

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **BOARD OF DIRECTORS OF THE ROUSE ESTATE**

LEGAL ENTITY

To operate **SUITES AT ROUSE**

NAME OF FACILITY OR AGENCY

Located at **615 ROUSE AVENUE, YOUNGSVILLE, PA 16371**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **90**  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **December 23, 2010** until **December 23, 2011**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 469000

*Robert E. Robinson*

ISSUING OFFICER

*Kurt T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 07 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Jasen Diley, Chief Executive Officer  
Board of Directors of the Rouse Estate  
Suites at Rouse  
615 Rouse Avenue  
Youngsville, Pennsylvania 16571

Dear Mr. Diley:

As a result of the Department of Public Welfare's licensing inspection on October 13, 2010 and October 14, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SUITES AT ROUSE, 615 ROUSE AVENUE YOUNGSVILLE, PA 16371		CURRENT LICENSE NUMBER 469000	
INSPECTION DATES (Include all dates of the inspection) 10/13/2010, 10/14/10		REGIONAL REPRESENTATIVE Larry Mazza, Kathy Kruppa	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kristine Whitaker, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Kristine Whitaker</i>	DATE 12/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/10/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25b 25b - 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.	The contracts for Resident #1, dated 7/9/10, was not signed by the payer.  The contract for Resident #4, dated 8/10/10, was not signed by a representative of the home.	10/27/10	<i>See attached, Page 1a.</i>	<i>[Signature]</i> 12/10/10

Page 1A of 15

JW  
12/10/10



# Suites at Rouse

615 Rouse Avenue  
Youngsville, Pennsylvania 16371  
(814) 563-1650 Fax (814) 563-7450

Date: December 3<sup>rd</sup>, 2010

Regulation	
55 Pa. Code 2600	Page
25b	1a

Date by which correction will be completed: 10/27/10

**Plan of Correction:**

**Fix:** Contract for resident #1 was sent to payer for signature. The contract was signed by payer and returned. Contract for resident #4 was signed by the representative from the home.

**Responsible person:** The administrative assistant for the home will review all new contracts for proper signatures

**Quality Assurance:** Administrator and/or the Administrative Assistant for the home will review all new contracts for proper signatures.

Kristine Whitaker  
Administrator

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Kristine Whitaker</i>	DATE <i>12/6/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jm</i>	DATE <i>12/10/10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25c11 11) A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.	The contracts for Residents #1, #2, #3, #4, #5, #6, #7, #10, and #11 did have a current copy of the support plan attached.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">DEC 2010</p> <p style="text-align: center;">Adult Residential Licensing</p>	<i>12/10/10</i>	<i>See attached, Page 2A</i>	<i>Jm 12/10/10</i>

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*M*  
12/10/10

*Caring  
for Generations*



### Suites at Rouse

615 Rouse Avenue  
Youngsville, Pennsylvania 16371  
(814) 563-1650 Fax (814) 563-7450

Date: December 3<sup>rd</sup>, 2010

Regulation	
55 Pa. Code 2600	Page
25c11	2a

Date by which correction will be completed: 12/10/10

Plan of Correction:

Fix: Current copies of the support plan for residents #1, #2, #3, #4, #5, #6, #7, #10, and #11 have been included with the resident's contract. Henceforth; all resident contracts will include copies of the current support plan.

Responsible person: Nursing Supervisor and designated person will verify that support plans are attached to all resident contracts.

Quality Assurance: A checklist of residents by name will be created to monitor that current support plans are included in each resident contract.

