

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

January 6, 2026

[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 10/30/2025 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: 09/11/2026  
 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: 105 Waking Staff: 79

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 10/30/2025

**Inspection Dates and Department Representative**

10/30/2025 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 99 Residents Served: 68  
 Secured Dementia Care Unit  
 In Home: Yes Area: Pathways Capacity: 30 Residents Served: 26  
 Hospice  
 Current Residents: 9  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67  
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 37 Have Physical Disability: 2

**Inspections / Reviews**

10/30/2025 Partial  
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/29/2025

12/04/2025 - POC Submission  
 Submitted By: [Redacted] Date Submitted: 01/02/2026  
 Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 01/05/2026

Inspections / Reviews *(continued)*

01/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at 9:30 AM, resident medical information and glucose monitoring logs were unlocked, unattended, and accessible the medication room in the secure dementia care unit (SDCU).

Plan of Correction

Accept [REDACTED] - 12/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/30/2025 by the administrator to lock the med room door.

To enhance the currently compliant operations, on 10/31/2025 the director of maintenance or designee will order a new coded handle and lock for the med room door. Handle and lock will lock automatically when door closes, lock to be received and installed with a completion date of 11/10/2025.

All staff training held 11/5/2025 to review regulation 2600.17 regarding securing residents records and all confidential information.

Effective 11/03/2025 the maintenance director or designee will perform monthly the safety survey including all medication room handles to ensure they are properly locked completion through 01/31/2026 to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not not allow access to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] 01/06/2026)

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.

65f - Training Topics (continued)

**Description of Violation**

Direct care staff person A and B did not receive training in medication self-administration training during training year [REDACTED].

Repeat violation: [REDACTED] et al

**Plan of Correction**

Accept [REDACTED] - 12/04/2025)

In response to the violation on 10/30/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/13/2025 by the administrator to review the relias training curriculum of Assisting with Self Administration of Medications vs. Assisting with Medication administration. Both employees were assigned and completed the relias training Assisting with Medication administration. It was found that that curriculum did not meet the requirements for the Assisting with self administration of medications curriculum. Administrator emailed inspector on 11/14/2025.

To enhance the currently compliant operations, on 11/18/2025 the administrator reviewed training regulations with the regional health and wellness director, so they can correct the relias training assigned to direct care staff moving forward. The 2025, Assisting with Self Administration of Medications was assigned to direct care staff, with a completion date of 11/30/2025.

Effective 11/19/2025 the administrator or designee will perform monthly audits through 01/31/2026 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, including 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: 12/31/2025

Implemented [REDACTED] - 01/06/2026)

82a - Poisonous Materials

**3. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

**Description of Violation**

On [REDACTED] a small blue plastic spray bottle was located in the credenza in the memory care dining room. This bottle had "cleaning spray" written in marker on the top of the sprayer. Staff person C, could not determine the

82a - Poisonous Materials (continued)

contents of this bottle.

Plan of Correction

Accept [REDACTED] - 12/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/30/2025 by the administrator to to remove the spray bottle from the resident's pantry/activity basket and ensure no other baskets contained any unlabeled items or poisonous materials.

To enhance the currently compliant operations, on 11/05/2025 the administrator or designee held an all staff training on regulation 2600.82a regarding poisonous materials to be stored in their original labeled containers. Staff was also informed if we are providing a resident a spray bottle of water in their activity basket it must be labeled "water", with a completion date of 11/10/2025.

Effective 11/01/2025 the administrator or designee will perform weekly checks of memory care and the kitchen area of memory care through 11/30/2025, biweekly until 12/31/2025 and monthly until 01/31/2026 to maintain ongoing compliance with storing poisonous materials in their original, labeled 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: 12/31/2025

Implemented [REDACTED] - 01/06/2026)

82b - Poisonous Material Storage

4. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

On [REDACTED] at 9:33 AM Odor Ban disinfectant spray with manufacturer's label indicating "If swallowed: Call a poison control center or doctor immediately", was stored on top of the juice dispenser in the SDCU kitchen.

Plan of Correction

Accept [REDACTED] 12/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/30/2025 by the administrator to remove the chemical from the kitchen.

To enhance the currently compliant operations, on 11/05/2025 the administrator or designee will the administrator or designee held an all staff training on regulation 2600.82b regarding poisonous materials to be stored separately from food, food prep areas and dining surfaces, with a completion date of 11/10/2025.

Effective 11/01/2025 the administrator or designee will perform weekly checks of the kitchen area of memory care through 11/30/2025, biweekly until 12/31/2025 and monthly until 01/31/2026 to maintain ongoing compliance with storing poisonous materials separately from food, food preparation surfaces and dining surfaces. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented ([REDACTED] 01/06/2026)

82c - Locking Poisonous Materials

5. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Odor Ban disinfectant spray with manufacturer's label indicating "If swallowed: Call a poison control center or doctor immediately", was unlocked, unattended, and accessible to residents in the SDCU kitchen.

Signature select shaving cream with manufacturer's label indicating "Intentional misuse by deliberately concentrating and inhaling the contents can be harmful or fatal. Keep out of reach of children", was unlocked, unattended, and accessible to residents in SDCU room [REDACTED]

Not all the residents of the home, including resident [REDACTED] have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept ([REDACTED] - 12/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/30/2025 by the administrator to remove the shaving cream from the resident bathroom, get the key for the locked cabinet and return the shaving cream to the locked cabinet in the bathroom.

