

Department of Human Services
Bureau of Human Service Licensing

April 15, 2021

██████████ AUTHORIZED AGENT
WATERMARK OPERATOR LLC
2020 WEST RUDASILL ROAD
TUCSON, AZ 85704

RE: BLUE BELL PLACE
777 DEKALB PIKE
BLUE BELL, PA, 19422
LICENSE/COC#: 13280

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/02/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

03/02/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *03/25/2021*

3/24/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/02/2021*

4/15/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 2/17/21, at approximately 7:00 am, Resident #1 reported to Staff Member A that the overnight staff had been rough with [REDACTED] by pulling her arms. An investigation began at the home on the same day and the resident also reported being upset because the staff member who pulled Resident #1 by the arms, also told the resident [REDACTED] was taking too long in the bathroom. The home did not report this incident to the department until 2/18/21 at 2:00 pm.

Plan of Correction

Accept

The original reportable should’ve been sent in within 24 hours.

Because the resident could not identify the staff member, the community placed the two staff who worked with [REDACTED] that night on administrative leave pending investigation on 2/18/21. Statements were obtained from both staff members and the resident. Other residents were also interviewed regarding the conduct and delivery of care by the two staff members. It was the investigating team’s determination is that the pain was precipitated by the rib fractures and that the allegations of abuse are not substantiated.

Retraining on the Older Adult Protective Services Act, resident rights is being conducted by Executive Director and Resident Care Director starting 3/24/21 and will be ongoing upon hire and twice a year.

To prevent future violations of this nature, the entire department director team will be retrained by the Executive Director by March 31, 2021 on the reporting requirements and procedures to ensure reports are made in a timely fashion.

Completion Date: 03/24/2021

Document Submission

Implemented

See attached Town Hall training from 3/24/21.

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). On 03-02-21 the home did not have an influenza poster anywhere.

Plan of Correction

Accept

The influenza poster was replaced by numerous COVID-19 postings during the pandemic. The influenza poster was re-hung on several public bulletin boards. During flu season, the Resident Care Director, nurses or designee will begin auditing the common areas for influenza postings. The Executive Director or Resident Care Director will review the common area bulletin boards on a quarterly basis to ensure all applicable postings are posted.

Completion Date: 03/02/2021

18 - Compliance With Laws (continued)

Document Submission

Implemented

Corrected on 3/2/21.

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 9/16/20, for resident #2 was not signed by the resident.

The resident-home contract, dated 2/10/21, for resident #3 was not signed by the resident.

Plan of Correction

Accept

Resident #3 has cognitive issues and signed the contract in various spots that were not aligned with the “resident signature” areas. Resident #2 transferred from rehab and was tired the day of [redacted] move, therefore [redacted] daughter signed the contract.

To fix this violation, the Sales Director audited all resident administrative files to identify any other contracts that need to be signed. If a resident refuses or is unable to do so, the Sales Director will indicate this on the resident signature line. The Sales Director will ensure all forms are signed within 48 hours of admission. Going forward, the Sales Director will perform quarterly audits on administrative files to ensure all forms are properly signed.

Completion Date: 03/24/2021

Document Submission

Implemented

Corrected by 3/24/21.

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident’s designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident’s record.

Description of Violation

Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept

The Sales Director will review files and have all forms signed that were not previously signed by the resident. The Sales Director or designee will make sure all forms will be signed within 48 hours of admission. To prevent this from happening in the future, the Sales Director or designee will perform quarterly audits on all new residents’ files to ensure all forms are properly signed.

Completion Date: 03/24/2021

Document Submission

Implemented

Corrected by 3/24/21.

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 2/17/21, Staff member B was in Resident #1's room providing care. Resident #1 needed to use the bathroom and there were several call bells going off at the same time. Staff member B began to rush Resident #1 telling the resident "You're taking too long! Hurry up!", in an unpleasant manner.

Plan of Correction

Accept

Because the resident could not identify the staff member, the community placed the two staff who worked with [REDACTED] that night on administrative leave pending investigation. Statements were obtained from both staff members and the resident. Other residents were also interviewed regarding the conduct and delivery of care by the two staff members. It was the investigating team's determination is that the pain was precipitated by the rib fractures and that the allegations of abuse are not substantiated.

All staff will be re-educated on Residents' Rights on March 24, 2021, upon hire and twice a year.

To prevent future violations of this nature, ongoing education will be provided for all staff on Residents' Rights and sensitivity to residents' needs upon hire and bi-annually during Town Hall meetings. Residents are informed regularly of their rights (upon admission as well as during resident council). Residents will be encouraged to report promptly when someone is not treating them respectfully.

Resident Care Director, nurse supervisors, Program Director, and all other supervisors/managers will communicate weekly with individual residents and ask whether they are being treated well by staff. Any complaints will be reviewed at morning meeting, addressed promptly and appropriate re-education will be conducted.

Completion Date: 03/24/2021

Document Submission

Implemented

See attached Town Hall training from 3/24/21.

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit on the home's bus does not include a thermometer, eye covering, and breathing shield.

