



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 27 2015

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

RE: Suites at Rouse
License #: 469000

Dear Ms. Whitaker:

As a result of the Department of Human Services' licensing inspection on October 23, 2014 and October 24, 2014 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, 2014 to December 24, 2015 was issued on September 3, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director_{SH}

Enclosure
License Inspection Summary

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

PCH Name: SUITES AT ROUSE		License Number: 46900
Address: 615 ROUSE AVENUE, YOUNGSVILLE, PA 16371		County: Warren
Administrator: Kristine Whitaker		Region: WEST
Legal Entity Name: BOARD OF DIRECTORS OF THE ROUSE ESTATE		
Legal Entity Address: 615 ROUSE AVENUE, YOUNGSVILLE, PA 16371		RECEIVED
Certificate(s) of Occupancy I-1 09/16/2013 City of Warren		JAN 16 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 71	Waking Staff: 53
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/23/2014: McConnell, Deb; Mandock, Nancy 10/24/2014: McConnell, Deb; Mandock, Nancy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 90	Number of Residents who:	
Number of Residents Served: 60	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 60	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 11	
Number of Current Hospice Residents: 1	Have a Physical Disability: 3	
Number of Hospice Residents in past year: 3		

RECEIVED

JAN 14 2015

Violation Report: 46900 - 10/23/2014 - McConnell, Deb
PCH Name: SUITES AT ROUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 10/23/14, a lab report for resident #3 and a medication order for resident #5 were unlocked and accessible on the shelf in the main floor nursing station.

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.

All resident files that were stored on shelving below the nurse's desk have been removed and relocated to a locked storage room adjacent to the nurse's desk. Nurses have been reminded to not leave any resident files out on top of the nurse's desk.
The Nursing Supervisor and the Resident Care Coordinator will conduct a training session within 30 days to instruct nursing staff in the correct storage of all resident records.
The Administrator and Nursing Supervisor will inspect the nurse's desk throughout each week to ensure that resident records are being properly monitored for confidentiality. Weekend and evening nursing medication staff will also perform this function.

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 *1/14/15*

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

The above plan of correction is approved as of 1-20-15
(Date)

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

Plan of correction implementation status as of 1-20-15
(Date)

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

RECEIVED

Violation Report: 46900 - 10/23/2014 - McConnell, Deb
PCH Name: SUITES AT ROUSE

WEST VIRGINIA REGISTERED OFFICE
Home Care Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION
On 10/23/14, the wooden walkway outside of the exit door in hallway A does not have a nonskid surface.

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 non-skid strips on the wooden walkway have been replaced with new non-skid strips to prevent any falls. The Maintenance Department and the Administrator will monitor monthly to ensure that the non-skid strips are replaced as needed. The wooden walkway and adjacent sidewalk are on the building maintenance schedule to be replaced this summer.

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 *1/14/15*

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

The above plan of correction is approved as of <u>1-20-15</u> (Date)	Plan of correction implementation status as of <u>1-20-15</u> (Date)
The above plan of correction was approved by <u><i>K</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JAN 14 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 46900 - 10/23/2014 - McConnell, Deb
PCH Name: SUITES AT ROUSE

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
On 10/23/14, there was an enabler bar on resident #6's bed with an opening measuring 18" by 7 1/2" posing an entrapment hazard.

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 Administrator and Nursing Supervisor will contact the family of resident #6 and request that they purchase a new enabler bar that has a smaller opening and does not pose an entrapment risk.
Updated policy for regulation #95 has been added to the Suites Policy and Procedure Manual. A copy of the updated policy is attached. Attachment #1
Information regarding bedrails and enabler bars is also included in our Suites Resident Handbook. A copy of that page is attached. Attachment #2
The Administrator and/or Nursing Supervisor will instruct nursing and housekeeping staff to be cognizant of any residents who bring enabler bars into their apartments.

Immediately - The administrator or designated staff person will check all enabler bars and devices to ensure no hazards are present. 1-20-15

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 *1/14/15*

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

The above plan of correction is approved as of <u>1-20-15</u> (Date)	Plan of correction implementation status as of <u>1-20-15</u> (Date)
The above plan of correction was approved by <u>S</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JAN 14 2015

Violation Report: 46900 - 10/23/2014 - McConnell, Deb
PCH Name: SUITES AT ROUSE

WEST NECKON FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The following items in the main kitchen freezer were opened and not dated to the opened date:
* 3 blocks of cheese
* 1 box of beef cutlets

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.

