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

August 5, 2026

[redacted]
WATERMARK OPERATOR, LLC
[redacted]

RE: ROSE TREE PLACE
500 SANDY BANK ROAD
MEDIA, PA, 19063
LICENSE/COC#: 13281

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2026, 03/31/2026 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: *ROSE TREE PLACE* **License #**: *13281* **License Expiration**: *06/21/2026*

Address: *500 SANDY BANK ROAD, MEDIA, PA 19063*

County: *DELAWARE* **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

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *183* **Waking Staff**: *137*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Monitoring* **Exit Conference Date**: *03/31/2026*

Inspection Dates and Department Representative

03/30/2026 - On-Site: [redacted]

03/31/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *149* **Residents Served**: *110*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Pathways* **Capacity**: *26* **Residents Served**: *20*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *108*

Diagnosed with Mental Illness: *3*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *73*

Have Physical Disability: *0*

Inspections / Reviews

03/30/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/20/2026*

04/30/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/26/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/05/2026*

Inspections / Reviews *(continued)*

05/14/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/26/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/26/2026*

08/05/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/26/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

From 11 PM on [redacted] till 07:00 AM on [redacted], 110 residents were present in the home. During this time only one staff person was present in the home who was trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction ***Accept [redacted] - 04/30/2026)***

Who:
Executive Director, Resident Care Director, Designee

How:
Schedule reviewed and corrected to ensure minimum of one CPR/first aid/obstructed airway-certified staff per 50 residents on all shifts. Certification tracking log implemented and used during scheduling. Staff lacking current certification scheduled for recertification.

When:
Corrected immediately; ongoing compliance maintained.

Monitoring:
Executive Director or designee will audit schedules weekly x4 weeks, then monthly. Any discrepancies corrected immediately.

Completion Date:
4/16/26

Licensee's Proposed Overall Completion Date: *04/21/2026*

Implemented [redacted] - 08/05/2026)

82c - Locking Poisonous Materials

2. 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

On [redacted] around 10:00 AM, the cabinets housing resident's personal hygiene items were unlocked, unattended, and accessible in resident room [redacted] (Listerine Total Care mouthwash and Colgate toothpaste) and room [redacted] (Sensodyne toothpaste, Febreze Air Mist, Sensodyne Pronamel Repair, Colgate Toothpaste). These items had manufacturer's labels indicating "keep out of reach of children, if accidentally swallowed, get medical help or contact a Poison Control Center right away."
The Janitor Closet in the home's Secured Dementia Care Unit (SDCU) was unlocked and was observed with Ecolab High Performance Ultra Concentrated Neutral Floor Cleaner and Rapid Multi-Surface Disinfectant Cleaner.

82c - Locking Poisonous Materials (continued)

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

Plan of Correction ***Accept ([redacted] - 05/14/2026)***

Who:
Executive Director, Maintenance Director, and all staff.

How:
All hazardous items were immediately secured; SDCU janitor closet remains locked. Staff re-educated and safety checks updated.

When:
Corrected 03/30/2026

Monitoring:
Daily safety rounds, weekly audits, and monthly QA review. Next weekly audit to be completed 5/15/26

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented [redacted] - 08/05/2026)

89b - Hot Water Temperature

3. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [redacted] around 10:30 AM, the hot water temperature at the bathroom sink
-in resident room [redacted] was measured 127.7 degrees Fahrenheit
-in resident room [redacted] was measured 122.9 degrees Fahrenheit
-in resident room [redacted] was measured 122.5 degrees Fahrenheit
-in resident room [redacted] was measured 125.2 degrees Fahrenheit
-in resident room [redacted] was measured 122.9 degrees Fahrenheit
-in resident room [redacted] was measured 122.5 degrees Fahrenheit
-in resident room [redacted] was measured 118.4 degrees Fahrenheit
-in resident room [redacted] was measured 122 degrees Fahrenheit
-in resident room [redacted] was measured 122.7 degrees Fahrenheit
-in resident room [redacted] was measured 122.5 degrees Fahrenheit

Plan of Correction ***Accept [redacted] - 04/30/2026)***

Who:
Maintenance Director.

How:
Water temperatures adjusted to =120°F; controls calibrated

89b - Hot Water Temperature (continued)

When:
Corrected immediately

Monitoring:
Weekly checks with logs

Licensee's Proposed Overall Completion Date: *04/21/2026*

Implemented [redacted] - 08/05/2026)

141b2 - Medical Evaluation Changes

4. Requirements

2600.
141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident [redacted] status change medical evaluation dated [redacted] was not checked if the resident's needs could be met safely at the personal care home.
Resident [redacted] status change medical evaluation dated [redacted] was not checked if the resident's needs could be met safely at the personal care home.

Plan of Correction ***Directed [redacted] 05/14/2026)***

Who:
Resident Care Director.