*Kristine Whitaker*

Kristine Whitaker  
Administrator

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
57d At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.	From 9/18/10 through 9/26/10, a total of 51.75 hours of direct care were required during waking hours. However, the home provided the following number of direct care during waking hours:  9/18/10: 44 hours 9/19/10: 49 hours 9/21/10: 49 hours 9/22/10: 49 hours 9/23/10: 42 hours 9/24/10: 49 hours 9/25/10: 42 hours 9/26/10: 42 hours  <p style="text-align: center; font-weight: bold;">Western Region</p> <p style="text-align: center;">DEC 2010</p> <p style="text-align: center;">Adult Residential Licensing</p>	<i>1/4/11</i>	<i>Administrator will ensure that 75% of personal care service hours are provided during waking hours. The home will provide at least one hour per day of personal care services for each mobile resident, and 2 hours per day for each resident with mobility needs.</i>  <i>JM</i> <i>12/10/10</i>	Steps have been taken to correct violation; full compliance is not verifiable. <i>12/10/10 JM</i> Date Initials (DPW)

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*[Handwritten signature]*  
12/16/10

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### Suites at Rouse

615 Rouse Avenue  
Youngsville, Pennsylvania 16371  
(814) 563-1650 Fax (814) 563-7450

Date: December <sup>6</sup> 3, 2010

Regulation  
55 Pa. Code 2600

Page

57d

3a

Date by which correction will be completed: 1/4/11

Plan of Correction:

Fix: Two new shifts will be added to the existing schedule to increase the number of direct care hours during waking hours. The new shifts are 6am to 12pm and 5pm to 9pm. A copy of our 11/13/10 schedule is attached indicating that we have begun to implement this schedule. We anticipate having both shifts staffed by 1/4/11.

Responsible person: Nursing supervisor

Quality Assurance: Nursing supervisor will provide copy of schedule biweekly to administrator to monitor staffing hours.

*Kristine Whitaker*

Kristine Whitaker  
Administrator

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
82c 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.	<p>A bottle of Clorox disinfecting wipes with a manufacturer's label indicating "If ingested, call poison control for treatment advice" was unlocked and accessible to residents in bedroom #110.</p> <p>A bottle of Aloe Vesta skin conditioner, with a manufacturer's label indicating "If swallowed, get medical help or consult poison control right away" was unlocked and accessible to residents in bedroom #104.</p> <p>None of the residents in the home have been assessed to determine that they can safely use and avoid poisonous materials.</p> <p style="text-align: center; font-size: 1.2em; margin-top: 20px;">Western Region</p> <p style="text-align: center; margin-top: 10px;">DEC 2010</p> <p style="text-align: center; margin-top: 10px;">Adult Residential Licensing</p>	1/6/11	<p><i>Poisonous materials shall be kept locked and inaccessible to residents.</i></p> <p><i>Staff persons will monitor home daily and on each shift, to ensure poisonous materials are not accessible to residents.</i></p> <p style="text-align: right;"><i>JM</i> 12-10-10</p> <p style="text-align: center; margin-top: 20px;"><i>See page 4a</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>12/16/10 JM</i></p> <p>Date: _____ Initials (DPW): _____</p>

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JW

01/10/10

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## Suites at Rouse

615 Rouse Avenue  
Youngsville, Pennsylvania 16371  
(814) 563-1650 Fax (814) 563-7450

Date: December <sup>6</sup> 8, 2010

Regulation  
55 Pa. Code 2600

Page

82c

4a

Date by which correction will be completed: 1/6/11

Plan of Correction:

Fix: A policy was created to address poisonous materials in resident's apartments.

Responsible Departments: RN Supervisor, Licensed Staff, RA Staff and Housekeeping

In-service: An in-service will be held for the Licensed Staff, RA Staff and Housekeeping staff to instruct them on the safe handling and removal of poisonous materials from the resident apartments.

Quality Assurance: A checklist of resident rooms by number will be created and rooms will be monitored on a monthly basis.

A handwritten signature in cursive script that reads "Kristine Whitaker".

