

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

August 20, 2025

[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 04/14/2025, 04/15/2025 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: CWOPA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 95 Waking Staff: 71

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 04/15/2025

Inspection Dates and Department Representative

04/14/2025 - On-Site: [REDACTED]
04/15/2025 - On-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: 24
Hospice			
Current Residents: 8			
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: 36	Have Physical Disability: 1		

Inspections / Reviews

04/14/2025 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/16/2025

06/05/2025 - POC Submission
Submitted By: [REDACTED] Date Submitted: 06/16/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/16/2025

Inspections / Reviews *(continued)*

08/20/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/16/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

64c - Annual Training

1. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

██████████ the home's administrator, completed only 15 hours of Department-approved training during the training year from July 2023 to June 2024.

Plan of Correction

Accept (██████████) - 06/05/2025)

In response to the violation on 04/14/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/16/2025 by the administrator to track the training of the administrator for training year July 2024 to June 2025.

To enhance the currently compliant operations, on 04/15/2025 the administrator will continue to track training credits taken online and in-person using the training year July to June, with a completion date of 05/31/2025. Currently 3 in-person CEUs are needed before 6/30/2025. Administrator is signed up for a 6 hour in person CEUs for 6/24/25.

Effective 05/01/2025 the administrator will perform a quarterly audit through 10/31/2025 to maintain ongoing compliance with ensuring an administrator has at least 24 hours of annual training relating to the job duties, with the understanding that the Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (██████████) - 07/11/2025)

65g - Annual Training Content

2. 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 B did not receive training in the following area during the 2024 training year:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

Staff person C did not receive training in the following area during the 2024 training year:

65g - Annual Training Content (continued)

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

Staff person D did not receive training in the following area during the 2024 training year:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

Repeat violation date: 2/24/25, 3/18/24.

Plan of Correction

Directed () - 06/05/2025)

In response to the violation on 04/14/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2025 by the fire safety expert to ensure Fire safety training was performed for training year 2025 on 4/10/2025. Emergency preparedness procedures and recognition is scheduled for September 2025.

Directed Plan of Correction () 6/5/25):

- 1. The administrator or training supervisor will ensure that Staff A, B and C, will complete the missing trainings from 2024 within the next 30 days. Documentation of the completed trainings will be provided to the Department for review. In addition, these staff may be required to attend the same fire safety and emergency management trainings during the 2025 training years as well.
- 2. The administrator or training supervisor will audit all staff training to ensure all staff have completed the required annual trainings within the next 30 days. Identified staff will be trained on the missing trainings within the next 30 days.

To enhance the currently compliant operations, on 04/23/2025 the administrator or designee will audit all trainings conducted in 2025, to ensure all staff have attended trainings for January-April, with a completion date of 04/30/2025.

Effective 05/01/2025 the administrator or designee will perform monthly for 5 months audits through 09/30/2025 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/30/2025

Directed Completion Date: 06/30/2025

Implemented () - 07/11/2025)

103d - Storing Food Off Floor

3. Requirements

- 2600.
- 103.d. Food shall be stored off the floor.

103d - Storing Food Off Floor (continued)

Description of Violation

On 4/14/25, nineteen 5-gallon water bottles were found stored directly on the floor in the commercial laundry storage area.

Plan of Correction

Accept () - 06/05/2025

In response to the violation on 04/14/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/14/2025 by the director of maintenance to remove the 5-gallon water bottles off the floor and store them in the plastic crates provided.

To enhance the currently compliant operations, on 04/15/2025 the monthly delivery of water occurred. The director of maintenance or designee conducted an audit of storage crates to ensure there were enough for the new order, with a completion date of 04/16/2025.

Effective 04/16/2025 the maintenance director or designee will perform weekly checks to ensure no full water bottles are stored directly on the floor through 05/31/2025 and monthly for 2 months, to maintain ongoing compliance with ensuring food is stored off the floor. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented () - 07/11/2025

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 4/14/25, there was no thermometer present in the ice cream freezer located in the main kitchen.

