

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

August 20, 2025

[REDACTED]
WATERMARK OPERATOR LLC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: BLUE BELL PLACE License #: 13280 License Expiration: 09/11/2025
 Address: 777 DEKALB PIKE, BLUE BELL, PA 19422
 County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: WATERMARK OPERATOR LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 107 Waking Staff: 80

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 07/07/2025

Inspection Dates and Department Representative

07/07/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 99 Residents Served: 66

Secured Dementia Care Unit
 In Home: Yes Area: Pathways Capacity: 30 Residents Served: 27

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 41 Have Physical Disability: 1

Inspections / Reviews

07/07/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/28/2025

08/06/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/17/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/17/2025

Inspections / Reviews *(continued)*

08/20/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/17/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED] two red stop signs were posted on the double doors leading to the emergency exit from the secure dementia care unit. This universal image of a stop sign presents an obstruction to the exit in an emergency as it may deter a person from using the exit upon seeing the image.

Plan of Correction

Accept [REDACTED] - 08/06/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/07/2025 by the administrator to remove the stop signs posted on the doors immediately.

To enhance the currently compliant operations, on 07/23/2025 the administrator held an all staff in-service on regulation 2600.121.a, with a completion date of 07/25/2025.

Effective 07/07/2025 the administrator or designee will perform weekly checks through 8/1/2025 and will perform monthly checks with the safety survey rounds for 2 months ending 09/30/2025 to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented [REDACTED] - 08/20/2025)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

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

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]. The resident's record does not include a medical evaluation for 2025.

Plan of Correction

Accept [REDACTED] - 08/06/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/08/2025 by the resident care director to obtain the medical evaluation that was missing from resident 1's file.

To enhance the currently compliant operations, on 07/09/2025 the resident care director or designee performed an audit of all resident medical evaluations to ensure timely completion, with a completion date of 07/10/2025.

Effective 07/14/2025 the resident care director or designee will perform bi-monthly audits of all resident medical evaluations for 2 months and monthly audits for 6 months through 3/30/2026 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.

141b1 Annual Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented () - 08/20/2025

183d - Prescription Current

3. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident [redacted] was prescribed [redacted] take one tablet sublingually every four hours as needed. This medication was discontinued on [redacted]. On [redacted] it was still present in the home's medication cart.

Plan of Correction

Accept () - 08/06/2025

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/07/2025 by the resident care director to remove the Odansetron from the medication cart and the medication was wasted.

To enhance the currently compliant operations, on 07/08/2025 the resident care director or designee performed cart audits on all carts focusing on removing any discontinued medications. Any discontinued medications found were removed and wasted. Medication technicians and LPN supervisors were re trained on 7/15/2025 by the resident care director on regulation 2600.183.d and Watermark Policy Medications PA only, with a completion date of 07/15/2025.

Effective 07/14/2025 the overnight supervisor or designee will remove any medications that were discontinued that day, from the medication cart, daily. With a weekly audit performed by the resident care director or designee through 08/30/2025 with continued monthly cart audits ongoing to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented () - 08/20/2025

183e - Storing Medications

4. 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 [redacted] Resident [redacted]s [redacted] tab blister pack was observed to have a punctured blister foil with the medication still present in the spot exposing it to contamination or improper sanitation.

183e - Storing Medications (continued)

On [REDACTED], a bottle of [REDACTED] belonging to Resident [REDACTED] was found in the home's medication cart. This medication expired [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/06/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/07/2025 by the resident care director to waste the oxycodone and document it on the narcotic count sheet and waste the expired bottle of senna.

To enhance the currently compliant operations, on 07/08/2025 the resident care director or designee will perform cart audits on all carts focusing on checking blister packs for foil punctures and any expired medications. Any punctured blister foil medications or expired medications found were removed and wasted. Medication technicians and LPN supervisors were re-trained on 7/15/2025 by the resident care director on regulation 2600.183.e and Watermark Policy Medications PA only, with a completion date of 07/15/2025, with a completion date of 07/15/2025.

Effective 07/14/2025 the resident care director or designee will perform weekly cart audits through 08/30/2025 with continued monthly cart audits ongoing to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented [REDACTED] - 08/20/2025)

184c - Sample Prescription Meds.

5. Requirements

2600.

184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

On [REDACTED] a sample prescription of [REDACTED] belonging to Resident [REDACTED] was found in the home's medication cart. It did not have written instructions for use.

Plan of Correction

Accept [REDACTED] - 08/06/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/07/2025 by the resident care director to notified pharmacy for a proper label with medication instructions. Label was affix to the sample pack.

To enhance the currently compliant operations, on 07/08/2025 the resident care director will cart audits were performed for any other sample prescriptions. None were found, with a completion date of 07/10/2025. Medication technicians and LPN supervisors were re-trained on 7/15/2025 by the resident care director on regulation 2600.184.c and Watermark Policy Medications PA only, with a completion date of 07/15/2025.