Kristine Whitaker  
Administrator

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SUITES AT ROUSE, 615 ROUSE AVENUE YOUNGSVILLE, PA 16371		CURRENT LICENSE NUMBER 469000	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home has not notified the local fire department in writing of the location of residents bedrooms or the assistance needed in an evacuation.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">DEC 2010</p> <p style="text-align: center;">Adult Residential Licensing</p>	<i>10/14/10</i>	<i>Fire department notified as per requirement.  See page 5a</i>	<i>[Signature]</i> <i>12/10/10</i>

Page 5a of 15 JK  
12/10/10

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## Suites at Rouse

615 Rouse Avenue  
Youngsville, Pennsylvania 16371  
(814) 563-1650 Fax (814) 563-7450

Date: December <sup>10</sup> 3, 2010

Regulation  
55 Pa. Code 2600

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5a

Date by which correction will be completed: 10/14/10

Plan of Correction:

**Fix:** A letter with instructions and a detailed map showing the location of resident's bedrooms for this with mobility issues needing assistance was delivered to the Youngsville Fire Department, Youngsville, PA on 10/14/10.

**Responsible person:** Administrative Assistant and Administrator will be responsible for providing this information to the Youngsville Fire Dept.

**Quality Assurance:** Administrator and/or Administrative Assistant will monitor monthly for changes and provide an update to the Youngsville Fire Dept. as warranted.

A handwritten signature in cursive script that reads "Kristine Whitaker".

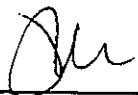
Kristine Whitaker  
Administrator

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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			DATE 12/10/10

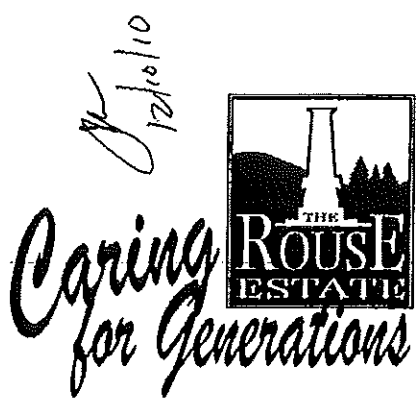
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	<p>The medical evaluation for Resident #2, dated 1/8/10, stated "see attached" for list of medications. The attached list was not signed by the physician on the same date as the medical evaluation.</p> <p>The medical evaluation for Resident #5, dated 3/30/10, stated "see attached" for list of medications. The attached list was not signed by the physician on the same date as the medical evaluation.</p> <p>The medical evaluation for Resident #6, dated 10/29/09, stated "see attached" for list of medications. The attached list was not signed by the physician on the same date as the medical evaluation.</p> <p>Repeated Violations: 11/06/2009</p> <p style="text-align: center;"><b>Western Region</b></p> <p style="text-align: center;"><b>DEC 9 2010</b></p>	12/22/10	<p><i>Nursing supervisor or licensed staff will review all medical evaluations returned from physicians for completeness and accuracy. Any medical evaluation with missing information will be returned to the physician for completion.</i></p> <p><i>Administrator will review a sample of medical evaluations at least monthly to ensure they are complete and correct.</i></p> <p style="text-align: right;"><i>[Signature]</i> 12/10/10</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>Date: 12/10/10 Initials: [Signature]</p>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	Western Region  DEC 2010  Adult Residential Licensing			

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**Suites at Rouse**  
 615 Rouse Avenue  
 Youngsville, Pennsylvania 16371  
 (814) 563-1650 Fax (814) 563-7450

Date: December <sup>6</sup> 2010

Regulation  
 55 Pa. Code 2600

Page

141a

7a

Date by which correction will be completed: 12/22/10

Plan of Correction:

Fix: New medical evaluations for resident's #2, #5, and #6 will be obtained from physician.

Responsible person: Nursing supervisor or Licensed Staff will be responsible for scheduling appointments for updated medical evaluations.

Quality Assurance: An Excel spreadsheet will be created to monitor medical evaluations on a monthly basis.

