

Department of Human Services
Bureau of Human Service Licensing

February 18, 2021

[REDACTED], EXECUTIVE DIRECTOR
WATERMARK OPERATOR, LLC
2020 WEST RUDASILL ROAD
TUCSON, AZ 85704

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/04/2021 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

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

Facility Information

Name: ROSE TREE PLACE License #: 13281 License Expiration Date: 06/21/2021
Address: 500 SANDY BANK ROAD, MEDIA, PA 19063
County: DELAWARE Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 6105651405 Email: [REDACTED]
[REDACTED]

Legal Entity

Name: WATERMARK OPERATOR, LLC
Address: 2020 WEST RUDASILL ROAD, TUCSON, AZ, 85704
Phone: 6105651405 Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 111 Waking Staff: 83

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 02/04/2021

Inspection Dates and Department Representative

02/04/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 149 Residents Served: 68

Secured Dementia Care Unit

In Home: Yes Area: Memory Care Capacity: 26 Residents Served: 14

Hospice

Current Residents: 15

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67

Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0

Have Mobility Need: 43 Have Physical Disability: 1

Inspections / Reviews

02/04/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 02/19/2021

2/17/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 02/22/2021

2/18/2021 - Document Submission

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

224a - Preadmission Screen Form

1. Requirements

2600.

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

Description of Violation

Resident #1 was admitted to the home on [REDACTED] the resident's preadmission screening form was not dated.

Plan of Correction**Accept**

During a review of Resident#1 medical records the surveyor noted that the preadmission screening for resident #1 was not dated.

Going forward, the Assistant Resident Care/Compliance Director will review the preadmission screening form of the new resident to verify the form is in compliance.

Assistant Resident Care/Compliance Director will initial and date the preadmission screen form verifying it has been reviewed, the form is complete and that the needs of the resident can be met by the home within the 30 day requirement.

Completion Date 02/11/2021

Completion Date: 02/12/2021

Document Submission**Implemented**

Assistance Resident Care Director/Compliance Director will review all preadmissions screening and sign-off and date the document confirming compliance.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's most recent assessment was completed on 4/6/20. The assessment indicates Resident #1 can ambulate independently; however, Resident #1 was admitted to the home because of frequent falling and Resident #1 has continued to suffer from falling while ambulating. Resident #1 also uses a walker to ambulate.

225c - Additional Assessment (continued)

Plan of Correction	Accept
<p>On 02/04/2021 the Department of Human Services performed an investigation at the community based on a complaint received by the family of resident #1. As part of the investigation, the surveyor interviewed Resident #1. As a result of that interview, the Department requested that the community perform a new assessment on Resident #1.</p>	

On 02/09/2021, the community engaged the services of [REDACTED], Licensed Social Work to perform a Mini-Mental State Exam to determine resident #1 cognitive state. Resident #1 received a score of 29 out of 30. See attached Mini-Mental State Exam and score groupings: See Attachment 1 Mini Mental State Exam

25-30 points: normal cognition

21-24 points: mild dementia

10-20 points: moderate dementia

9 points or lower: severe dementia

Resident #1 has had 5 falls since move date of [REDACTED]. 1 fall on 06/28/2019 resident #1 attempting to sit in chair and missed the chair, fall #2 on 08/29/2019 resident #1 was hanging phone up, fall #3 on 09/04/2020 while resident #1 was putting papers in [REDACTED] walker and fall #4 on 01/28/2021 while resident #1 was holding onto a chair while putting slippers on. Fall on 01/21/2021 resident did not report to nursing and only mentioned after [REDACTED] 01/28/2021 fall that [REDACTED] had fallen against [REDACTED] dresser. None of the falls resident #1 has experienced since move-in were the result of the resident ambulating. On several occasions and after each fall, resident #1 has been offered PT/OT services and has refused. Most recently, on 09/01/2020, resident #1 was offered PT/OT services with Bayada but resident declined stating [REDACTED] feels [REDACTED] does not need it. See Attachment 2 nurses notes on falls and Attachment 3 Bayada Statement of refusal of PT/OT Services. On 01/29/2021 resident was offered PT/OT services with Bayada. Resident #1 agreed to PT/OT only if [REDACTED] insurance would cover. Resident #1 is currently on PT/OT services with Bayada and remains independent with [REDACTED] walker.

The community contacted Resident's primary care physician on 02/04/2021 requesting a new DME prior to the community performing Resident #1 assessment. DME received on 02/11/2021 physician determined resident #1 is no longer able to self-administer medications. See Attachment 4 DME.