184c - Sample Prescription Meds. (continued)

Effective 07/14/2025 the resident care director will perform weekly medication cart audits through 08/30/2025 and monthly ongoing to maintain ongoing compliance with ensuring the sample prescription medications will have written instructions from the prescriber that include the components specified in subsection (a). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented [redacted] - 08/20/2025)

185a - Implement Storage Procedures

6. 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 blood glucose checks four times per day. On [redacted], Resident [redacted] glucometer was not calibrated to the correct time and several readings were found in the glucometer that did not match the readings entered on the medication administration record (MAR):

- [redacted] on MAR but not present on the glucometer
- [redacted] on MAR but glucometer read [redacted]

Resident [redacted] is prescribed blood glucose checks four times per day. On [redacted] several readings were found Resident [redacted] glucometer that did not match the readings entered on the medication administration record (MAR):

- [redacted] on MAR but glucometer read [redacted]
- [redacted] on MAR but glucometer read [redacted]
- [redacted] on MAR but glucometer has no reading

Plan of Correction

Accept [redacted] - 08/06/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/08/2025 by the resident care director to order a new glucometer that was calibrated to the correct time.

To enhance the currently compliant operations, on 07/15/2025 the resident care director will Medication technicians and LPN supervisors were re-trained on 7/15/2025 by the resident care director on regulation 2600.185.a and Watermark Policy Medications PA only, with a completion date of 07/15/2025. Focusing on verifying glucometer readings match EMAR readings and double checking the entry in the moment, with a completion date of 07/16/2025.

185a - Implement Storage Procedures (continued)

Effective 07/14/2025 the resident care director or designee will perform weekly glucometer reading audits through 08/30/2025 and monthly ongoing, 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: 08/15/2025

Implemented () - 08/20/2025

187b - Date/Time of Medication Admin.

7. 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 [redacted] is prescribed [redacted] every four hours as needed for [redacted] and [redacted] [redacted] sublingually every one hour as needed for shortness or breath or pain. On [redacted], Staff Member A initialed the medication administration record that [redacted] had administered Resident [redacted] one dose of Lorazepam and one dose of [redacted] at 2:31am. Narcotics counts were completed and concluded that Staff Member A had administered Resident [redacted] two doses of [redacted] in error. The medication administration record was initialed for Morphine by Staff Member A; however, Resident [redacted] did not receive this medication.

Resident [redacted] is prescribed [redacted] tab- take one tablet by mouth every six hours as needed. This medication was signed out in the home's narcotics log book but not initialed on [redacted] at 02:15 PM, [redacted] at 02:43 PM and [redacted] at 09:30 AM and 04:30 PM.

Plan of Correction

Accept () 08/06/2025

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/08/2025 by the resident care director or designee to to retrain the medication technicians that performed the error, regarding documenting medication given on the EMAR and the narcotic count sheet.

To enhance the currently compliant operations, on 7/10/2025 an audit of narcotic orders was performed to ensure both the EMAR and the narcotic count sheets reconciled. Medication technicians and LPN supervisors were re-trained by the resident care director on 7/15/2025 on regulation 2600.187.b and Watermark Policy Medications PA only, with a completion date of 07/15/2025, with a completion date of 07/15/2025.

Effective 7/14/2025 the resident care director or designee will perform a weekly audit of narcotic orders to ensure both the EMAR and the narcotic count sheets match through 8/30/2025, monthly audits will be performed ongoing to maintain ongoing compliance with 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: 08/15/2025

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

Implemented [redacted] - 08/20/2025)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] every four hours as needed for anxiety. On [redacted], Resident [redacted] received two doses of [redacted] at 2:31am.

Resident [redacted] is prescribed [redacted] – take one tablet by mouth daily for [redacted] Resident [redacted] has not been receiving this medication as prescribed as the home’s electronic medication administration system has the medication scheduled for administration every other day during the month of [redacted].

Repeat Violation Date: [redacted] et al

Plan of Correction

Accept [redacted] - 08/06/2025)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/08/2025 by the administrator to to notify the PCP regarding the medication given in April and sent an incident report to the department of human services explaining the prescribed Bumetanide original order was for every other day. The instruction in the EMAR was corrected by pharmacy. The medication was being given as prescribed.

To enhance the currently compliant operations, on 07/15/2025 the resident care director will retrain Medication technicians and LPN supervisors were on regulation 2600.187.d and Watermark Policy Medications PA only, with a completion date of 07/15/2025, with a completion date of 07/15/2025, with a completion date of 07/16/2025.

Effective 07/14/2025 the resident care director will perform monthly order recap on all residents for 4 months through 10/30/2025 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: 08/15/2025

Implemented [redacted] - 08/20/2025)