*Kristine Whitaker*  
 Kristine Whitaker  
 Administrator

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	An expired bottle of Penicillin, 500mg, was found on the sink in Resident #8's bedroom. The label stated to "discard after 4/24/10."  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">DEC 2010</p> <p style="text-align: center;">Adult Residential Licensing</p>	12/22/10	See attached page 9a.	<i>[Signature]</i> 12/10/10

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Mr. Mikolko

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## Suites at Rouse

615 Rouse Avenue  
Youngsville, Pennsylvania 16371  
(814) 563-1650 Fax (814) 563-7450

Date: December 3, 2010

Regulation.  
55 Pa. Code 2600

Page

183f1

8a

Date by which correction will be completed: 12/22/10

### Plan of Correction:

Fix: Resident #8, who self-administers medications had a bottle of Penicillin removed from their apartment and was destroyed according to Dept of Environmental Protection regulations.


Responsible person: Nursing Supervisor and/or Administrator

Quality Assurance: Create a checklist by room number that will be monitored on a monthly basis for discontinued medications in each resident apartment.

*Kristine Whitaker*


Kristine Whitaker  
Administrator


VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	<p style="font-size: 1.2em; margin: 0;">Western Region</p> <p style="margin: 0;">DEC 2010</p> <p style="margin: 0;">Adult Residential Licensing</p>			


VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Kristine Whitaker</i>	DATE <i>12/6/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>12/10/10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>187a</p> <p>A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ul style="list-style-type: none"> <li>(1) Resident's name.</li> <li>(2) Drug allergies.</li> <li>(3) Name of medication.</li> <li>(4) Strength.</li> <li>(5) Dosage form.</li> <li>(6) Dose.</li> <li>(7) Route of administration.</li> <li>(8) Frequency of administration.</li> <li>(9) Administration times.</li> <li>(10) Duration of therapy, if applicable.</li> <li>(11) Special</li> </ul>	<p>The medication administration record for Resident #9 does not include a diagnosis for Ranitidine-150mg.</p> <p>The medication administration record for Resident #5 does not include a diagnosis for Xyzal tabs-5 mg.</p> <p style="text-align: center; font-size: 1.2em;"><b>Western Region</b></p> <p style="text-align: center;">DEC 3 2010</p> <p style="text-align: center;">Adult Residential Licensing</p>	<p><i>12/22/10</i></p>	<p><i>The administrator or designated staff person will review MAR's when received from the pharmacy to ensure all information, including the purpose or diagnosis. Any information missing from the MAR will be obtained from the resident's physician or the pharmacy.</i></p> <p style="text-align: right;"><i>Jan</i> <i>12/10/10</i></p>	<p> <i>12/10/10</i></p>

*See Page 11a*

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SUITES AT ROUSE, 615 ROUSE AVENUE YOUNGSVILLE, PA 16371		CURRENT LICENSE NUMBER 469000	
INSPECTION DATES (Include all dates of the inspection) 10/13/2010, 10/14/10		REGIONAL REPRESENTATIVE Larry Mazza, Kathy Kruppa	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/01/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	Western Region  DEC 2010  Adult Residential Licensing			

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11/10  
Whitaker

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## Suites at Rouse

615 Rouse Avenue  
Youngsville, Pennsylvania 16371  
(814) 563-1650 Fax (814) 563-7450

Date: December <sup>6</sup> 2010

Regulation  
55 Pa. Code 2600

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187a

10a

Date by which correction will be completed: 12/22/10

### Plan of Correction:

Fix: Medication administration record will be corrected to include diagnosis. We will contact the pharmacies and asked that they include diagnosis on all subsequent records.

Responsible person: RA II and licensed personnel

In-service: Staff will attend an in-service for medication administration record documentation.

Quality Assurance: A letter was sent on 11/17/10 to all physicians asking for their assistance in providing diagnosis information along with lists of medication and dosages. A checklist will also be created to monitor diagnosis information in the medication administration records on a monthly basis.

