



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

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 Human Services' annual licensing inspection on February 24, 2016 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.

Sincerely,

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

Matthew J. Jones
Director_{/s/}

Enclosure
License Inspection Summary

Violation Report: 46900 - 02/24/2016 - O'Haire, Anne
 PCH Name: SUITES AT ROUSE

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
 The home's narcotic count books were located in an open box on the side of the medication carts. These books contain all the residents' emergency information, residents' physicians name, diagnoses, and list the narcotic medications the residents are taking. These books were unlocked and accessible to unauthorized personnel.

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 Suites narcotic count books that include all of the resident's emergency information, physicians' name, and diagnosis have been moved to a locked drawer in the medication carts. We have three medication carts. The Administrator and the Nursing Supervisor will monitor the medication carts weekly to ensure that the books are kept confidential, and locked in the med cart drawer, and not accessible to anyone other than nursing staff.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/23/2014

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 *3-30-16*

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

The above plan of correction is approved as of 3/31/16
 (Date)

Plan of correction implementation status as of 3/31/16
 (Date)

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

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

Violation Report: 46900 - 02/24/2016 - O'Haire, Anne
 PCH Name: SUITES AT ROUSE

1. REGULATION 55 Pa. Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The Quality Management meetings are being held frequently, however the home is not addressing the five mandatory elements of the meeting: reportable incidents, complaint procedures, staff training, licensing inspection summary and resident or family councils, or both.

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.

- Quality Assurance meetings are held monthly and we will now address at the meeting and in the minutes in proper format the following information: reportable incidents and condition reporting procedures, complaint procedures, staff training, licensing inspection summary and resident/family councils. Our resident council meets monthly and minutes from that meeting will be attached to the Quality Assurance meeting minutes. Staff trainings are held monthly and the date and time will be included in the minutes. A copy of the March Quality Assurance meeting minutes is included in this report. The Administrator will monitor the monthly Quality Assurance meeting agenda to ensure that these topics are covered.

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: *3-30-16*

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

The above plan of correction is approved as of 3/31/16
 (Date)

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

Plan of correction implementation status as of 3/31/16
 (Date)

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

Violation Report: 46900 - 02/24/2016 - O'Haire, Anne
 PCH Name: SUITES AT ROUSE

1. REGULATION 55 Pa. Code §2600
 2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2a. DESCRIPTION OF VIOLATION:
 Resident #1 was discharged from the facility on [redacted] 6 and as of 02-24-16 did not receive a refund. Resident #1's POA is entitled to a refund of \$,226.35.

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.

Within 30 days of the termination of service by the home or residents' leaving the home, the resident will receive an itemized written account of the resident's funds, including notification of refunds or funds still owed to the home. Working with the Accounting Department for the Rouse Estate, the Suites will monitor the return of funds or the notification of funds owed. (The Accounting Department for the Rouse Estate processes all resident refunds and statements showing money owed.) To do this we have asked the Accounting Department to provide us with copies of all refund checks and statements showing money owed. The content of Regulation 55 PA Code 2600.28(f)(1) will be given to the Rouse Estate Accounting Department to ensure that they are also aware of the need for accurate and timely processing of all refunds and statements of money owed. The Administrator and Administrative Assistant will monitor monthly, (keeping track of the residents who leave the facility permanently), to ensure that when a refund is due, that it is returned within 30 days and if money is owed, the statement is mailed within 30 days. A column will be added to the spreadsheet that we maintain that reflects our discharges. The column added to the spreadsheet will include the date and amount of refund and/or money owed.

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: *3-30-16*

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

The above plan of correction is approved as of <u>3/31/16</u> (Date)	Plan of correction implementation status as of <u>3/31/16</u> (Date)
The above plan of correction was approved by <u><i>M</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 - 02/24/2016 - O'Haire, Anne
 PCH Name: SUITES AT ROUSE

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

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for Resident # 2, dated 9-23-15, did not have any information in the general physical examination section.
 The medical evaluation for Resident # 3, dated 1-8-16, did not have any information in the health status section or the cognitive functioning section.

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 Resident Care Coordinator will review all medical evaluations returned by 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 the evaluations 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 *3-30-16*

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

The above plan of correction is approved as of <u>3/31/16</u> (Date)	Plan of correction implementation status as of <u>3/31/16</u> (Date)
The above plan of correction was approved by <u><i>m</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 - 02/24/2016 - O'Haire, Anne
 PCH Name: SUITES AT ROUSE

1. REGULATION 55 Pa. Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

2a. DESCRIPTION OF VIOLATION
 Resident # 4 has a physician's order for an Advair 250/50 diskus. The Advair diskus has a shelf life of 30 days and was not dated when opened.

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 Resident Care Coordinator will review a 10% sample semi-weekly of current prescriptions, OTC, sample and CAM to ensure that the medications are current. Staff who administers medications will be in-serviced within 30 days regarding dating medications when they are opened as well as making certain that all medications are current. The Nursing Supervisor and Administrator will develop a system to ensure that all medications are properly dated and current.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kristine Whittaker, Administrator* Date: *3-30-16*

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

The above plan of correction is approved as of <u>3/31/16</u> (Date)	Plan of correction implementation status as of <u>3/31/16</u> (Date)
The above plan of correction was approved by <u>m</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 - 02/24/2016 - O'Haire, Anne
 PCH Name: SUITES AT ROUSE

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

Resident # 5 has a physician's order to have blood glucose (BG) test administered before and after breakfast and dinner (pm) every Friday. On 2/5/16 the resident's BG #340 was recorded in the MAR as 370.
 Resident # 6 has a physician's order for a BG test to be administered Monday, Wednesday, Friday before breakfast and Tuesday, Thursday, Saturday before dinner. On 2-16-16 the BG # 160 was recorded in the MAR as 167, and on 2-20-16 the BG #142 was recorded in the MAR as 147.

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 when they will be completed.

Resident Assistant II's who administer medications will be in-serviced within 30 days to review proper medication administration and in particular the proper reading of blood glucose levels. This training will also include the proper method of transcribing the information into EMAR. The Nursing Supervisor and Administrator will review monthly a 10% sample of all residents whom medications are administered for accuracy. In the case of resident #5, the PCP will be contacted to prescribe a new glucometer as it appears that the current glucometer is not reading accurately.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/23/2014

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 *3-30-16*

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

The above plan of correction is approved as of <u>3/31/16</u> (Date)	Plan of correction implementation status as of <u>3/31/16</u> (Date)
The above plan of correction was approved by <u><i>m</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 - 02/24/2016 - O'Haire, Anne
 PCH Name: SUITES AT ROUSE

1. REGULATION 55 Pa. Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 5 has a physician's order to have blood glucose (BG) test administered before and after breakfast and dinner (pm) every Friday. On 2/5/16 and 2/12/16 the resident's BG test was not administered after breakfast.

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 Assistant II's who administer medications will be in-serviced within 30 days to review medication administration. This training will also include a review of timely medication administration as prescribed by the PCP. Also, including the need to pay particular attention to all residents who require daily glucose monitoring.

- The Nursing Supervisor and Administrator will review monthly a 10% sample of all residents whom medications are administered for accuracy and efficiency.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kristine Whitaker, Administrator* Date *3-30-16*

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

The above plan of correction is approved as of <u>3/31/16</u> (Date)	Plan of correction implementation status as of <u>3/31/16</u> (Date)
The above plan of correction was approved by <u><i>am</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