Plan of Correction

Accept () - 06/05/2025

In response to the violation on 04/14/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/14/2025 by the director of dining to place a thermometer in the ice cream freezer.

To enhance the currently compliant operations, on 04/14/2025 the director of dining an audit of all refrigerators and freezers was conducted. No other deficiencies were found, with a completion date of 04/14/2025.

Effective 04/15/2025 the director of dining or designee will perform weekly checks to ensure thermometers are present in all refrigerators and freezers through 05/31/2025 and monthly for 2 months to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented () - 07/11/2025

103g - Storing Food

5. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 4/14/25, the following food items were not properly covered or sealed in the main kitchen:

- Two ice cream containers in the ice cream freezer
- A bag of corn and a bag of mixed vegetables in the walk-in freezer
- A bag of pork sausage links in the walk-in refrigerator

Plan of Correction

Accept ([redacted] - 06/05/2025)

In response to the violation on 04/14/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/14/2025 by the director of dining to check and correct on sight that all food items were properly covered or sealed in the main kitchen, dry storage and in the memory care servery.

To enhance the currently compliant operations, on 04/15/2025 the dining director audited that all food items were properly covered or sealed in the main kitchen area and trained staff on regulation 103g on how to cover and seal each food item properly, with a completion date of 04/18/2025.

Effective 04/16/2025 the dining director or designee will perform daily for 2 weeks, weekly for 4 weeks through 05/31/2025 and monthly for 2 months to maintain ongoing compliance with ensuring food is stored in closed or sealed containers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ([redacted] - 07/11/2025)

141b1 - Annual Medical Evaluation

6. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Resident 2's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Plan of Correction

Accept ([redacted] - 06/05/2025)

In response to the violation on 04/14/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/14/2025 by the resident care director to identify the issue why the medical evaluation form was signed late. Both medical evaluations were signed and performed by outside providers.

141b1 - Annual Medical Evaluation (continued)

To enhance the currently compliant operations, on 04/15/2025 the resident care director or designee performed an audit on all annual medical evaluations to ensure they were performed annually. No other residents were affected. A training was conducted with the nursing staff to ensure to send the medical evaluations for all outside doctors at least 60 days before the annual eval is due, with a completion date of 04/18/2025.

Effective 5/1/2025 the resident care director or designee will perform monthly audits for 3 months through 07/31/2025 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 08/20/2025

162c - Menus Posted

7. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 4/14/25, the home had menus posted for the weeks of 3/30/25 to 4/12/25. However, the weekly menu for the current and upcoming weeks was not displayed in a conspicuous and public place in the home.

Plan of Correction

Accept (█) - 06/05/2025

In response to the violation on 04/14/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/14/2025 by the dining director to post the menus for week 4/13/25 and 4/20/25.

To enhance the currently compliant operations, on 04/16/2025 the administrator will retrain the dining director on regulation 162c.

Effective 04/16/2025 the administrator or designee will perform weekly audits through 05/31/2025, and monthly for 2 months to maintain ongoing compliance with preparing menus, stating the specific food being served at each meal for 1 week in advance and to follow the menu, and to post weekly menus 1 week in advance in a conspicuous and public place 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: 06/30/2025

Implemented (█) - 07/11/2025

183e - Storing Medications

8. Requirements

2600.

183e - Storing Medications (continued)

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident 2's Lorazepam 0.5 mg blister pack had a puncture on the back of slot #14, while the pill remained intact inside.

Resident 3's Lantus insulin pen was open and undated. According to the manufacturer's instructions, this medication should be discarded 28 days after opening.

Plan of Correction

Accept (█ - 06/05/2025)

In response to the violation on 04/14/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/15/2025 by the resident care director to to destroy the lorazepam medication and a new lantus insulin pen was obtained and dated.