Kristine Whitaker  
Administrator

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SUITES AT ROUSE, 615 ROUSE AVENUE YOUNGSVILLE, PA 16371		CURRENT LICENSE NUMBER 469000	
INSPECTION DATES (Include all dates of the inspection) 10/13/2010 , 10/14/10		REGIONAL REPRESENTATIVE Larry Mazza, Kathy Kruppa	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kristine Whitaker, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Kristine Whitaker</i>		DATE <i>12/6/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE <i>12/10/10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>On 10/3/10, at 8:00am, resident #5 was administered Spiriva-18mcg inhaler, Lipitor-80mg, Lexapro-10mg, Ferrex-150mg, and ProSight Tab. The medications were not initialed on the medication administration record by staff member B as having been administered..</p> <p>On 10/14/10, a license representative observed staff member A instructed staff member B to initial the medication administration record for entires missed on 10/3/10.</p> <p align="center"><b>Western Region</b></p> <p align="center">DEC 2010</p> <p align="center">Adult Residential Licensing</p>	<i>12/22/10</i>	<p>The administrator will check MARs least monthly to ensure proper documentation.</p> <p align="right"><i>[Signature]</i> 12/10/10</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>12/10/10</i> <i>[Signature]</i></p> <p>Date Initials (DPW)</p>
<i>- See Page 12a -</i>				

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*Handwritten initials and date: JW 12/10/10*

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### Suites at Rouse

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(814) 563-1650 Fax (814) 563-7450

Date: December <sup>6</sup> 3, 2010

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55 Pa. Code 2600

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187b

12a

Date by which correction will be completed: 12/22/10

Plan of Correction:

Fix: Henceforth; staff will initial medication administration record once medications have been administered to resident.

Responsible person: RA II staff and licensed personnel

In Service: Staff will attend in-service training for medication administration record documentation.

Quality Assurance: The medication administration records will be monitored on a weekly basis for missing initials. A spread sheet will be created to reflect a weekly check.

*Kristine Whitaker*

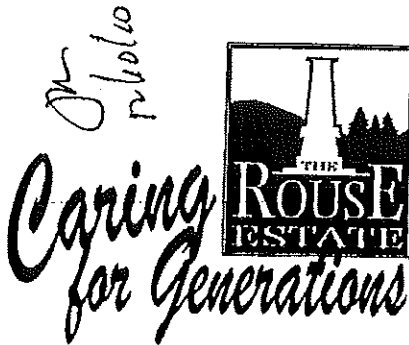
Kristine Whitaker  
Administrator

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SUITES AT ROUSE, 615 ROUSE AVENUE YOUNGSVILLE, PA 16371		CURRENT LICENSE NUMBER 469000	
INSPECTION DATES (Include all dates of the inspection) 10/13/2010, 10/14/10		REGIONAL REPRESENTATIVE Larry Mazza, Kathy Kruppa	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kristine Whitaker, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Kristine Whitaker</i>		DATE 12/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 12/10/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	<p>Resident #2 has a physician order for: "Humalog-100ml-Inject units sub-Q 3 times daily if: 201-250=2 units; 251-300=4 units; 301-350=6 units; 351-400=8 units; &gt;400=10 units and call MD." Medication administration record stated that the glucose reading on 10/2/10 was 257 and that the glucose reading on 10/3/10 was 205. No insulin was administered by staff member C.</p> <p>Resident #5's physician order dated 9/2/10 that states: "Zolpidem-5mg orally at bedtime." However, the medication label states, "Zolpidem-10mg orally at bedtime." Staff have been cutting the pill in half and placing the other half of the medication back into the blister pack and securing it with tape.</p> <p>Repeated Violations: 11/06/2009 <b>Western Region</b></p> <p style="text-align: center;">DEC 2010</p>	12/22/10	<p><i>Administrator will review the MAR at least monthly to ensure that physician's orders are followed and properly documented.</i></p> <p><i>A 10% sample of MAR records will be reviewed, including at least one resident who is insulin-dependent. Documentation of Administrator's MAR review will be kept.</i></p> <p style="text-align: right;"><i>[Signature]</i> 12/10/10</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <u>12/10/10</u> Initials: <u>[Signature]</u> (DPW)</p>

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## Suites at Rouse

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(814) 563-1650 Fax (814) 563-7450

Date: December <sup>6</sup> 3, 2010

Regulation  
55 Pa. Code 2600

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187d

13a

Date by which correction will be completed: 12/22/10

### Plan of Correction:

Fix: Resident #2 is now receiving insulin coverage as ordered by physician. Resident #5's medication was obtained from pharmacy for the appropriate dosage.