Plan of Correction

Accept

The first aid kit on the bus was replaced with a new one. Additional breathing shields were ordered for all first aid kits. The Resident Care Director, nurses or designee will audit the first aid kits quarterly with a first aid kit checklist to ensure compliance.

Completion Date: 03/24/2021

Document Submission

Implemented

Corrected by 3/24/21.

101j7 - Lighting/Operable Lamp

1. 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 #4 does not have access to a source of light that can be turned on/off at bedside.

Resident #5 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

Resident #4 had unplugged [redacted] lamp, and the light bulb in resident #5's room was out. During the inspection, the Maintenance Director fixed both lights so they would be operable. To prevent future violations of this nature, all staff will be retrained on March 24, 2021 and ongoing regarding items required in residents' bedrooms. The Maintenance Director or designee will conduct monthly room rounds to verify all lights are operable. Results of room rounds will be discussed at morning meeting as well as the quality review committee.

Completion Date: 03/24/2021

Document Submission

Implemented

Corrected on 3/24/21.

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 3/3/21, at 10:52 am, in the walk-in freezer, there was an opened bag of frozen hash browns not dated.

On 3/3/21, at 10:54 am, in the dry storage area, there was a bag of Jasmine rice not closed and not dated.

On 3/3/21, at 10:54 am, in the dry storage area, there was an opened bag of pistachios with no date.

Plan of Correction

Accept

The Dining Director addressed the open food items immediately. The Dining Director re educated staff regarding proper storage and labeling of all food items on March 3, 2021. Ongoing training will also be provided at Town Hall on March 24, 2021. A sign off sheet was implemented for the cooks to sign off each shift the proper storage and label was completed. At the end of every week, the dining director or designee will audit for compliance.

Completion Date 03/24/2021

Document Submission

Implemented

Corrected on 3/3/21. See attached Town Hall training from 3/24/21 in which all staff were trained on process.

103g - Storing Food

1. Requirements

2600.

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

103g - Storing Food (*continued*)**Description of Violation**

On 3/3/21, at 10:54 am, in the dry storage area, there was a bag of Jasmine rice that was opened and unsealed.

Plan of Correction**Accept**

The Dining Director sealed the bag of jasmine rice during the inspection. The Dining Director re-educated staff regarding proper storage and labeling of all food items on March 3, 2021. Ongoing training will also be provided at Town Hall on March 24, 2021. A sign off sheet was implemented for the cooks to sign off each shift the proper storage and label was completed. At the end of every week, the dining director or designee will audit for compliance.

Completion Date: 03/24/2021

Document Submission**Implemented**

Corrected on 3/3/21. See attached Town Hall training from 3/24/21 during which all staff were trained on the process.

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

- 105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 3/3/21, there was an approximate 4 inch accumulation of lint in the lint trap of the dryer in the main laundry room. The dryer was not in use at the time.

Plan of Correction**Accept**

The lint trap was cleaned during the inspection. Staff will be retrained on March 19, 2021 during the fire drill as well as during Town Hall on March 24, 2021 on the importance of cleaning the lint trap. A new sign off form to the clean out the lint trap has been implemented for each shift. Weekly audits will be completed by the Maintenance Director or designee to ensure Compliance.

Completion Date: 03/24/2021

Document Submission**Implemented**

Corrected on 3/3/21. See attached Town Hall training from 3/24/21 during which all staff were trained on the process.

107c - Food/Water 3 Day Supply

1. Requirements

2600.

- 107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 3/3/21, the home served 42 residents, requiring 126 gallons of emergency drinking water. However, the home had only 85 gallons.

107c - Food/Water 3 Day Supply (continued)

Plan of Correction

Accept

The remainder of the emergency water supply was delivered by the end of the day on March 3, 2021. The community has two water emergency agreements: one from US food stating they will deliver water within 24 hours of an emergency and the other from Main Line spring water. Main Line Spring Water has agreed to supply the facility with at least 500 gallons of water within 1 to 2 hours of an emergency.

Completion Date: 03/03/2021

Document Submission

Implemented

See attached letter from Main Line Spring Water agreeing to provide emergency water.

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures were submitted to the local emergency management agency on 4/5/19 and 9/10/20. The 9/10/20 submission was submitted more than 12 months after the previous year's submission.

Plan of Correction

Accept

The community had a COVID outbreak in spring of 2020, shifting the focus to keeping the residents safe. Once the virus subsided and the community returned to normal operations, the emergency procedures were submitted to the local emergency management company and approved.

To prevent this from happening in the future, the Maintenance Director and Executive Director have created an electronic calendar reminder two weeks before the approval is due.

Completion Date: 09/10/2020

Document Submission

Implemented

Corrected on 9/10/20.

181d - Storing Medication

1. 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 #4 self-administers medications and stores medications in his/her room. On 3/3/21 at 11:10 am, there were several unlocked, unattended medications in resident #4's bedroom. The door to the room was open and the medications were in a cabinet that does not have a lock.