To enhance the currently compliant operations, on 04/21/2025 the resident care director or designee retrained all medication technicians and nurses on regulation 183.e, Watermark Policy Medications PA Only and medication administration from the regulations, with a completion date of 04/24/2025.

Effective 05/01/2025 the resident care director or designee will perform medication cart audits monthly for 3 months through 07/31/2025 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█ - 08/20/2025)

184a - Resident's Meds Labeled

9. Requirements

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 1. The resident's name.
 2. The name of the medication.
 3. The date the prescription was issued.
 4. The prescribed dosage and instructions for administration.
 5. The name and title of the prescriber.

Description of Violation

The directions for Resident 4's Clonazepam 1 mg tablet were changed on 4/10/25 from "take 1 tablet by mouth three times daily as needed" to "take 1 tablet by mouth three times a day." However, this change was not reflected on the blister pack.

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept (█) - 06/05/2025)

In response to the violation on 04/14/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/15/2025 by the resident care director to placed a change of direction sticker on the medication blister pack and the narcotic sign out sheet.

To enhance the currently compliant operations, on 04/21/2025 the resident care director or designee will retrain all medication technicians and nurses in regulation 184a 1-5, Watermark Policy Personal Care Medications PA Only and Medication Administration from the regulations, with a completion date of 04/24/2025.

Effective 05/01/2025 the resident care director or designee will perform a medication cart audit monthly for 3 months through 07/31/2025 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes, the resident's name, and the name of the medication, and the date the prescription was issued, and the prescribed dosage and instructions for administration, and the name and title of the prescriber and in the event of an order change a "change of direction sticker". Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 08/20/2025)

185a - Implement Storage Procedures

10. 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 4/8/25 at 12:00pm, Resident 5's blood glucose reading was 577. However, it was documented as 557 on the Medication Administration Record.

On 4/8/25 at 8:00pm, Resident 5's blood glucose reading was indicated as HI. However, it was documented as 336 on the Medication Administration Record.

On 4/9/25 at 4:00pm, Resident 5's blood glucose reading was 205. However, it was documented as 147 on the Medication Administration Record.

On 4/10/25 at 8:00pm, Resident 5's blood glucose reading was 206. However, it was documented as 208 on the Medication Administration Record.

On 4/11/25 at 8:00pm, Resident 5's blood glucose reading was 82. However, it was documented as 86 on the Medication Administration Record.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept (█) - 06/05/2025)

In response to the violation on 04/14/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/16/2025 by the resident care director or designee to retrain the medication technician that made the error regarding regulation 185a and retrain on proper documentation ensuring the glucometer matches the EMAR.

To enhance the currently compliant operations, on 04/21/2025 the resident care director or designee retrained all medication technicians and nurses on regulation 185.a, Watermark Policy Medications PA Only and medication administration from state regulations with a completion date of 04/24/2025. An audit was completed on all glucometer results for the past 30 days and compared to the MAR to verify that there were no further discrepancies in documentation.

Effective 05/01/2025 the resident care director or designee will perform monthly glucometer audits for 3 months through 07/31/2025 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 08/20/2025)

187b - Date/Time of Medication Admin.

11. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 4 was administered Tramadol HCL tab 50mg, take 1 tablet by mouth every 12 hours as needed on 4/8/25 at 1:30am and 8:00pm according to the narcotic log sheet. However, the administration at 8:00pm was not initialed on Medication Administration Record.

Resident 6 is prescribed Tramadol HCL tab 50mg, take ½ tablet by mouth every 6 hours as needed. However, on 4/8/25 at 6:42pm, the staff did not initial on Medication Administration Record.

Resident 7 is prescribed Lorazepam tab 0.5mg, take 1 tablet sublingually every 4 hours as needed for anxiety. However, on 4/8/25 at 10:30pm and on 4/10/25 at 7:50pm, the staff did not initial on Medication Administration Record.

Plan of Correction

Accept (█) - 06/05/2025)

In response to the violation on 04/14/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/16/2025 by the resident care director to retrain the nurse and the medication technician that performed the error, regarding documenting medication given on the EMAR and the narcotic count sheet.