How:
Staff re-educated to obtain medical evaluations with any condition change.

When:
Effective immediately; education within 48 hours. Medical Evals have been completed and place in residents charts

Monitoring:
MC and PC charts will be reviewed upon move in.

Proposed Overall Completion Date: 05/13/2026

Directed Steps of POC:

In addition to the above-mentioned steps, within 10 days of the receipt of the plan of correction: *The administrator or designated staff person shall review all current medical evaluations to ensure all medical evaluations are complete including resident's current medical status. Documentation of the review shall be kept.*

Directed Completion Date: *05/24/2026*

Implemented [redacted] - 08/05/2026)

181f - Record of Medication

5. Requirements

2600.
181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering medication.

Description of Violation

On , resident's record did not include a current list of medications. The list in the resident's record did not include , and

Plan of Correction ***Accept 05/14/2026)***

Who:
Wellness Director

How:
Medication list for Resident has been updated. All resident records reviewed to ensure current medication lists are accurate. Staff reminded to update medication lists with any changes.

When:
Within 7 days

Monitoring:
Weekly audits x30 days, then monthly. Rotating basis between floors

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented - 08/05/2026)

183e - Storing Medications

6. Requirements

2600.
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

On , following expired medications were observed in the home's 2nd floor medication cart:
-resident # 's blister card which expired
-resident 's which expired and blister card which expired 07/31/2024

On , following medications were observed broken on the back of the blister card in the medication cart of the home's Secured Dementia Care Unit (SDCU):

183e Storing Medications (continued)

Plan of Correction ***Accept [redacted] - 04/30/2026)***

Who:
LPN Supervisors/Med Techs

How:
Expired medications were removed and disposed of per policy. Damaged blister packs were replaced. All medication carts were checked for expired or damaged medications. Staff reminded to routinely check for expiration dates and proper storage.

When:
Within 7 days

Monitoring:
Weekly medication cart audits x30 days, then monthly

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented [redacted] - 08/05/2026)

185a - Implement Storage Procedures

7. 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

Resident [redacted] is prescribed [redacted] and [redacted] as needed. On [redacted], these medications were not available in the home.

Resident [redacted] is prescribed [redacted] as needed. On [redacted] this medication was not available in the home.

Plan of Correction ***Accept [redacted] - 04/30/2026)***

Who:
Resident Care Director

How:
Medications for Residents [redacted] and [redacted] have been reordered and are now available. Medication carts and inventory reviewed to ensure all prescribed medications are in the home. Staff re educated on timely reordering and inventory management.

When:
Within 7 days

185a - Implement Storage Procedures (continued)

Monitoring:
Weekly medication audits x30 days, then monthly

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented (- 08/05/2026)

187b - Date/Time of Medication Admin.

8. 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 is prescribed as needed. The resident's March 2026 medication administration record (MAR) does not include the initials of the staff person who administered it on at 08:00 PM. The same resident is prescribed as needed. The resident's March 2026 MAR does not include the initials of the staff person who administered it on at 09:00 AM.

Resident is prescribed and this medication was not available in the home on however, the resident's March 2026 MAR is initialed as administered on at 09:00 AM.

Plan of Correction ***Accept (- 04/30/2026)***

Who:
Wellness Director

How:
MAR documentation for Residents and has been reviewed and corrected. Staff re-educated on accurate and timely documentation at the time of administration. Reinforced that medications must be available before documenting as given.

When:
Within 7 days

Monitoring:
Weekly MAR audits x30 days, then monthly

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented 08/05/2026)

187d - Follow Prescriber's Orders

9. Requirements

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

Description of Violation

Resident is prescribed with special instructions of 'hold for SBP less than and Heart rate

187d Follow Prescriber's Orders (continued)

less than 60'. However, the resident's vitals (blood pressure and heart rate) have not been checked before the administration of this medication. The same resident is prescribed [redacted] every morning; however, the resident was not administered this medication on [redacted], and [redacted]

Resident [redacted] is prescribed [redacted]. However, this medication was not available in the home on [redacted]

Plan of Correction ***Accept ([redacted] - 04/30/2026)***

Who:
Wellness Director

How:
Medication orders for Resident [redacted] have been reviewed and corrected. Required vitals are now being obtained prior to administration as ordered. Missing medications have been reordered and made available. Staff re educated on following prescriber directions and proper documentation.

When:
Within 7 days

Monitoring:
Weekly MAR and medication audits x30 days, then monthly

Licensee's Proposed Overall Completion Date: *04/29/2026*

Implemented [redacted] 08/05/2026)

191 - Resident Right to Refuse

10. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [redacted] admitted on [redacted] and resident [redacted] admitted on [redacted] have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction ***Accept [redacted] - 05/14/2026)***

Who:
Wellness Director

How:
Residents [redacted] and [redacted] have been educated on their right to question or refuse medications. Education has been documented. All resident charts reviewed to ensure compliance. Staff reminded to complete and document resident education upon admission.

