

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

July 2, 2026

[REDACTED], CEO
WATERMARK OPERATOR LLC
777 DEKALB PIKE
BLUE BELL, PA, 19422

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 05/04/2026, 05/05/2026 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: 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: 777 DEKALB PIKE, BLUE BELL, PA, 19422
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/16/2000 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 127 Waking Staff: 95

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 05/05/2026

Inspection Dates and Department Representative

05/04/2026 - On-Site: [REDACTED]
05/05/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	99	Residents Served:	77
Secured Dementia Care Unit			
In Home:	Yes	Area:	Pathways
Capacity:	30	Residents Served:	25
Hospice			
Current Residents:	11		
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	76
Diagnosed with Mental Illness:	2	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	50	Have Physical Disability:	2

Inspections / Reviews

05/04/2026 Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/31/2026

06/05/2026 - POC Submission
Submitted By: [REDACTED] Date Submitted: 06/30/2026
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/30/2026

Inspections / Reviews *(continued)*

07/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A hired on [REDACTED], did not have a criminal background check completed until [REDACTED]

On [REDACTED] the home did not have a completed background check for staff persons B and C, who provides hospice services at the home.

Plan of Correction

Accept ([REDACTED] - 06/03/2026)

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/5/2026 by the human resources director or designee to obtain the background check from Pennsylvania State Police for staff person B and C from the hospice agency.

To enhance the currently compliant operations, on 05/14/2026 the human resources director or designee audited all employee files verifying the Pennsylvania State Police background check was run on or before hire date. And an audit for contracted hospice workers to ensure a background check from Pennsylvania State Police was on file was completed. Correct any deficiencies found, with a completion date of 05/22/2026.

Effective 05/11/2026 the human resources director or designee will perform a monthly audit for 3 months of on new hire background checks and any new hospice employees working at the community, through 06/30/2026 to maintain ongoing compliance with having criminal history checks and hiring policies that are in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented ([REDACTED] - 07/01/2026)

63a - First Aid/CPR Training

2. 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

On 4/20/2026, from 11:22 pm until 6:23 am, 77 residents were present in the home. During this time, there was one staff person trained in first aid and certified in obstructed airway techniques, and the second staff person was only certified in CPR.

63a First Aid/CPR Training (continued)

On 4/26/2026, from 3:13 pm until 7:45 pm, 77 residents were present in the home. During this time, there was one staff person certified in CPR and no staff person present trained in first aid.

On 4/26/2026, from 10:58 pm until 7:21 am, 77 residents were present in the home. During this time, there was one staff person certified in CPR and no staff person present trained in first aid.

Plan of Correction

Accept () - 06/05/2026

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/07/2026 by the administrator to identify and contact providers that will provide first aid classes to staff that already have CPR. If they cannot provide just the first aid portion, have them retrain staff in both CPR and first aid.

To enhance the currently compliant operations, on 05/07/2026 the administrator or designee will retrain the program director and resident care director in regulation 2600.63.a to ensure when they schedule staff they are scheduling two employees who are trained in first aid and certified in obstructed airway techniques and CPR, with a completion date of 05/07/2026. Continue getting staff trained in first aide and CPR.

Effective 05/11/2026 the administrator or designee will perform weekly audits of the staffing schedules to ensure one per 50 residents is trained in first aid and CPR , through 06/30/2026 to maintain ongoing compliance with ensuring at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented () - 07/01/2026

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept () - 06/05/2026

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/04/2026 by the maintenance director to change the light bulb to provide a working light.

To enhance the currently compliant operations, on 05/06/2026 the maintenance director or designee ensured every resident room has a working light accessible at bedside, with a completion date of 05/08/2026.

101j7 Lighting/Operable Lamp (continued)

Effective 05/18/2026 the maintenance director or designee will perform monthly checks using the safety survey for 3 months focusing on accessible, operable bedside lamp or source of light , through 06/30/2026 to maintain ongoing compliance with ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at bedside. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented () - 07/01/2026)

103i - Outdated Food

4. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 5/4/2026, there was an unlabeled, undated bag of breaded eggplant in the main freezer.

Plan of Correction

Accept () - 06/05/2026)

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/04/2026 by the dining director to affix a label on the undated bag of breaded eggplant in the main freezer.

To enhance the currently compliant operations, on 05/05/2026 the dining director or designee will train all staff regarding regulation 2600.103.i, focusing on making sure all open food is labeled. An audit was performed of all items in the freezer with one other item found and corrected immediately, with a completion date of 05/05/2026.

