

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

January 28, 2025

[REDACTED], MANAGING DIRECTOR
WATERMARK OPERATOR, LLC
500 SANDY BANK ROADROAD
MEDIA, PA, 19063

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 12/03/2024, 12/04/2024 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: 06/21/2025
 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: 500 SANDY BANK ROADROAD, MEDIA, PA, 19063
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 11/12/1999 Issued By: Commonwealth of Pennsylvania, L&I
 Type: Other Date: 01/13/2010 Issued By: Upper Providence Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 162 Waking Staff: 122

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/04/2024

Inspection Dates and Department Representative

12/03/2024 - On-Site: [REDACTED]
 12/04/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 149 Residents Served: 94

Secured Dementia Care Unit
 In Home: Yes Area: Pathways Capacity: 26 Residents Served: 21

Hospice
 Current Residents: 2

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 92
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 68 Have Physical Disability: 0

Inspections / Reviews

12/03/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/24/2024

Inspections / Reviews (*continued*)

01/02/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/28/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/07/2025

01/14/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/28/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/24/2025

01/24/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/28/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/28/2025

01/28/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/28/2025
Reviewer: [REDACTED] Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 12/03/24 the home's current violation report, dated 12/04/23, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([redacted] - 01/02/2025)

Current copy of inspection from 12/3/23 has been posted in lobby and all state surveys will be posted when completed.

Completed while inspection survey was being completed.

Executive Director will be responsible

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented ([redacted] - 01/24/2025)

25b - Contract Signatures

2. 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 [redacted], for resident #1 was not signed by the resident.

- The resident-home contract, dated [redacted], for resident #2 was not signed by the resident.

- The resident-home contract, dated [redacted], for resident #3 was not signed by the resident.

Plan of Correction

Directed ([redacted] - 01/14/2025)

Resident -Home Contract will be signed at time of admission. ED or designee will review all contracts for appropriate signatures or documentation of why a resident denied signing the Home Contract.

All New Resident home contracts will be reviewed in QA for signature compliance until compliance is met. The Marketing Director will review the contract with residents #1, #2 and #3 within 10 days of this plan of correction. (slw 1/14/25)

All current Home Contracts were audited for compliance. Marketing Director was in-serviced on the importance of Resident's signing their Home Contracts on 1/3/25.

Proposed Overall Completion Date: 01/06/2025

Directed Completion Date: 01/28/2025

Implemented ([redacted] - 01/24/2025)

25b - Contract Signatures (*continued*)

28e - Death of a Resident

3. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

- Resident #4 passed away on [REDACTED] Resident #4's personal belongings were removed from the resident's room on [REDACTED]; however, a refund to the resident's estate was not processed until [REDACTED]
- Resident #5 passed away on [REDACTED] Resident #4's personal belongings were removed from the resident's room on [REDACTED]; however, a refund to the resident's estate was not processed until [REDACTED]

For residents under 60 years of age, the home may continue to charge until the room is cleared of the resident's personal property. For residents above 60 years of age, homes must follow the requirements of the Elder Care Payment Restitution Act, enacted on December 9, 2002. Following the death of a resident, the home will pay the personal representative or guardian of the resident the amount of the difference between any payment made and the cost of eldercare actually provided to the resident. This payment shall be made within 30 days from the date that the resident's bedroom is cleared of the resident's personal property. If the resident contract does not distinguish the costs of care from other costs such as room and board, then the Department will cite a violation unless the home refunds the total amount paid for food, shelter, and services for the period following the resident's death. No matter whether the Department cites a regulatory violation, the resident's personal representative or guardian may pursue the remedies available under the Elder Care Payment Restitution Act. See 35 P.S. § 10226.103(b). Personal Care Homes should also be aware that noncompliance with the Elder Care Payment Restitution Act could lead to criminal penalties. See 35 P.S. § 10226.107. Homes are encouraged to develop policies and practices that comply with the Elder Care Payment Restitution Act to address the conditions under which charges may continue to accrue after the death of the resident, as well as the provision of refunds. (Q/A January 2019-2600.28(e)).

Repeat Violation: 12/04/23.

