



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

DEC 20 2013

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

RE: Suites at Rouse  
License #: 469000

Dear Ms. Whitaker:

As a result of the Department of Public Welfare's licensing inspection on September 26, 2013 and September 27, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period December 24, 2013 to December 24, 2014 was issued on September 1, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Acting Director

Enclosure  
License Inspection Summary



Violation Report: 46900- 09/26/2013- Bacher, Mike  
PCH Name: SUITES AT ROUSE

**RECEIVED**

1. REGULATION 55 Pa.Code §2600  
2600.89(b)- Hot water temperature in areas accessible to the resident may not exceed 120°F.

NOV 30 2013

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 9/26/13, the water temperature at the sink in the activity area measured 127 degrees Fahrenheit.

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 Maintenance Department will purchase and install a temperature reducer to correct the water temperature in the sink in the activity area by 12/31/13 to correct the condition.

The Maintenance Department will monitor the water temperatures in all sinks on a monthly basis.

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kristine Whitaker, Administrator*

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

*Kristine Whitaker, Admin.*

Date *11/26/13*

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

The above plan of correction is approved as of *12/2/13*  
(Date)

Plan of correction implementation status as of *12/2/13*  
(Date)

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

- Fully Implemented *2*
- Partially Implemented -Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

Violation Report: 46900- 09/26/2013- Bacher, Mike  
PCH Name: SUITES AT ROUSE

NOV 30 2013

1. REGULATION 55 Pa.Code §2600  
2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

A bag of bread in the cupboard next to the microwave in the activity room near the administrators office was opened and unsealed.

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 bag of bread was removed and disposed of on 9/26/13.

All staff will attend an In-service by 1/31/14 where they will be instructed in the proper storage and labeling of food products.

The Administrator and/or Administrative Assistant will inspect all areas accessible to residents to ensure that all food items are stored in closed or sealed containers and labeled with date and initials. <sup>at least weekly</sup>

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristine Whitaker, Administrator* | Date *11/26/13*

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Violation Report: 46900- 09/26/2013- Bacher, Mike  
PCH Name: SUITES AT ROUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1, REGULATION 55 Pa.Code §2600  
2600.105(g)(1)- To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 9/26/13, there was an accumulation of lint in the lint traps, on the back panels and on the floor behind the dryers in the laundry room across from room 144 and the main laundry room.

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 accumulation of lint in the lint traps, on the back panel and on the floor of the laundry room across from room 144 and the main laundry room was been removed as of 9/27/13.

The Direct Care Staff, Housekeeping Department and Maintenance Department will attend an in-service by 1/31/14 regarding the proper cleaning and maintenance of dryer lint traps and the surrounding back of dryer and floor area.

The Direct Care Staff, Housekeeping and Maintenance Departments will monitor all laundry rooms weekly to ensure that the lint traps and surrounding areas are clean after each use.

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Violation Report: 46900- 09/26/2013- Bacher, Mike  
PCH Name: SUITES AT ROUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a)- Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 9/26/13 the exit door across from room 101 was catching on the frame causing the door to be difficult to open with average force.

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 doorway located across from room 101, which has a door frame that was difficult to open has been repaired by the Maintenance Department and is now easy to open.

The Maintenance Department and Administrator will monitor all stairways, hallways, doorways and egress routes within the building monthly to ensure that they are unobstructed and that doors open with average force.

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(Required on EVERY Page) *Kristine Whitaker, Administrator*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kristine Whitaker, Administrator* Date *11/26/13*

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Violation Report: 4(7900-09/26/2013- Bacher, Mike  
PCH Name: SUITES ATROUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600. 187(a)- 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 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.

2a. DESCRIPTION OF VIOLATION

On 9/13/13, resident #3 was ordered Ativan .5 mg take 1 tablet at bedtime as needed. This medication is not included on the medication administration record.

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.

Resident #3 self-medicates. On 9/26/13 the resident's primary care physician was contacted and this medication was discontinued.

Nursing staff will attend an in-service by 1/31/14 to review the procedures for entering medications into the Medication Administration Record for self-medication residents.

RN Supervisor and/or Administrator will assess 10% of the Medication Administration Record monthly to ensure that Physician Orders have been added or deleted from the Medication Administration Record.

*Withdrawn  
JRW  
11-18-13*

Repeat Violation: No | Date(s) of Previous Violation(s): 09/26/2013

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NOV 30 2013

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PCH Name: SUITES AT ROUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 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.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for resident #2, admitted on 11/11/11, did not have a completion date.

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 and Administrator will monitor monthly all Preadmission Screenings to ensure that all documentation, including the completion date, is entered properly and in a timely manner.

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WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #1 had fourteen falls in the home from April 2013 through September 2013; however the resident's assessment dated 10/04/12, does not address the resident's history of falls or how the home will implement fall prevention measures.

- 4/6/13      8/24/13
- 4/7/13      8/25/13
- 6/2/13      8/28/13
- 6/24/13     9/12/13
- 7/26/13     9/16/13
- 8/12/13     9/17/13
- 8/20/13     9/18/13

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Resident #1 was discharged from the Suites to the Rouse Nursing Home on 10/1/13 due to an increase in falls and significant change in condition. The Nursing Supervisor was in the process of completing the transfer at the time of this inspection and had not yet completed a change to the Support Plan.

The Nursing Supervisor and Administrator will monitor weekly all incident reports as they pertain to changes in resident condition prior to their annual assessment. Falls or changes in condition will be monitored and noted in the resident Support Plan.

*Residents with a decline in condition will be promptly re-assessed to ensure home can continue to meet their needs.*

*In the event a resident requires a higher level of care than the home can provide, the home will assist in making arrangements for resident to transfer.*

5/12/13

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