When:
Within 7 days

191 - Resident Right to Refuse (continued)

Monitoring:
Contract has been updated with most recent "Resident Rights"

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented [redacted] - 08/05/2026)

224a - Preadmission Screen Form

11. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident # [redacted] was admitted to the home on [redacted]. However, the resident's preadmission screening was completed on [redacted].
Resident [redacted] was admitted to the home on [redacted]. However, the resident's preadmission screening was completed on [redacted].

Plan of Correction ***Accept ([redacted] - 05/14/2026)***

Who:
Resident Care Director

How:
Preadmission screenings for Residents [redacted] and [redacted] have been completed. All resident charts reviewed for proper timing of screenings. Staff reminded screenings must be completed prior to admission.

When:
Within 7 days

Monitoring:
Charts monitored upon admission

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented ([redacted] - 08/05/2026)

225a - Assessment 15 Days

12. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] was admitted on [redacted]; however, the resident's assessment was not completed until [redacted]

Plan of Correction ***Accept [redacted] - 05/14/2026)***

Who:
Memory Care Director

225a - Assessment 15 Days (continued)

How:
Initial assessment for Resident #6 has been completed. All resident charts reviewed for timely completion of initial assessments. Staff reminded of 15-day requirement and use of correct form.

When:
Within 7 days

Monitoring:
Charts monitored upon admission

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented [redacted] - 08/05/2026)

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

Resident [redacted] annual assessment was completed on [redacted]. The resident was transferred to the home's SDCU on [redacted]; however, the resident did not have additional assessment until [redacted]

Plan of Correction ***Accept [redacted] - 05/14/2026)***

Plan of Correction – 2600.225.c (Simple SansWrite)

Who:
Resident Care Director

How:
Assessment for Resident [redacted] has been completed. All resident charts reviewed for timely reassessments. Staff reminded to complete assessments with any significant change in condition.

When:
Within 7 days

Monitoring:
Daily audits completed through PCC software

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented [redacted] - 08/05/2026)

227a - Support Plan 30 Days

14. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [redacted] was admitted on [redacted]; however, the resident's initial support plan was not completed until [redacted].

Plan of Correction ***Accept [redacted] - 05/14/2026)***

Who:
Resident Care Director

How:
Support plan for Resident [redacted] has been completed. All resident charts reviewed for timely completion. Staff reminded of 30-day requirement and use of correct form.

When:
Within 7 days

Monitoring:
Daily audits completed through PCC software

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented [redacted] - 08/05/2026)

231c - Preadmission Screening

15. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secured Dementia Care Unit (SDCU) on [redacted]. However, the resident's written cognitive preadmission screening was completed on [redacted] Resident [redacted] was transferred to the SDCU on [redacted]. However, the resident's written cognitive preadmission screening was completed on [redacted].

Plan of Correction ***Accept ([redacted] - 05/14/2026)***

Who:
Memory Care Director

How:
Cognitive screenings for Residents [redacted] and [redacted] have been completed. All SDCU residents reviewed for compliance. Staff reminded screenings must be completed prior to admission.

When:
Within 7 days

231c - Preadmission Screening (continued)

Monitoring:
Daily audits completed through PCC software

Proposed Overall Completion Date: 05/13/2026

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented [redacted] - 08/05/2026)

234a - Admission Support Plan

16. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the Secured Dementia Care Unit (SDCU) on [redacted] However, the resident's initial support plan was completed on [redacted]
Resident [redacted] was transferred to the home's SDCU on [redacted]; however, the home did not update the resident's support plan until [redacted].
Resident [redacted] was admitted to the Secured Dementia Care Unit (SDCU) on [redacted] However, the resident's initial support plan was completed on [redacted].

Plan of Correction ***Accept ([redacted] - 05/14/2026)***

Who:
Assisted Living and Memory Care Director

How:
Support plans corrected for Residents [redacted] and [redacted] All residents reviewed for compliance. Staff reminded of 72-hour requirement.

When:
Within 7 days

Monitoring:
Daily audits completed through PCC software

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented ([redacted] - 08/05/2026)

251c - Standardized Forms

17. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [redacted]s initial medical evaluation, dated [redacted], was not completed on the Department's current standardized form for Personal Care Home. It was completed on the Department's Assisted Living Residence form.

251c - Standardized Forms *(continued)*

Plan of Correction ***Accept ([redacted] - 05/14/2026)***

Who:
Director of Wellness

How:
Correct form will be obtained for Resident [redacted]. All charts will be checked to ensure correct forms are being used. Staff will be reminded to use only Personal Care Home forms.

When:
Completed within 7 days

Monitoring:
Daily audits completed through PCC software

Licensee's Proposed Overall Completion Date: *05/13/2026*

Implemented [redacted] 08/05/2026)