Plan of Correction

Accept ([REDACTED] - 01/14/2025)

Resident refund checks will be issued in accordance of Elder Care Payment Restitution Act 35 P.S. § 10226.103(b)

Refund checks have been issued to the above residents by Watermark

Refund requests will be processed upon completion RBOM and sent to ED for approvals

Monthly audit of all newly discharged residents will be completed by ED to verify regulation is met. Results will be reviewed at QA

Business Office Manager will be responsible

In accordance with the Elder Care Payment Act Refunds will be issued within 30 Days of Personal Belongings being cleared from living unit.

All Community Directors inclusive of the Business Office Manager have been re-educated on requirements pertaining to the Elder Care Payment Restitution Act on 1/3/25.

28e - Death of a Resident (continued)

Proposed Overall Completion Date: 01/06/2025

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented ([REDACTED] - 01/24/2025)

41e - Signed Statement

4. 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

Residents #1, #2 and #3's records did not contain a statement signed by the residents acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Directed ([REDACTED] - 01/14/2025)

Resident Rights will be reviewed with Residents at time of admission and signature of receipt obtained.

ED or designee will review all contracts for appropriate signatures or documentation of why a resident denied signing the Home Contract. All New Resident home contracts with Resident Rights acknowledgments will be reviewed in QA for signature compliance until compliance is met. Residents #1, #2 and #3 will be given the opportunity to sign the Resident Rights within 10 days of receipt of this plan of correction. ([REDACTED] 1/14/25)

All current Home Contracts were audited for compliance.

Marketing Director was in-serviced on the importance of Resident's signing Resident Rights acknowledgments on 1/3/25.

Proposed Overall Completion Date: 01/06/2025

Directed Completion Date: 01/29/2025

Implemented ([REDACTED] - 01/24/2025)

65f - Training Topics

7. Requirements

2600.

65f - Training Topics (continued)

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 3. Care for residents with dementia and cognitive impairments.
 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 5. Personal care service needs of the resident.
 6. Safe management techniques.
 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

- Direct care staff person A did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2023.

- Direct care staff person C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2023.

- Direct care staff person D did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2023.

Plan of Correction

Accept ([REDACTED] - 01/02/2025)

The administrator or designee shall review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.65(d) and the documentation is in the staff records.

If direct care staff qualifications are not met, staff will be assigned a position which does not include providing direct care services.

Only those staff persons whom meet the direct care staff qualifications will provide direct care services by 12/31/2024.

Human Resources responsible

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] - 01/28/2025)

65g - Annual Training Content

8. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

65g - Annual Training Content (continued)

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

- Staff persons C and D did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations during training year 2023.

Plan of Correction

Accept (█ - 01/02/2025)

The administrator shall develop and implement a system to ensure all associate training is documented, in the associate record and available to the Department upon request.

Associate training will be monitored

monthly and through the quality management process to ensure the associate has the required hours of Department approved training annually

Human Resources responsible

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█ - 01/28/2025)

82c - Locking Poisonous Materials

9. 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

A tube of Colgate Cavity Protection Toothpaste, with a manufacture's label indicating "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in room 109 of the memory care unit or "Pathways". Not all the residents of the home, including Pathways residents, have been assessed capable of recognizing and using poisons safely.

Repeat Violation: 12/04/23.

Plan of Correction

Accept (█ - 01/02/2025)

Items were removed and placed in resident storage area where care associates can access.

All associates trained on "safe chemical storage" (see attached policy). Inspection of all resident rooms and common areas completed to confirm safe storage by 12/30/2024.

Daily inspections to be completed until compliance is met, then weekly ongoing.

82c - Locking Poisonous Materials (continued)

Maintenance Director has installed new locks on cabinets to ensure poisonous materials are in a locked area by 12/30/2024.

Program Director responsible

Proposed Overall Completion Date: 12/30/2024

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented ([redacted] - 01/28/2025)

101j7 - Lighting/Operable Lamp

10. 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

- The bedside lamp in room 109 was missing a light bulb leaving the resident without access to a source of light that can be turned on/off at bedside.

- The bedside lamp in room 209 was not working when tested on 12/04/24, leaving the resident without access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept ([redacted] - 01/14/2025)

Daily review of residents lighting will be completed during shifts starting 1/3/25.

Any staff member that enters a resident room and finds an inoperable light will complete a Maintenance work order.