To enhance the currently compliant operations, on 11/05/2025 the administrator or designee held an all staff training on regulation 2600.82c regarding poisonous materials to be locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials with a completion date of 11/10/2025, with a completion date of 11/10/2025.

Effective 11/01/2025 the administrator or designee will perform weekly checks of the resident rooms in memory care through 11/30/2025, biweekly until 12/31/2025 and monthly until 01/31/2026 to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented ([REDACTED] - 01/06/2026)

85d - Trash Receptacles

6. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [REDACTED] at 9:33 AM there was a 3/4's full, uncovered, unattended trash can in the SDCU kitchen. The lid was missing a side and the closing mechanism was broken.

85d - Trash Receptacles (continued)

**Plan of Correction**

Accept [REDACTED] - 12/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/30/2025 by the administrator to to change the lid to the trash can to a lid that had both sides operational.

To enhance the currently compliant operations, on 11/05/2025 the administrator or designee held an all staff training on regulation 2600.85.d regarding ensuring all trash cans in the kitchen and bathrooms have a working lid, with a completion date of 11/10/2025.

Effective 11/01/2025 the administrator or designee will perform weekly checks of the trash cans in memory care through 11/30/2025, biweekly until 12/31/2025 and monthly until 01/31/2026 through 01/31/2026 to maintain ongoing compliance with keeping trash in kitchens and bathrooms in covered trash receptacles that prevent the penetration of insects and rodents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 01/06/2026)

88a - Surfaces

7. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

On [REDACTED] at 9:20 AM the back wall in the boiler room was saturated with water from the ceiling to the floor with water actively dripping from a PVC pipe connected to the ceiling. Above the door in the boiler room there were pieces of wallpaper were missing or peeling and the wall had a fuzzy white substance and black streaky substance that appeared to be mold.

**Plan of Correction**

Accept [REDACTED] - 12/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/30/2025 by the director of maintenance to submit a request for service through our roofing company Centimark Commercial Roofing.

To enhance the currently compliant operations, on 11/05/2025 the administrator or designee held an all staff training on regulation 2600.88a regarding all floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards, with a completion date of 11/10/2025.

The roofer completed repairs on 11/12/2025. The painting of the walls with discolor will be completed by 12/5/2025.

Effective 11/01/2025 the maintenance director or designee will perform monthly safety survey inspections through 01/31/2026 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are 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.

88a - Surfaces (continued)

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 01/06/2026)

183b - Meds and Syringes Locked

8. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at 9:30, resident [REDACTED] and resident [REDACTED] s [REDACTED] and other overflow medications for residents of the SDCU were unlocked, unattended, and accessible in the SDCU medication room.

Plan of Correction

Accept [REDACTED] 12/04/2025)

In response to the violation on 10/30/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/30/2025 by the administrator to to lock the med room door.

To enhance the currently compliant operations, on 11/05/2025 the director of maintenance or designee will order a new coded handle and lock for the med room door. Handle and lock will lock automatically when door closes, with a completion date of 11/10/2025.

All staff training held 11/5/2025 to review regulation 2600.183b regarding securing all prescription medications, OTC medications, CMA and syringes in a locked area.

Effective 11/01/2025 the administrator or designee will perform monthly a safety survey including all medication room handles and med cart drawers to ensure they are properly locked completion through 01/31/2026 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 01/06/2026)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tablet, take by mouth every 8 hours. However, resident [REDACTED] was not administered this medication at 2200 on [REDACTED] and [REDACTED] and at 0600 on [REDACTED]

Repeat violation: [REDACTED] et al.

## 187d Follow Prescriber's Orders (continued)

**Plan of Correction**

Accept [REDACTED] - 12/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/31/2025 by the resident care director to to retrain the medication technician and LPN supervisor who made the error on regulation 187.d regarding administration of medications, accurate documentation and following prescribers orders.

To enhance the currently compliant operations, on 11/03/2025 the resident care director or designee will retrained all medication technicians and LPN supervisors in regulation 187.d, Watermark Policy Medication PA only and Medication Administration from the state regulations, with a completion date of 11/07/2025.

Effective 10/31/2025 the resident care director or designee will perform daily audits for 2 weeks through 11/14/2025, 3x per week for one month through 12/12/2025 and weekly ongoing through 01/31/2026 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: 12/31/2025

Implemented [REDACTED] - 01/06/2026)

## 233c - Key-Locking Devices

**10. 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 near the door to the Secure Dementia Care Unit (SDCU) entrance.

Repeat violation: [REDACTED] et al

**Plan of Correction**

Accept [REDACTED] - 12/04/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/30/2025 by the director of maintenance to afix the directions for operating the locking mechanism, conspicuously near the outgoing Secure Dementia care Unit entrance.

To enhance the currently compliant operations, on 11/05/2025 the administrator or designee will held an all staff training on regulation 2600.233.c regarding ensuring a code is posted in an conspicuous place near the doors to lock and unlock exits in memory care with a completion date of 11/10/2025, with a completion date of 11/10/2025.

Effective 11/01/2025 the director or maintenance or designee will perform monthly, a safety survey including all memory care locked doors, including the courtyard gates completion through 01/31/2026 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.

233c Key Locking Devices (continued)

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 01/06/2026)