

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 24, 2011 until December 24, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 469000

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

JAN 17 2012

Ms. Kristine M. Whitaker, Administrator
Board of Directors of the Rouse Estate
Suites at Rouse
615 Rouse Avenue
Youngsville, Pennsylvania 16371

Dear Ms. Whitaker:

As a result of the Department of Public Welfare's licensing inspection on December 6, 2011 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 black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

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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) 12/06/2011		REGIONAL REPRESENTATIVE Joseph Phillips, Melinda Orme	
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>12/21/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gabvm 47</i>	DATE <i>12-21-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
85a Sanitary conditions shall be maintained.	On 12/6/11, the popcorn machine in the downstairs activity room had a cup of oil sitting in the lower cabinet. The oil was spilled outside of the cup. Western Region DEC 21 2011 Adult Residential Licensing	<i>12/20/11</i> <i>1-15-12</i>	<i>Cups for popcorn oil will be replaced for each batch made. Activity Dept. staff will monitor daily to ensure that used cups are not sitting in the lower cabinet.</i> <i>All staff persons using popcorn machine will be educated on the new procedures. Documentation of education will be kept.</i> <i>12-21-11 y</i>	 <i>12-21-11 y</i>

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ROUSE_SUITES

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

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	<p>The telephone located in the meeting room does not include the personal care home hotline telephone number.</p> <p>The telephone located in room #137 does not include the personal care home hotline telephone number.</p> <p>The telephone located in room #215 does not include the personal care home hotline telephone number.</p>	<i>12/29/11</i>	<p>All building telephones including common rooms, offices and resident apartments will have a new phone list posted including the hotline number.</p> <p>Administrator and Administrative Assistant will monitor monthly. Phone number lists in the meeting room, rooms 137 & 215 have been changed to include the new hotline number.</p>	<i>12-21-11</i>

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187a 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, (8) Frequency of administration, (9) Administration times, (10) Duration of therapy, if applicable, (11) Special	The medication administration record for resident #3 does not include a purpose or diagnosis for Lisinapril tablet 2.5 mg. The medication administration record for resident #4 does not include a purpose or diagnosis for Senatura XR 60 mg. Western Region Adult Residential Licensing	<i>1/2/12</i>	<i>The administrator or designated staff person will review MAR's when received from pharmacy to ensure all information including the purpose of diagnosis is correct. Any information missing from the MAR will be obtained from the resident's physician or the pharmacy. A checklist will be created to monitor diagnosis information in the MAR on a monthly basis.</i>	<i>12-21-11</i> Steps have been taken to correct violation; full compliance is not verifiable Date Initials (DPW)

1-15-12 All STAFF persons administering medications will be checked on the required MAR information. Documentation of education will be kept. 12-21-11

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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 Adult Residential Licensing			

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187d The home shall follow the directions of the prescriber.	Resident #1's medical evaluation, dated 4/18/11, had a physician orders for the resident to wear knee high ted hose on am and off at bedtime. The resident is not receiving this treatment. Resident #1's medical evaluation, dated 4/18/11, had a physician orders for lab PT/INR wsekly. The lab tests for PT/INR were not completed.	<i>1/31/12</i>	<i>The Administrator or designated staff person will review the MAR at least monthly to ensure that physician orders are followed and properly documented. During supervisor will review all med cards to ensure that physician orders are properly documented. Staff will attend an in-service training to receive proper instruction on transferring physician orders from the med eval to resident records and the MAR. A 10% sample of the MAR records will be reviewed monthly & documented.</i>	Steps have been taken to correct violation; full compliance is not verifiable. <i>12-21-11</i> Date / Initials (DPV)