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

July 13, 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 06/11/2026 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**: *11/22/2026*

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

Type: *C-2 LP* **Date**: *11/12/1999* **Issued By**: *CWOPA L & I*

Type: *Other* **Date**: *01/13/2010* **Issued By**: *Upper Providence Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *174* **Waking Staff**: *131*

Inspection Information

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

Reason: *Fine* **Exit Conference Date**: *06/11/2026*

Inspection Dates and Department Representative

06/11/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *149* **Residents Served**: *125*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Pathways* **Capacity**: *26* **Residents Served**: *23*

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *125*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *49* **Have Physical Disability**: *0*

Inspections / Reviews

06/11/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/29/2026*

06/25/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/10/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/10/2026*

Inspections / Reviews *(continued)*

07/13/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/10/2026*

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 9:51 A.M., resident information including a list with resident's code status, care needs, dietary needs, and hospice status were unlocked, unattended, and accessible in the Director of Memory Care's Office.

Plan of Correction ***Directed ([redacted] 06/25/2026)***

Immediately upon discovery, the resident information was removed. The office was secured to prevent unauthorized access.

All department leaders were re-educated on the requirements of PA Personal Care Home Regulation 2600.17 regarding resident confidentiality and the proper storage of protected health information (PHI).

***Directed Plan of Correction [redacted] 6/25/26**):*
In addition to the steps submitted in the Plan of Correction, the administrator will implement the following:
The Director of Nursing will conduct weekly random checks of the offices containing confidential resident information are locked at all times, for the next four (4) weeks, then monthly for the following six (6) months, starting immediately.

Responsible: Executive Director

Proposed Overall Completion Date: 06/25/2026

Directed Completion Date: *07/10/2026*

Implemented [redacted] 07/13/2026)

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

Multiple poisons listed below with a manufacture's label indicating it was a poison, were unlocked, unattended, and accessible to residents in Resident Bedroom [redacted]. Not all the residents of the home, including Resident [redacted] have been assessed capable of recognizing and using poisons safely.
1. 4 Tubes of Arm & Hammer Peroxicare Toothpaste with a manufacturer's label indicating " if more than used for brushing is accidentally swallowed, get medical help of contact a Poison Control Center right away."
2. Degree Max Protection Deodorant with a manufacturer's label indicating " if swallowed, get medical help or contact a Poison Control Center right away."
3. Remedy Skin Protectant with a manufacturer's label indicating " in case of accidental ingestion, get medical help or contact a Poison Control Center right away."

82c Locking Poisonous Materials (continued)

4. Benadryl Itch Stopping Gel with a manufacturer's label indicating " if swallowed, get medical help or contract a Poison Control Center right away."

Lysol Disinfectant Spray with a manufacturer's label indicating "if swallowed call a Poison Control Center or doctor for treatment advice", was unlocked, unattended, and accessible to residents in the Director of Memory Care's office. Not all of the residents of the home, including Resident [redacted] have been assessed capable of recognizing and using poisons safely.

Repeat Violation: [redacted] et al

Plan of Correction ***Directed [redacted] - 06/25/2026)***

How: Immediately upon identification, all items identified as poisonous materials were removed from Resident Room 126 and the Director of Memory Care's office and placed in secured, locked storage inaccessible to residents.

All products bearing manufacturer warnings to contact Poison Control if swallowed will be stored in locked locations when not in active use. Routine environmental safety rounds have been reinforced to ensure compliance.

The Executive Director or designee will conduct weekly environmental safety audits for four weeks to verify poisonous materials are secured and inaccessible to residents. Audits will continue monthly for an additional two months.

Directed Plan of Correction [redacted] 6/25/26):
In addition to the steps submitted in the plan of correction, the Director of Memory Care will conduct a training on how to identify poisonous materials to all staff assigned to the Memory Care Unit, within the next 15 days. A copy of the training and sign in sheet will be maintained for the Departments review.

Proposed Overall Completion Date: 06/25/2026

Directed Completion Date: *07/10/2026*

Implemented [redacted] 07/13/2026)

183b - Meds and Syringes Locked

3. 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 9:42 A.M., remedy skin protectant and benadryl itch stopping gel were unlocked, unattended, and accessible in Resident Bedroom [redacted]. Resident [redacted] has not be assessed to self medicate.

Repeat Violation: [redacted] et al

Plan of Correction ***Directed [redacted] 06/25/2026)***

How: Immediately upon identification, all items identified as poisonous materials were removed from Resident Room [redacted] and the Director of Memory Care's office and placed in secured, locked storage inaccessible to residents.

183b - Meds and Syringes Locked (continued)

All products bearing manufacturer warnings to contact Poison Control if swallowed will be stored in locked locations when not in active use. Routine environmental safety rounds have been reinforced to ensure compliance.

The Executive Director or designee will conduct weekly environmental safety audits for four weeks to verify poisonous materials are secured and inaccessible to residents. Audits will continue monthly for an additional two months.

Directed Plan of Correction [redacted] 6/25/26):
In addition to the steps submitted in the plan of correction, the Director of Memory Care will conduct a training on the importance of ensuring medications and poisonous materials are not accessible to residents, to all staff of the Memory Care Unit, within the next 15 days. A copy of the training and sign in sheet will be maintained for the Departments review.

Proposed Overall Completion Date: 06/25/2026

Directed Completion Date: *07/10/2026*

Implemented [redacted] - 07/13/2026)