Responsible person: RA II and licensed personnel

In Service: Staff has been counseled and all will attend in-service training for proper medication administration for insulin and dosages.

Quality Assurance: Will have the licensed personnel monitor weekly X 2 months and then monthly.

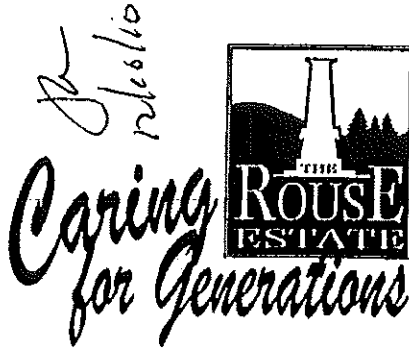
Kristine Whitaker  
Administrator

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SUITES AT ROUSE, 615 ROUSE AVENUE YOUNGSVILLE, PA 16371		CURRENT LICENSE NUMBER 469000	
INSPECTION DATES (Include all dates of the inspection) 10/13/2010, 10/14/10		REGIONAL REPRESENTATIVE Larry Mazza, Kathy Kruppa	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kristine Whitaker, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Kristine Whitaker</i>	DATE 12/6/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/16/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
224a 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.	The pre-admission screening form for Resident # 4 was dated 6/16/10. Resident was admitted to the home on 8/8/10.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">DEC 2010</p> Adult Residential Licensing	12/22/10	See attached Page 14a.	<i>[Signature]</i> 12/16/10

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## Suites at Rouse

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(814) 563-1650 Fax (814) 563-7450

Date: December <sup>6</sup> 3, 2010

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14a

Date by which correction will be completed: 12/22/10

Plan of Correction:

Fix: Henceforth; new admissions will have the pre-admission screening form completed within 30 days prior to admission.

Responsible person: Nursing supervisor and designated person

Quality Assurance: Nursing supervisor will create a checklist to monitor the dates of pre-admission screenings on all new admissions.

Kristine Whitaker  
Administrator

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SUITES AT ROUSE, 615 ROUSE AVENUE YOUNGSVILLE, PA 16371		CURRENT LICENSE NUMBER 469000	
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SIGNATURE OF LEGAL ENTITY <i>Kristine Whitaker</i>	DATE <i>12/6/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/10/10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
252 Each resident's record shall include the following information:  (3) A photograph of the resident that is no more than 2 years old.	Residents #5, #9, #10, #11, and #12 records do not include dates on their current photos.  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</div> <div style="text-align: center; font-weight: bold;">DEC 2010</div> <div style="text-align: center; font-weight: bold;">Adult Residential Licensing</div>	<i>12/22/10</i>	Photos of residents have been dated.  Resident photos will be updated at least every 2 years and kept in the resident's record.  <i>[Signature]</i>	<i>[Signature]</i> <i>12/10/10</i>
			- See Page 15a -	

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*12/20/10*

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(814) 563-1650 Fax (814) 563-7450

Date: December <sup>6</sup> 8, 2010

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Date by which correction will be completed: 12/22/10

### Plan of Correction:

Fix: Records for #5, #9, #10, #11, and #12 have been assessed to include a date on their current photos. We will take photos for these individuals with current name and date. We will also review all resident photos and include name and date on all records.

Responsible person: Activities assistant or designated person

In-service: In-service activities assistant and designated person to take photo and include name and date.

Quality Assurance: By creating a checklist we will monitor monthly to ensure that photos are dated and the person identified.

Kristine Whitaker  
Administrator