

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

May 8, 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 02/24/2025, 03/05/2025, 03/06/2025 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: COPA L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 96 Waking Staff: 72

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/06/2025

Inspection Dates and Department Representative

02/24/2025 - On-Site: [REDACTED]
 03/05/2025 - Off-Site: [REDACTED]
 03/06/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 99 Residents Served: 59
 Secured Dementia Care Unit
 In Home: Yes Area: Pathways Capacity: 30 Residents Served: 25
 Hospice
 Current Residents: 7
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 37 Have Physical Disability: 2

Inspections / Reviews

02/24/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/22/2025

Inspections / Reviews *(continued)*

03/26/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/31/2025

04/07/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/16/2025

05/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. 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.

Description of Violation

On [REDACTED] at approximately 5:30 A.M. Staff Member A provided incontinence care to Resident [REDACTED]. Staff Member A left the door open so the hallway light could be seen in the room but did not put on any lights in Resident # [REDACTED] room as the resident was sleeping. The resident's bed is situated against the wall with the positioning wedge on the right side of the resident. During this interaction, the resident was lying on [REDACTED] left side. When approached, the resident resisted care and placed their right hand on the wall while laying on their left arm. Staff Member A rolled Resident [REDACTED] further toward the wall and removed the positioning wedge, then pulled the resident toward [REDACTED] right side by holding Resident [REDACTED] left shoulder and the back of Resident # [REDACTED] left knee. Resident [REDACTED] made a groaning sound and a pained face when being turned toward the staff member. Staff Member A then turned on the overhead light to visualize Resident [REDACTED] and notice no injuries to the head or neck. Staff Member A then checked Resident [REDACTED] legs and arms., and observed the resident's upper left arm was swollen and had a bump. Staff Member A finished incontinence care and notified their supervisor. Resident [REDACTED] was sent to the emergency department and was diagnosed with a severely displaced distal humerus fracture.

Repeat Violation: [REDACTED] et al and [REDACTED]

Plan of Correction

Accept ([REDACTED] - 04/07/2025)

In response to the violation on 02/24/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 02/14/2025 by the the administrator completed a whole community investigation regarding resident abuse.
2. on 02/25/2025 by the administrator or designee provided a re-training for nursing staff on ADLS for dementia residents.
3. on 02/25/2025 by the Fox Rehab Team provided a positional/transfer training to all nursing staff.
4. on 02/19/2025 by the administrator to to re-train all staff in resident abuse, abuse reporting, resident rights and abuse recognition.

To enhance the currently compliant operations, on 02/14/2025 the the administrator or designee will continue ongoing staff training on residents' rights, mandatory abuse reporting, resident abuse and abuse recognition, upon hire and every other month for six months and continue ongoing training on ADLS for dementia residents with nursing staff upon hire and every 6 months ongoing with a completion date of 04/18/2025.

Effective 02/14/2025 the administrator or designee will perform weekly checks observing safe and proper care on all shifts through 04/18/2025 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 for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/15/2025

42b - Abuse (continued)

Implemented ([REDACTED] 05/08/2025)

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.
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 A, hired on [REDACTED], did not receive training in the below listed topics during training year [REDACTED] and [REDACTED]:

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.
6. Safe management techniques.
7. Care for residents with mental illness

Repeat Violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/07/2025)

In response to the violation on 02/24/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/26/2025 by the resident care director or designee to to audit all direct care employee files for training compliance. Direct Care Staff person A had been terminated, immediate action regarding their training was unable to be addressed.

To enhance the currently compliant operations, on 02/26/2025 the resident care director or designee completed an audit of all trainings to ensure that all direct care staff are in compliance with trainings. Anyone out of compliance will have all trainings completed by 4/18/2025, with a completion date of 04/18/2025.

65f - Training Topics (continued)

Effective 03/01/2025 the administrator or designee will perform monthly audits for 3 months through 06/01/2025 to maintain ongoing compliance with the direct care training topics and utilize the training calendar developed to 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, and 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: 04/15/2025

Implemented [REDACTED] - 05/08/2025)

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

Description of Violation

Staff Person A, hired on [REDACTED], did not receive training in the below listed topics during training year [REDACTED] to [REDACTED]

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.
5. Falls and accident prevention.

Repeat Violation: [REDACTED]

65g - Annual Training Content (continued)

Plan of Correction

Accept [REDACTED] - 04/07/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/26/2025 by the resident care director or designee to audit all employee files for training compliance. Direct Care Staff person A had been terminated, immediate action regarding their training was unable to be addressed.

To enhance the currently compliant operations, on 02/26/2025 the resident care director or designee completed 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 4/18/2025, with a completion date of 04/18/2025.

Effective 03/01/2025 the administrator or designee will perform a monthly audit for 3 months through 06/01/2025 to maintain ongoing compliance and to utilize the training calendar developed for the year, 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, 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.

Proposed Overall Completion Date: 04/18/2025

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented [REDACTED] 05/08/2025)

132a - Monthly Fire Drill

4. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The fire drill held on [REDACTED] at 11:18am, was known in advance by 3 staff members and [REDACTED] residents. The Administrator told Representatives of the Department that a staff member was in the bathroom assisting a resident

132a - Monthly Fire Drill (continued)

and they were waiting to sound the alarm until they finished. Representatives observed the receptionist tell residents in the lobby they will have lunch after the drill.