Effective 05/11/2026 the dining director or designee will perform day audits for 7 days and weekly audits for 8 weeks checking for labeled and dated food items in the, refrigerator and freezer, through 06/30/2026 to maintain ongoing compliance with ensuring outdated or spoiled food or dented cans are not be used. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented () - 07/01/2026)

124 - Notice to Fire Department

5. Requirements

- 2600.
- 124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

124 - Notice to Fire Department (continued)

Plan of Correction

Accept () - 06/05/2026

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/12/2026 by the administrator to call [redacted] fire marshall to make [redacted] aware of the deficiency and ask the details of the fire department I should send the letter to.

To enhance the currently compliant operations, on 05/26/2026 the administrator or designee will draft the letter to the Whitpain Township fire department with the maps of the layout of the bedrooms and the details regarding the assistance needed to evacuate in an emergency. Send the letter to the department, with a completion date of 06/05/2026.

Effective 06/01/2026 the administrator or designee will perform quarterly reviews regarding if a new letter needs to be send updating assistance needed to evacuate, through 07/30/2026 to maintain ongoing compliance with notifying the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency, and to keep documentation of notification. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented () - 07/01/2026

141b1 - Annual Medical Evaluation

6. Requirements

2600.

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

Description of Violation

The resident's medical evaluation for resident #1, dated [redacted], indicated none for body positioning, movement level of assistance for ambulation or transfers. However, the resident utilizes an assistive device used for transfers.

Repeated Violation - 07/07/2025, 04/14/2025, et al.

Plan of Correction

Accept () - 06/05/2026

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/04/2026 by the resident care director to obtain a verbal order for a DME omission to the medical evaluation dated 7/2/2025 adding the bed mobility device as an assistive device used for transfers.

To enhance the currently compliant operations, on 05/06/2026 the resident care director or designee will performed an audit of all medical evaluations, for residents that use an assistive device for ambulation or transfers, focusing on anyone that utilizes a bed mobility device, with a completion date of 05/12/2026.

Effective 05/18/2026 the resident care director or designee will perform monthly audit of all medical evaluations for 3 months, through 06/30/2026 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: 06/30/2026

141b1 - Annual Medical Evaluation (*continued*)

Implemented (█) - 07/01/2026

181d - Storing Medication

7. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #2 self-administers their medications and stores them in their room. Resident #2 stores the medications in the cabinet in their bedroom but does not lock their bedroom door or the cabinet. On 5/4/2026, at 2:00 pm, there were several unlocked, unattended medications to include the medications below:

- *Amlodipine tablet 5mg*
- *Clopidogrel tablet 75mg*
- *Metoprolol succinate tablet 50mg er*
- *Rosuvastatin tablet 20mg tablet*
- *Triamcinolone aer 55mcg tablet*
- *Valsartan tab 320mg tablet*
- *Vitamin D3 2000IU*
- *Acetaminophen tablet 325mg tablet*
- *Acetaminophen tablet 500 mg tablet*
- *Polyeth glyc powder 3350 nf 3350*

Plan of Correction

Accept (█) - 06/05/2026

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/06/2026 by the maintenance director to provide resident 2 with a locked bedside table and key for █ medications.

To enhance the currently compliant operations, on 05/07/2026 the resident care director or designee will educate resident 2 about regulation 2600.181.d, regarding medication needing to be locked in a safe and secure location. They will review how to use the key and the lock on the drawer, with a completion date of 05/07/2026.

Effective 05/11/2026 the resident care director or designee will perform weekly checks for one month and biweekly checks for one month with the resident to ensure the drawer is locked and the resident is not having difficulty with the lock, through 06/30/2026 to maintain ongoing compliance with ensuring that if the resident does not need assistance with medication, medication will be stored in a resident's room for self-administration. Medications stored in the resident's room will be kept locked in a safe and secure location to protect against contamination, spillage and theft. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented (█) - 07/01/2026

181f - Record of Medication

8. 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 his medication.

Description of Violation

On 5/4/2026, resident #3 record did not include a current list of medications. The list in the resident's record did not include Repaglinide 0.5MG tablet.

Plan of Correction

Accept (█ - 06/05/2026)

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/04/2026 by the resident care director to obtain an order for the repaglinide .5mg tablet to add to the current list of prescriptions for the resident record.

To enhance the currently compliant operations, on 05/05/2026 the resident care director or designee reviewed regulation 2600.181.f with resident 3 and their POA regarding the importance of making the staff aware of any changes in prescriptions, with a completion date of 05/06/2026.

