



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 3 1 2012

Ms. Kristine 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 (Department) licensing inspection on October 3, 2012 and October 4, 2012 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 Human Services 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 "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 46900 - 10/03/2012 - McConnell, Deb
PCH Name: SUITES AT ROUSE

DEC 5 2012

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents. ^{West State Hill Office} All of the residents living in the home are able to safely use or avoid poisonous materials. ^{Adult Residential Licensing}

2a. DESCRIPTION OF VIOLATION

Laundry detergent, with a manufacturer's label indicating "if swallowed, give glassful of water or milk and call poison control center or physician", was unlocked and accessible to residents in the laundry room near bedroom #137.

A bottle of nail polish remover, with a manufacturer's label indicating "in case of accidental ingestion, give fluids and consult with poison control", was unlocked and accessible to residents in bedroom #127 on the TV stand beside the recliner.

Residents of the home, including #1, have not been assessed capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Poisonous materials shall be kept locked and inaccessible to residents. Staff will monitor the home daily and on each shift to ensure poisonous materials are not accessible to residents.

The home has a policy in place to address poisonous materials. (See attachment*) Letters have been sent to residents and family members in an ongoing effort to address this issue. (See attachment*)

A staff training will be held by 12/31/12 to address this issue. Staff to be trained will include Housekeeping & Resident Assistants. BY 12/31/12 The administrator or designee will monitor the home at least weekly to ensure

* See attachments Page 2 A of 9 and Page 2 B of 9 are locked. on 12/10/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kristine Whitaker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristine Whitaker, Administrator* Date *12/5/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *12/10/12* (Date)

Plan of correction implementation status as of *12/10/12* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 46900 - 10/03/2012 - McConnell, Deb
PCH Name: SUITES AT ROUSE

DEC 5 2012

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2800.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept. Western Field Office Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 10/4/12, a copy of the the local municipality's emergency procedures was not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A copy of the emergency procedures for Brokenstraw Township and Youngville Boro has been placed in a binder and is now located in the entry area of the home.

The Administrator and Administrative Assistant will review and add updated information when received by the township and Boro, and monitor the entry area of the home at least every 2 weeks to ensure the emergency procedures remain posted the conspicuous and public place in home.

[Handwritten initials]

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kristine Whitaker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristine Whitaker, Adm* Date *12/5/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *12/5/12* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of *12/5/12* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 46900 - 10/03/2012 - McConnell, Deb
PCH Name: SUITES AT ROUSE

DEC 5 2012

1. REGULATION 56 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10) Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 6/28/12, only listed the medication the resident self-administered and did not include the list of medications the home administered to the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Nursing Supervisor or licensed staff will review all medical evaluations returned from physicians for completeness and accuracy. All medical evaluations will be returned to the physician for completion if it includes missing information.

The Administrator will review a ^{10%} sample of medical evaluations at least monthly to ensure they are complete and accurate.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Kristine Whitaker

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kristine Whitaker, Adm. Date 12/5/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of [Signature] (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of [Signature] (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

DEC 5 2012

Violation Report: 48900 - 10/03/2012 - McConnell, Deb
PCH Name: SUITES AT ROUSE

1. REGULATION 56 Pa.Code §2600

Western Field Office

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

On 10/3/12, the first aid kit in the van used for resident transportation did not have a breathing shield, thermometer or eye coverings.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

the first aid kit in the van utilized by the home now includes all required materials including a breathing shield, thermometer and eye coverings. The Maintenance Department will monitor monthly to ensure that the first aid kit is complete. (See attached) page 5A of 9 and page 5B of 9

By 12/3/12 - Staff who use the facility's van will be educated on immediately replacing items that have been used from first aid kits.

*J
12/10/12*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kristine Whitaker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristine Whitaker, Adm* Date *12/5/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *12.10.12* (Date)

Plan of correction implementation status as of *12/10/12* (Date)

The above plan of correction was approved by *J.* (Initials)

- Fully Implemented *J*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 46900 - 10/03/2012 - McConnell, Deb
PCH Name: SUITES AT ROUSE

DEC 5 2012

1. REGULATION 55 Pa. Code §2600

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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 10/3/12, the medication, Loperamide HCL, 2mg, PRN, was not available for resident #1.

WITHDRAWN

[Signature]

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached page 6A of 9

12/10/12

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/06/2011

Signature of Legal Entity Representative
(Required on EVERY Page)

Kristine Whitaker

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Kristine Whitaker, Administrator

Date

12/15/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 46900 - 10/03/2012 - McConnell, Deb
PCH Name: SUITES AT ROUSE

DEC 5 2012

1. REGULATION 65 Pa.Code §2600
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.

Western Field Office

2a. DESCRIPTION OF VIOLATION

There was no pre-admission screening form completed for resident #2, admitted 3/10/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Nursing Supervisor or licensed staff will review all pre-admission screening forms to ensure that they are located within the resident's chart. Nursing Supervisor or licensed staff will review each pre-admission screening form to ensure that the needs of the resident will be met by the services provided by the home 30 days prior to admission.

The Administrator will review a sample of pre-admission screening forms at least monthly to ensure they are located in the resident's chart and that they are complete & accurate.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kristine Whitaker

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Kristine Whitaker, Adm.

Date

12/5/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

12/10/12
(Date)

Plan of correction implementation status as of

12/10/12
(Date)

The above plan of correction was approved by

J
(Initials)

- Fully Implemented *J*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 46900 - 10/03/2012 - McConnell, Deb
PCH Name: SUITES AT ROUSE

DEC 5 2012

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

Western Field Office
Adult Residential Licensing

- (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.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #3, dated 12/14/11, did not address the resident's 1800 ADA diet, as indicated on the medical evaluation, dated 12/9/11 and the resident's need for blood glucose readings to be taken Monday, Wednesday and Friday as ordered by the physician on 11/11/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The RN Supervisor or licensed staff will review all resident assessments for completeness and accuracy, the Administrator will review a 10% sample monthly or more to ensure they are complete and accurate.

The assessment for resident #3 has been updated to include the resident's need for 1800 ADA diet and the blood glucose readings as indicated by the physician

By 12/31/12 - The administrator will develop a system to ensure new physician's orders and other pertinent information is updated on residents' assessments.

Dr 12/14/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) Kristine Whitaker

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kristine Whitaker, Administrator

Date 12/5/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/10/12 (Date)

Plan of correction implementation status as of 12/10/12 (Date)

The above plan of correction was approved by J. (Initials)

- Fully Implemented
- Partly Implemented - Adequate Progress
- Partly Implemented - Inadequate Progress
- Not Implemented

Violation Report: 46900 - 10/03/2012 - McConnell, Deb
PCH Name: SUITES AT ROUSE

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - 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.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #3, dated 12/14/11, did not address the resident's 1800 ADA diet, as indicated on the medical evaluation, dated 12/9/11 and the resident's need for blood glucose readings to be taken Monday, Wednesday and Friday as ordered by the physician on 11/11/11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The PSD Supervisor or licensed staff will review all resident support plans for accuracy and completion.

The support plan for resident #3 has been updated to include the 1800 ADA diet and blood glucose readings as indicated by the physician.

The Administrator will review a 10% sample monthly or more to ensure the support plans are accurate and complete.

By 12/12/12 - The administrator will develop a system to ensure new physician's orders and other pertinent information is updated on residents' support plans.

[Signature]
12/10/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kristine Whitaker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristine Whitaker, Administrator* Date *12/5/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/10/12 (Date)

Plan of correction implementation status as of 12/10/12 (Date)

The above plan of correction was approved by J (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *J*
- Partially Implemented - Inadequate Progress
- Not Implemented