Plan of Correction

Accept (- 04/07/2025)

In response to the violation on by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 02/26/2025 by the administrator to re-train all staff of the fire safety regulation and fire drills and evacuation procedures outlined in the RCG.

To enhance the currently compliant operations, on 04/10/2025 the fire safety expert will conduct a fire safety training with all staff, ongoing training will be upon hire and annually ongoing with a completion date of 04/11/2025.

Effective 03/01/2025 the fire safety expert will perform monthly unannounced fire drills only communicating the date and time of the drill to the administrator or the director of maintenance ongoing. The administrator or designee will audit if any staff were informed or knew about the fire drill before it occurred for 3 months until 6/1/2025 to maintain ongoing compliance with holding an unannounced fire drill at least once a month. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/15/2025

Implemented (- 05/08/2025)

132c - Fire Drill Records

5. 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 at 11:18am, lists 57 residents in the home when the alarm sounded, however there were only 55 residents present when the alarm sounded. The fire drill record for the drill conducted on has the elapsed time of the drill as 6 minutes and 33 seconds, however Representatives of the Department observed it to take approximately 8 minutes.

The fire drill record for the drill conducted on has the evacuation routes listed as pull station room 116, however the home used stair tower north.

Repeat Violation: ()

Plan of Correction

Accept (- 04/07/2025)

In response to the violation on by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 02/26/2025 by the administrator or designee to re-train all staff of the fire safety regulations, fire drills and evacuation procedures outlined in the RCG.

132c - Fire Drill Records (continued)

To enhance the currently compliant operations, on 04/10/2025 the fire safety expert will conduct a fire safety training with all staff, upon hire and annually ongoing, with a completion date of 04/11/2025.

Effective 02/25/2025 the administrator or designee will perform a monthly audit of each fire drill record ensuring proper documentation of the drill upon completion every month for 6 months, through 06/1/2025 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: 04/15/2025

Implemented [REDACTED] - 05/08/2025)

132h - Designated Meeting Place

6. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on [REDACTED] at 11:28 A.M., not all of the residents evacuated. The home had 55 residents present in the home when the alarm sounded. 35 Residents evacuated the home. 19 Residents sheltered in place in the lobby and [REDACTED] Resident sheltered in place in their bedroom. The lobby is located in the middle of the home and is not enclosed by a fire rated door. Administrator stated [REDACTED] was told by the fire safety expert they do not need to evacuate outside of the home through the main entrance because the weather was still cool. It was a partly sunny 52 degree day. 11 of the 19 Residents were escorted by staff to the lobby area in wheelchairs and walkers during the fire drill.

Plan of Correction

Accept [REDACTED] - 04/07/2025)

In response to the violation on 02/24/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 02/26/2025 by the administrator to re-train all staff of the fire safety regulations, fire drill and evacuation procedures outlined in the RCG.

To enhance the currently compliant operations, on 04/10/2025 the fire safety expert will conduct a fire safety training with all staff and upon hire and annually ongoing, with a completion date of 04/11/2025.

Effective 03/01/2025 the administrator or designee will be present for the monthly fire drill to ensure that the residents evacuate to a designated meeting place away from the building or within the fire-safe area during the drill, for 3 months. A monthly audit of evacuation procedures will be conducted for 3 months and ongoing, through 06/1/2025 to maintain ongoing compliance with ensuring residents can evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/15/2025

132h - Designated Meeting Place *(continued)*

Implemented [REDACTED] - 05/08/2025)

225c - Additional Assessment

7. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED]'s assessment, dated [REDACTED], does not include [REDACTED] need for hourly checks started on [REDACTED], which was implemented due to the resident's increase in wandering into other residents' rooms.

Plan of Correction

Accept [REDACTED] - 04/07/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/24/2025 by the program director to correct the resident's assessment immediately to reflect the hourly checks.

To enhance the currently compliant operations, on 02/25/2025 the program director or designee completed an audit of all resident assessments, no other residents were affected, with a completion date of 02/26/2025.

Effective 03/01/2025 the program director or designee will perform a monthly audit of assessments for 3 months and ongoing there after through 06/1/2025 to maintain ongoing compliance with to verify that each resident assessment has addressed any significant changes that have occurred prior to the annual assessment being due ensuring each resident has additional assessments, including if the condition of the resident significantly changes prior to the annual 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: 04/15/2025

Implemented [REDACTED] - 05/08/2025)

236 - Staff Training

8. Requirements

2600.

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 A hired [REDACTED], who works in the Secure Dementia Care Unit (SDCU), had no hours of training in dementia care during the [REDACTED] to [REDACTED] training year.

Plan of Correction

Accept [REDACTED] - 04/07/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/26/2025 by the program director to to audit all memory care employee files for dementia training compliance. Direct Care Staff person A had been terminated, immediate action regarding their training was unable to be addressed.

236 Staff Training (continued)

To enhance the currently compliant operations, on 02/26/2025 the program director or designee completed an audit of all trainings to ensure that all memory care staff are in compliance with trainings. Anyone out of compliance will have all trainings completed by 4/18/2025, with a completion date of 04/18/2025.

Effective 03/01/2025 the administrator or designee will perform monthly audits through 06/01/2025 to maintain ongoing compliance with the dementia care training hours and the additional 12 hours of training topics and utilize the training calendar developed for ensuring training topics for the annual training for all staff persons include 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: 04/15/2025

Implemented [REDACTED] - 05/08/2025)