10-27-14 - Food items in violation were discarded. 1-20-15

The Dietary Supervisor and the Cook staff will monitor all freezer items weekly to ensure that frozen foods are properly labeled with the date the food item was opened.
Permanent markers and freezer labels are now being utilized to prevent the ink from smearing as was the case during inspection.
Dietary staff will attend an in-service within 30 days to be trained on the proper storage and labeling of all food items.
The Administrator will inspect the coolers and freezer weekly to ensure that all items are properly labeled.

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

1/14/15

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

The above plan of correction is approved as of

1-20-15
(Date)

Plan of correction implementation status as of

1-20-15
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

RECEIVED

Violation Report: 46900 - 10/23/2014 - McConnell, Deb
PCH Name: SUITES AT ROUSE

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
Resident #1's medical evaluation, dated 10/15/14, does not include the health status and cognitive function for 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.

Resident #1 no longer resides in the home. 1-20-15

The Nursing Supervisor or licensed staff will review all medical evaluations returned from physicians for completion 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 the medical evaluations monthly to ensure that 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, Administrator* Date *1/14/15*

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

The above plan of correction is approved as of 1-20-15
(Date)

Plan of correction implementation status as of 1-20-15
(Date)

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

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

Violation Report: 46900 - 10/23/2014 - McConnell, Deb
PCH Name: SUITES AT ROUSE

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.

RECEIVED
JAN 14 2015
WEST REGION Field Office
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Fosamax Tab, 70mg, 1 tab orally once a week for calcium. The medication label indicates 1 tab weekly, 30 minutes before any food, medication or beverage with 8 ounces of water and stay upright. However, the October, 2014 medication administration record (MAR) does not include this information/precaution.

Resident #3 is prescribed Oxybutynin Chloride, 5mg, 1 tablet orally twice daily as need for urinary discomfort. However, the October, 2014 MAR indicates take 1/2 tablet (2.5) orally twice daily as needed for urinary discomfort.

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.

To address this issue the Nursing Supervisor has required that all nursing staff who administer medications take the new DHS approved Medication Administration Training and this includes staff that have taken and passed the previous training program.

The Nursing Supervisor and Administrator will review a 10% sample of the physician orders and the MAR monthly to ensure that all physician orders are followed and properly documented in the MAR.

10/23/14 - Resident #1's and #3's MARs were corrected at the time of inspection. 12/2014

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 *1/14/15*

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

The above plan of correction is approved as of <u>1-20-15</u> (Date)	Plan of correction implementation status as of <u>1-20-15</u> (Date)
The above plan of correction was approved by <u>f</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JAN 14 2015

Violation Report: 46900 - 10/23/2014 - McConnell, Deb
PCH Name: SUITES AT ROUSE

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed the medication, Lantus Solostar, 100 units/ML, inject 25 units subcutaneous every day at bedtime for diabetes. However, the October, 2014 MAR does not include the administration of the medication on 10/7/14 at 9:00 p.m.

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.

To address this issue the Nursing Supervisor has required that all staff who pass medications take the new DHS approved Medication Administration Training and this includes nursing staff that have taken and passed the previous training program.

The Administrator and Nursing Supervisor will review a 10% sample of the MAR monthly to ensure that all medications have been administered correctly and on time as per the physician's order.

2-28-15 - A designated staff person qualified to administer medications will review resident MARs daily to ensure the documentation of medication administration in record book with regulation 2600.187(b). 1-20-15

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 *1/14/15*

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

The above plan of correction is approved as of <u>1-20-15</u> (Date)	Plan of correction implementation status as of <u>1-20-15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 46900 - 10/23/2014 - McConnell, Deb
PCH Name: SUITES AT ROUSE

WEST HENKENS FELD 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

Resident #1 was admitted into the home on 10/20/14. The pre-admission screening form, dated 10/15/14, does not include a determination that the home can meet the service needs of the resident.

Resident #2 was admitted into the home as a permanent resident on 10/6/14. The pre-admission screening form, dated 10/2/14, does not include a determination that the home can meet the service needs of 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.

Resident #1 and resident #2 no longer reside in the home. 1-20-15

The Administrator and Administrative Assistant will review the Pre-Admission Screening form for completeness and accuracy for each potential new resident prior to completion of the contract for admission to the Suites. They will also review the Pre-Admission Screening forms to determine if the Suites can adequately provide needed services for the potential resident.

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/26/2014

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 *1/14/15*

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

The above plan of correction is approved as of 1-20-15 (Date)

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

Plan of correction implementation status as of 1-20-15 (Date)

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