181d -Storing Medication (continued)

Plan of Correction

Accept

The medications were placed in the resident's lock box in [redacted] room and a new key was provided. [redacted] was coached about the importance of locking up all medications and closing [redacted] door. To prevent this from happening in the future, the program director, resident care director or designee will ensure that the medications are kept behind locked doors for each resident who self-administers his/her medications.

Completion Date: 03/03/2021

Document Submission

Implemented

Corrected on 3/3/21. See attached Town Hall training from 3/24/21 during which all staff were trained on the process.

183b - Meds and Syringes Locked

1. 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 3/3/21 at 11:10 am, there were several unlocked, unattended medications in resident #4's bedroom. The door to the room was open and the medications were in a cabinet that does not have a lock.

Plan of Correction

Accept

The medications were placed in the resident's lock box in her room and another key was provided. [redacted] was coached about the importance of locking up all medications and closing [redacted] door. To prevent this from happening in the future, the program director, resident care director or designee will ensure that the medications are kept behind locked door for each resident who self-administers his/her medications.

Completion Date: 03/03/2021

Document Submission

Implemented

Corrected on 3/3/21. See attached Town Hall training from 3/24/21 during which all staff were trained on the process.

187a - Medication Record

1. 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.

Description of Violation

Resident #6 is prescribed Vitamin D3 Soft 1000I. However, resident's medication administration record does not have the medication listed.

187a - Medication Record (continued)

Plan of Correction

Accept

The Vitamin D3 for resident #6 was discontinued 2/11/21, yet not removed from the cart. The nurse removed the supplement the same day of the inspection. To prevent such an occurrence in the future, the med techs and nurses will perform a MAR to med cart audit weekly. Each cart will be assigned a staff member weekly who will be on rotation for audits. The Resident Care Director or designee will audit the carts quarterly to monitor for compliance.

Completion Date: 03/03/2021

Document Submission

Implemented

Corrected on 3/3/21. See attached Town Hall training from 3/24/21 during which all staff were trained on the process.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #6 is prescribed Tylenol 325 MG as needed. However, this medication is not in the home.

Plan of Correction

Accept

Resident #6 uses an outside pharmacy and had forgotten to buy Tylenol as he only uses it as needed. The Tylenol was bought later that day and placed in the cart for the resident. To prevent such an occurrence in the future, the med techs and nurses will perform a MAR to med cart audit weekly to identify any missing medications. Additionally, the community will implement an alternate pharmacy agreement, which will ensure the community can order medication that is not available through the house pharmacy. The Resident Care Director or designee will audit the carts quarterly to monitor for compliance.

Completion Date: 03/03/2021

Document Submission

Implemented

Corrected on 3/3/21. See attached Town Hall training from 3/24/21 during which all staff were trained on the process.

191 - Resident Right to Refuse

1. 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 #2, admitted to the home on [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

191 - Resident Right to Refuse (continued)

Plan of Correction

Accept

The Sales Director has reviewed all files and is working on having all resident right forms, which include the right to refuse medication, signed that were not previously signed by the resident. For all future admissions, the Sales Director or designee will make sure all resident right forms will be signed within 48 hours of admission. To prevent this from happening in the future, the Sales Director or designee will perform quarterly audits on all new residents' files to ensure all forms are properly signed.

Completion Date: 03/24/2021

Document Submission

Implemented

Corrected by 3/24/21

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2 participated in the development of his/her support plan on 10/7/20. However, the resident did not sign the support plan.

Resident #2 participated in the development of his/her support plan on 2/27/21. However, the resident did not sign the support plan.

Resident #3 participated in the development of his/her support plan on 3/13/19. However, the resident did not sign the support plan.

Resident #3 participated in the development of his/her support plan on 5/7/20. However, the resident did not sign the support plan.

Resident #7 participated in the development of his/her support plan on 11/27/19. However, the resident did not sign the support plan.

Resident #7 participated in the development of his/her support plan on 11/27/20. However, the resident did not sign the support plan.

Resident #8 participated in the development of his/her support plan on 2/15/21. However, the resident did not sign the support plan.

Plan of Correction

Accept

The Program Director assisted in obtaining signatures from all residents listed. An audit was conducted of all the support plans and any other missing signatures were obtained.

The Resident Care Director and Program Director were re-educated on this regulation. The Program Director or designee will audit the support plans quarterly for compliance.

Completion Date: 03/19/2021

227g -Support Plan Signatures *(continued)*

Document Submission

Implemented

Corrected by 3/19/21.

252 - Record Content

1. 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.
- 10. A record of incident reports for the individual resident.

Description of Violation

Resident #1's record does not include a record of the incident reports from 2/18/21 and 2/24/21.

Plan of Correction

Accept

The incident reports were uploaded in the resident's electronic file. The team was re-educated about this regulation during the March 24th Town Hall meeting. The Program Directors, nurses, or designee will perform ongoing quarterly chart audits to ensure reportables are placed in each resident's chart. Any discrepancies or patterns will be reviewed at the monthly Quality Assurance meetings.

Completion Date: 03/24/2021

Document Submission

Implemented

Corrected on 3/3/21. See attached Town Hall training from 3/24/21 during which all staff were trained on the process.