New Assessment and Support Plan were completed on 02/12/2021. Resident was placed on the community's medication program, effective 02/12/2021. Resident Assessment and Support Plan was reviewed with the resident and the family. Note: RASP was reviewed with resident and family but not yet been signed by resident as the resident was sent to the hospital on 02/12/2021 and has not yet returned. Dx CHF, Hyperlipidemia and a UTI. See Attachment 5 Assessment and Support Plan

The community requests that this violation be dismissed as the documentation shows that the community was addressing the residents falls as they occurred by offering PT/OT services, and that such falls were not occurring while ambulating as stated above. Resident declined PT/OT services multiple times until most recent fall. Resident requires no physical assistance with ambulation from the community. Resident #1's RASP reflects that the residents ambulates independently with a rolling walker.

Completed 02/15/2021

Completion Date: 02/15/2021

225c - Additional Assessment (continued)

Document Submission

Implemented

At the request of the department, a new assessment was completed on February 12, 2021.

See Attachment 1 - Mini Mental State Exam

See Attachment 2 - Nurses Notes On Falls

See Attachment 3 - Bayada statement of refusal of PT/OT

See Attachment 4 - DME

See Attachment 5 - Assessment and Support Plan

227d - Support Plan Medical/Dental

Requirements

600.

227d. 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 or Explanation

Resident #1 uses a walker to move from one point to another, however this is not addressed in the resident's support plan dated 4/6/20 under the section labeled "Ambulating". Resident #1 was admitted to the home because of frequent falling and Resident #1 has continued to suffer from falling while ambulating.

withdrawn

sp

02-17-21

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Accept

Resident was admitted in [REDACTED] with a history of falls. Resident RASP completed on 05/08/2019 indicates that the resident is independent with her ambulation and utilizes a rolling walker.

Resident #1 has had 5 falls since move date of [REDACTED]. 1 fall on 06/28/2019 resident #1 attempting to sit in chair and missed the chair, fall #2 on 08/29/2020 resident #1 was hanging phone up, fall #3 on 09/04/2020 while resident #1 was putting papers in [REDACTED] walker and fall #4 on 01/28/2021 while resident #1 was holding onto a chair while putting slippers on. Fall on 01/21/2021 incident is noted prior to nursing only mentioned after [REDACTED] 01/28/2021 fall that [REDACTED] had multiple falls when resident was ambulating. Nurse's notes indicate falls did not occur while resident was ambulating. On several occasions and after each fall, resident #1 has been offered PT/OT services and has refused. On 09/01/2020, resident #1 was offered PT/OT services with Bayada but resident declined stating [REDACTED] feels [REDACTED] does not need it. See Attachment 2 nurse notes for all documentation and Attachment 3 Bayada statement for refusal of PT/OT Services. Again, on 01/25/2021 resident was offered PT/OT services with Bayada. Resident #1 agreed to PT/OT only if [REDACTED] insurance would cover. Resident #1 is currently on PT/OT services with Bayada.

The Resident's Support Plan under Ambulating states that the resident ambulates independently. The resident does not require prompting or cueing, the resident does not require physical assistance from the community to ambulate, nor does the resident require total physical assistance with ambulation. Section IV of the Support Plan and Determination states that the resident ambulates independently with a rolling walker.

The community feels that the assessment of the resident's Ambulation Support Plan is reflective of the residents needs. The resident is independent with [REDACTED] walker and does not require any assistance from the community with ambulation.

The community requests that this violation be dismissed as the documentation shows that the community did note in resident's RASP that resident ambulates independently with a walker and the community was addressing the residents falls as they occurred by offering PT/OT services, and that such falls were not occurring while ambulating. Resident declined PT/OT services multiple times until most recent fall. Resident requires no physical assistance with her ambulation from the community. Resident #1's RASP reflects that the residents ambulates with a walker and that she is independent with her ambulation.

Completed 02/15/2021

VIOLATION WITHDRAWN - SP - 02-17-2021

Completion Date: 02/12/2021

Document Submission

Implemented

The Resident's Support Plan under Ambulating states that the resident ambulates independently. The resident does not require prompting or cueing, the resident does not require physical assistance from the community to ambulate, nor does the resident require total physical assistance with ambulation. Section IV of the Support Plan and Determination states that the resident ambulates independently with a rolling walker.

At this time, no further action is required by the community, violation was withdrawn on 02/17/2021.