. The medication was listed on the electronic medication administration record and located in the nursing office by the medication cart. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Plan of Correction

Accept [REDACTED] - 12/19/2024)

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 to to remove and destroy the earwax removal drops, prescribed for resident [REDACTED], immediately.

To enhance the currently compliant operations, on 10/29/2024 the resident care director or designee audited all medication carts for any discontinued medications, with a completion date of 10/31/2024. One other discontinued medication was found and destroyed immediately. A training was conducted on 10/31/2024 by the resident care director with all medication technicians and LPN supervisors on Watermark Policy Medications PA only and state regulations regarding destruction of medications procedure, with a completion date of 11/05/2024.

Effective 11/01/2024 the resident care director or designee will perform a monthly medication cart audit for 3 months and monthly destruction log audit through 01/31/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home will be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications will be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally at QI for continuous improvement purposes.

Proposed Overall Completion Date: 01/15/2025

Licensee's Proposed Overall Completion Date: 01/15/2025

Implemented [REDACTED] - 01/28/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

187d Follow Prescriber's Orders (continued)

Description of Violation

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

Plan of Correction

Accept [REDACTED] - 12/04/2024)

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 to ensure the medication was properly put on hold in the eMAR, reflecting the prescriber's order from [REDACTED]. Prescriber's order for a hold on the medication was given on [REDACTED], signed on [REDACTED] and provided to inspector on [REDACTED]. The medication was marked as pending confirmation in the eMAR.

To enhance the currently compliant operations, on 10/29/2024 the resident care director or designee performed a medication audit of the memory care residents' eMAR to ensure that all medications pending confirmation were approved or put on hold per prescriber's orders. No other residents were affected. In addition, a training regarding how to hold a medication order in the eMAR was held with the LPN supervisors on 10/31/2024, with a completion date of 11/05/2024.

Effective 11/01/2024 the resident care director or designee will perform daily for 1 week, weekly for two months an audit of pending orders in the eMAR for completion through 01/10/2025 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally at QI for continuous improvement purposes.

Proposed Overall Completion Date: 01/10/2025

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented [REDACTED] - 01/28/2025)