Effective 05/07/2026 the resident care director or designee will perform weekly audits for one month and monthly audit for 2 months that the resident record which includes a current list of prescriptions, CAM and OTC reconciles with medications stored in apartment, through 06/30/2026 to maintain ongoing compliance with ensuring the resident's record will include a current list of prescription, CAM and OTC medications for each resident who is self-administering █ medication. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented (█ - 07/02/2026)

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

Resident #4 is prescribed Fish Oil 1400 mg (850 MG Omega-3) according to the medication administration record (MAR) for April 2026. However, the medication available at the home for resident #4 is 1400 MG (980 MG Omega-3).

The pharmacy label for resident #5's Lantus Solos Injection 100/ML reads inject 20 units sub-q daily at 8:00 pm. However, on 3/19/2026, that order was discontinued. Resident #5's MAR for May 2026 reads Lantus Solos injection 100/ML inject 18 units sub-q daily at 8:00 pm. The pharmacy label for resident #5 did not have a change of order sticker.

184a Resident's Meds Labeled (continued)

Repeated Violation 04/14/2025, et al.

Plan of Correction

Accept () - 06/05/2026

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/07/2026 by the resident care director or designee to Physician notified regarding the fish oil 1400 (980 mg Omega 3) medication provided by family did not match current order and a new order for the fish oil 1400 (980 mg Omega 3) medication was obtained. A change of direction sticker was immediately placed on the Lantus Solos packaging.

To enhance the currently compliant operations, on 05/07/2026 the resident care director or designee provided a training to all medication technicians and LPN supervisors on regulation 2600. 184a (1 5) and Watermark policy Medications PA Only, with a completion date of 05/13/2026.

Effective 05/11/2026 the resident care director or designee will perform weekly audits of new orders ensuring change of direction stickers are applied if applicable and a monthly audit of over the counter medications provided by families match the medication administration record through 06/30/2026 to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes, including 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 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented () - 07/02/2026

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 4/18/2026, at 6:27 pm, the reading on resident #6's glucometer read 175, however 171 was documented on the medication administration record (MAR).

Repeated Violation 07/07/2025, 04/14/2025, et al.

185a Implement Storage Procedures (continued)

Plan of Correction

Accept () - 06/05/2026

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/06/2026 by the resident care director or designee to train the staff member that made the error in proper documentation of glucometer to MAR.

To enhance the currently compliant operations, on 05/07/2026 the resident care director or designee will train all medication technicians and LPN supervisors on proper documentation of glucometer readings to medication administration record, including regulation 2600 185a and Watermark policy Medications PA only, with a completion date of 05/13/2026.

Effective 05/11/2026 the resident care director or designee will perform weekly audits of glucometer readings to match MAR documentation through 06/30/2026 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: 06/30/2026

Implemented () - 07/02/2026

11. 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 #7 is prescribed Tramadol Hcl 50 mg. On 5/5/2026, at 10:00 am, the count documented on the controlled declining sheet was 15 pills. However, the blister pack had 16 pills remaining in the package. Staff person D stated they signed the medication out at 8:52 am but forgot to administered it. Medication was administered at 10:38 am.

According to the controlled substance policy:

- All controlled medications will be accurately recorded on the declining balance sheet as well as proper documentation on the MAR.
- The assigned medication distributing associate to a group of residents is ultimately responsible for the security of the controlled substances for those residents during [redacted] shift unless properly relieved by the another associated authorized to administer controlled substances. If relieved for any reason during the shift, a controlled substance count will be performed and properly documented by the outgoing associate and the associate assuming responsibility for the controlled substances.
- At the end of each shift, the nurse/medication certified aide going off and the nurse/medication certified aide coming on the shift will count all controlled medications for their responsible area and sign the controlled declining sheet.
- If the count is reconciled and there is an error of missing medication, the Resident Care Director/Nurse will be notified immediately.
- Any missing medication will be investigated, and an incident report will be completed with appropriate action and follow up to initiated immediately.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept (█ - 06/05/2026)

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/05/2026 by the resident care director to re-educate the medication technician in proper sign out procedure, regulation 2600.185.a and Watermark policy medications PA only.

To enhance the currently compliant operations, on 05/07/2026 the resident care director or designee will perform a re-education with all medication technicians and LPN supervisors on the proper sign out procedure, regulation 2600.185.a and Watermark policy medications PA only, with a completion date of 05/13/2026. Current compliant operations, at change of shift, the signing off medication technician counts the controlled medications with the signing on medication technician, verifying the controlled declining sheet in the electronic MAR reconciles with the actual controlled medications in the cart. If the count is reconciled and there is an error of missing medication, the Resident Care Director or LPN supervisor is notified immediately. Any missing medication will be investigated, and an incident report will be completed with appropriate action and follow up to initiated immediately.