In-service to be completed with all staff on 1/17/24 during monthly town hall meeting to ensure compliance.

Maintenance Director or designee will audit for compliance during safety survey monthly.

Results of safety surveys will be reviewed in quarterly QA meetings.

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented ([redacted] - 01/28/2025)

181f - Record of Medication

12. 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 12/04/24, resident #6's record did not include a current list of medications. The list in the resident's record did

181f - Record of Medication (continued)

not include vitamins B12 and D3 or Equate Stool Softener which were present in the resident's room.

- On 12/04/24, resident #7's record did not include a current list of medications. The list in the resident's record did not include Refresh Eye Drops which were present in the resident's room.

Plan of Correction

Accept () - 01/14/2025)

Resident records should include a current list of medications.

Designated staff person will check the resident records daily to ensure all medications are listed.

DON or designee will verify resident medication records daily until compliance is met starting 1/3/25. Re-education as appropriate will be given to any resident found to have medications or OTC medications not accompanied by a Provider order.

Nursing and Medication Techs will be in-serviced on completing medication record verifications for all self-administering Residents to ensure accuracy during daily turnover meetings.

DON or designee will complete self-medication evaluations quarterly.

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented () - 01/28/2025)

191 - Resident Right to Refuse

14. 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 #1, admitted () has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

- Resident #2, admitted () has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

- Resident #3, admitted (), has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Directed () - 01/14/2025)

Resident Rights that include the right to refuse a medication will be reviewed with Residents at time of admission and signature of receipt obtained.

ED or designee will review all contracts for appropriate signatures or documentation of why a resident denied signing the Home Contract. All New Resident home contracts with Resident Rights acknowledgments will be reviewed in QA for signature compliance until compliance is met. Residents #1, #2, and #3 will be advised of this right within 15 days of receipt of this plan of correction. () 1/14/25)

191 - Resident Right to Refuse (continued)

All current Home Contracts were audited for compliance.

Marketing Director was in-serviced on the importance of Reviewing Resident's Rights with resident at time of admission and Resident's signing Resident Rights acknowledgments on 1/3/25.

Proposed Overall Completion Date: 01/06/2025

Directed Completion Date: 01/29/2025

Implemented () - 01/28/2025

231h - Resident-Home Contact

15. Requirements

2600.

231.h. The resident-home contract specified in § 2600.25 (relating to resident-home contract) must also include a disclosure of services, admission and discharge criteria, change in condition policies, special programming and costs and fees.

Description of Violation

- The resident-home contract, dated () for resident #2 does not include a disclosure of services offered in the secured dementia care unit (SDCU) or special programming available for residents of the SDCU.

- The resident-home contract, dated () for resident #3 does not include a disclosure of services offered in the secured dementia care unit (SDCU) or special programming available for residents of the SDCU.

Plan of Correction

Accept () - 01/14/2025

A Disclosure of Services Offered in the SDCU will be completed by 1/31/25. Once completed the ED or designee will update the current SDCU Residents with the Disclosure and obtain resident signatures.

In-servicing on the Disclosure will be completed by 1/31/25 with the community's leadership team inclusive of the Marketing Director and Memory Care Director.

All SDCU Home Contracts will be reviewed by ED or designee at time of admission to verify ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented () - 01/24/2025

236 - Staff Training

16. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

- Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU) had only 5 hours, 4 minutes of training in dementia care during the 2023 training year.

236 - Staff Training (continued)

- Direct care staff person D, who works in the Secure Dementia Care Unit (SDCU) had only 5 hours, 4 minutes of training in dementia care during the 2023 training year.

Plan of Correction**Directed ([REDACTED] - 01/14/2025)**

Staff training plan is created annually to include required annual staff trainings

MC associates completed trainings (Relias) were reviewed for verification of meeting 6 hour training requirement. Any associate found to be noncompliant will be removed from SDCU until training hours are met. Staff A and D will complete the 6 hours of Dementia training within the next 15 days of receipt of this plan of correction (slw 1/14/25).

MC Director will meet with outside providers to create an in person training plan to ensure all MC associates are meeting the requirements.

Proposed Overall Completion Date: 01/06/2025

Directed Completion Date: 01/29/2025

Implemented ([REDACTED] - 01/28/2025)