To enhance the currently compliant operations, on 04/21/2025 the resident care director or designee will retrain all medication technicians and nurses on regulation 187b, Watermark Policy Medications PA only and medication administration in the state regulations, with a completion date of 04/24/2025.

187b - Date/Time of Medication Admin. (continued)

Effective 05/01/2025 the resident care director or designee will perform medication administration record audits along with narcotic count sheet audits monthly for 3 months through 07/31/2025 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 08/20/2025

187d - Follow Prescriber's Orders

12. Requirements

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

Description of Violation

Resident 4 is prescribed Tramadol HCL tab 50 mg, take 1 tablet by mouth every 12 hours as needed. However, on 3/22/25, the medication was administered less than 12 hours apart, at 12:00pm and 9:00pm

On 4/8/25 at 4:00pm, Resident 5's glucometer did not register a reading. However, a blood glucose level of 336 was documented on the Medication Administration Record.

Resident 8 is prescribed Tramadol HCL 50mg, take 1 tablet by mouth every 8 hours at 6:00am, 2:00pm, and 10:00pm. On 4/14/25 at 10:00pm, the medication was not administered to the resident.

Repeat violation date: 10/28/24.

Plan of Correction

Accept (█) - 06/05/2025

In response to the violation on 04/14/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/16/2025 by the resident care director to retrain the medication technicians in regulation 187.d and administration of medications, accurate documentation and following prescribers orders.

To enhance the currently compliant operations, on 04/21/2025 the resident care director or designee will retrain all medication technicians and nurses in regulation 187.d, Watermark Policy Medication PA Only and Medication Administration from the state regulations, with a completion date of 04/24/2025.

Effective 05/1/2025 the resident care director or designee will perform a monthly medication administration record audit through 07/31/2025 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 for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented (█) - 08/20/2025

225c - Additional Assessment

13. Requirements

2600.

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

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

On [REDACTED] at approximately 6:14 p.m., Resident 9 exhibited physical aggression toward Resident 5 by punching them six times in the back of the head after they reportedly made faces at Resident 9. The home did not complete an assessment with an update to Resident 9's behavioral needs related to aggression beyond the most current resident assessment and support plan dated [REDACTED]

Repeat violation date: 2/24/25.

Plan of Correction

Accept [REDACTED] - 06/05/2025)

In response to the violation on 04/14/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/15/2025 by the resident care director to show the licensing representative that Resident 9's RASP update sheet documented [REDACTED] aggressive behavior with resident 5, dated 3/14/2025.

To enhance the currently compliant operations, on 04/21/2025 the resident care director or designee will review and update all support plans within 5 days of a new behavior or significant change, with a completion date of 05/30/2025.

Effective 05/01/2025 the resident care director or designee will perform monthly reviews of support plans for any resident that demonstrates a new behavior or significant change through 07/31/2025 to maintain ongoing compliance with ensuring each resident has additional assessments, including annually, and if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented [REDACTED] - 07/28/2025)

233c - Key-Locking Devices

14. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted next to the key-locking devices on the memory care exit door near the Fox Rehab office, at the two exit doors leading to the memory care courtyard, and on the main gates within the courtyard.

233c - Key-Locking Devices (continued)**Plan of Correction****Accept ([REDACTED] - 06/05/2025)**

In response to the violation on 04/14/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/14/2025 by the director of maintenance to conspicuously posted directions on or near every device.

To enhance the currently compliant operations, on 04/16/2025 the director of maintenance or designee will conduct safety service rounds and train the maintenance associate about regulation 233.c to guarantee compliance, with a completion date of 04/18/2025.

Effective 05/01/2025 the maintenance director or designee will perform monthly audits for 3 months utilizing our safety survey through 07/31/2025 to maintain ongoing compliance with ensuring that if key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, that directions for their operation are conspicuously posted near the device. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented ([REDACTED] - 07/28/2025)