Effective 05/11/2026 the resident care director or designee will perform weekly audits to ensure the controlled count sign off is being completed with every shift, through 06/30/2026 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: 06/30/2026

Implemented (█ - 07/02/2026)

187a - Medication Record

12. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.

187a - Medication Record (continued)

- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #4 is prescribed Fish Oil 1400 mg (850 MG Omega-3) take one capsule by mouth twice daily. However, resident's April 2026 medication administration record does not indicate a diagnosis or purpose for the medication.

Resident #6 is prescribed Metformin tablet 500 mg take one tablet by mouth twice daily. However, resident's April 2026 medication administration record does not indicate a diagnosis or purpose for the medication.

Plan of Correction

Accept ([redacted]) - 06/05/2026

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/05/2026 by the resident care director to add both diagnosis or purpose for medication missing from resident 4 and 6.

To enhance the currently compliant operations, on 05/05/2026 the resident care director or designee audited all medication administration records to ensure the diagnosis or purpose for the medication was indicated for all medications, with a completion date of 05/05/2026.

Effective 05/11/2026 the resident care director or designee will perform monthly audits of of MARs to ensure diagnosis or purpose for the medication is documented, through 08/30/2026 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, including resident's name, and drug allergies, and name of medication, and strength, and dosage form, and dose, and route of administration, and frequency of administration, and administration times, and duration of therapy, if applicable, and special precautions, if applicable, and diagnosis or purpose for the medication, including pro re nata (PRN), and date and time of medication administration, and name and initials of the staff person administering the medication, and resident's name, and drug allergies, and name of medication, and strength, and dosage form, and dose, and route of administration, and frequency of administration, and administration times, and duration of therapy, if applicable, and special precautions, if applicable, and diagnosis or purpose for the medication, including pro re nata (PRN), and date and time of medication administration, and name and initials of the staff person administering the medication. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented ([redacted]) - 07/02/2026

187b - Date/Time of Medication Admin.

13. 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 #8 is prescribed Mirtazapine tablet 15 mg to take one tablet by mouth at 9:00 pm. Resident #8's April 2026 medication administration record does not include the initials of the staff person who administered the Mirtazapine on 4/4/2026 at 9:00 pm.

Resident #8 is prescribed Trazadone tablet 50 mg to take 1 and 1/2 tablets (75mg) by mouth at 9:00 pm. Resident #8's April 2026 medication administration record does not include the initials of the staff person who administered the Trazadone on 4/4/2026 at 9:00 pm.

Resident #9 is prescribed Levothyroxine tablet 137 mg to take one tablet by mouth daily at 6:00 am. Resident #9's May 2026 medication administration record does not include the initials of the staff person who administered Levothyroxine on 5/1/2026 and 5/4/202 at 6:00 am.

Plan of Correction

Accept (█) - 06/05/2026)

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/05/2026 by the resident care director to retrain the medication technician that made the error in making sure they sign the eMAR upon delivery of the medication.

To enhance the currently compliant operations, on 05/07/2026 the resident care director or designee will retrain medication technicians and LPN supervisors in proper and timely documentation in the eMAR of medication administration at time of delivery, regulation 2600.187.b and Watermark policy Medications PA only, with a completion date of 05/13/2026.

Effective 05/11/2026 the resident care director or designee will perform weekly audits of the PCC clinical dashboard to run the missed documentation report, through 07/30/2026 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: 06/30/2026

Implemented (█) - 07/02/2026)

14. 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

On 5/5/2026, at 10:38 am, resident #7 was administered Tramadol Hcl 50 mg. Staff person D signed the resident's medication record for 5/5/2026 at 8:52 am as administering the medication. However, it was not administered until

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

10:38 am.

Repeated Violation - 07/07/2025, 04/14/2025, et al.

Plan of Correction

Accept (█) - 06/05/2026

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/05/2026 by the resident care director to retrain the medication technician regarding timeliness of medication administration and documenting upon delivery of the medication.

To enhance the currently compliant operations, on 05/07/2026 the resident care director or designee will retrain all medication technicians and LPN supervisors in documenting medication administration in the eMAR upon delivery, regulation 2600.187.b and Watermark policy medications PA only, with a completion date of 05/13/2026.

Effective 05/11/2026 the resident care director or designee will perform weekly audits of the PCC clinical dashboard to run the missed documentation report, through 07/30/2026 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: 06/30/2026

Implemented (█) - 07/02/2026

187d - Follow Prescriber's Orders

15. Requirements

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

Description of Violation

Resident #7 is prescribed Tramadol Hcl 50 mg take one tablet by mouth three times a day at 8:00 am, 4:00 pm, and 9:00 pm. However, on 5/5/2026, resident #7's Tramadol HCL 50 mg was administered at 10:38 am.

Repeated Violation - 10/30/2025, 07/07/2025, 04/14/2025, et al.

Plan of Correction

Accept (█) - 06/05/2026

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/05/2026 by the administrator to reportable incident report sent to department of human services for medication error. Medication technician retrained immediately regarding timeliness of medication administration.

187d Follow Prescriber's Orders (continued)

To enhance the currently compliant operations, on 05/07/2026 the resident care director or designee will train all medication technicians and LPN supervisors regarding timeliness of medication administration, regulation 2600.187.d, and Watermark Policy Medications PA only. Any medication needed to be administered outside of the administration window, provider will be notified to obtain a one time order, with a completion date of 05/13/2026.

Effective 05/11/2026 the resident care director or designee will perform weekly audits of medication sign out time on the eMAR for one month, through 06/11/2026 and bi weekly for one month through 7/11/2026 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: 06/30/2026

Implemented () - 07/02/2026)

227d - Support Plan Medical/Dental

16. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated (), indicates the resident is independent with transfers in and out of bed and independent with positioning in and out of bed. However, on 5/4/2026, the resident had a bedside mobility device on () bed.

The Resident Support Plan does not indicate the following:

- The specific need for the device
- The intended Use
- Any risks associated with the device
- The resident's ability to use the device safely for the intended purpose
- Identification of the specific device to be used
- If a cover is required to meet FDA guidelines

Plan of Correction

Accept () - 06/05/2026)

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/04/2026 by the resident care director to add the bed mobility device to the RASP update sheet.

To enhance the currently compliant operations, on 05/11/2026 the resident care director or designee will performed an audit of all resident RASPs that have a bed mobility device to ensure proper documentation is in place. No other residents were affected, with a completion date of 05/12/2026.

227d - Support Plan Medical/Dental (continued)

Effective 05/11/2026 the resident care director or designee will perform bi-monthly audits of resident RASPs that have bedside mobility devices to ensure proper documentation, through 08/30/2026 to maintain ongoing compliance with all future resident's with bed mobility devices will be captured in their support plan documenting in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented (█) - 07/02/2026)

252 - Record Content**17. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).

252 Record Content (continued)

25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident #5's record does not include a photograph of the resident that is no more than 2 years old.

Resident #7's record does not include a photograph of the resident that is no more than 2 years old.

Resident #9's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept (█ - 06/05/2026)

In response to the violation on 05/04/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/05/2026 by the resident care director to add an updated picture for resident 5.

To enhance the currently compliant operations, on 05/05/2026 the resident care director or designee performed an audit on all files to verify if new photos were needed. Eight residents were affected. New photos were obtained and upload to the electronic medical record, with a completion date of 06/05/2026.

Effective 06/08/2026 the resident care director or designee will perform bi monthly audits of the upload date for resident photos, through 08/30/2026 to maintain ongoing compliance with ensuring each resident's record includes, including name, gender, admission date, birth date and Social Security number, and race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks, and a photograph of the resident that is no more than 2 years old, and language or means of communication spoken or used by the resident, and the name, address, telephone number and relationship of a designated person to be contacted in case of an emergency, and the name, address and telephone number of the resident's physician or source of health care, and the current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms, and a list of prescribed medications, OTC medications and CAM, and dietary restrictions, and a record of incident reports for the individual resident, and list of allergies, and the documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies, and the preadmission screening, initial intake assessment and the most current version of the annual assessment, and a support plan, and applicable court order, if any, and the resident's medical insurance information, and the date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity, and an inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated, and an inventory of the resident's property entrusted to the administrator for safekeeping, and the financial records of residents receiving assistance with financial management, and the reason for termination of services or transfer of the resident, the date of transfer and the destination, and copies of transfer and discharge summaries from hospitals, if available, and if the resident dies in the home, a copy of the official death certificate, and signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures), and a copy of the resident home contract, and a termination notice, if any. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented (█ - 07/02/2026)