



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 24 2017

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' annual licensing inspections on January 18, 2017 and January 19, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: SUITES AT ROUSE		License Number: 48900
Address: 615 ROUSE AVENUE, YOUNGSVILLE, PA 18371		County: Warren
Administrator: Kristine Whllaker		Region: WEST
Legal Entity Name: BOARD OF DIRECTORS OF THE ROUSE ESTATE		
Legal Entity Address: 615 ROUSE AVENUE, YOUNGSVILLE, PA 18371		RECEIVED
Certificate(s) of Occupancy C-2 LP 08/02/1995 L&I		APR 12 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 91	Working Staff: 68
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/18/2017: Georgoulls, Karen; Garvey, Jody; Grace, Desmond 01/19/2017: Georgoulls, Karen; Garvey, Jody; Grace, Desmond		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 90	Number of Residents who:	
Number of Residents Served: 69	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 69	
Area:	Have Mental Illness: 0	
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: 22	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents In past year: 0		

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WEST REGION FIELD OFFICE Page 2 of 7
Human Services Licensing

Violation Report: 46800 - 01/18/2017 - Georgoules, Karen
PCH Name: SUITES AT ROUSE

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 1/18/17, the vinyl floor in the B Hall Activity room was torn in three areas. The first tear area measured approximately 3" X 2". The second tear area measured approximately 3.5" X 3". The third tear area measured approximately 4.5" X 1.5". These areas were raised up from the floor approximately 1.5" to 2" posing a trip and fall 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 flooring in the "B" hall activity room has been replaced with brand new flooring. Maintenance Department and Administrator will monitor floors, walls, ceilings, windows, doors, and other surfaces are clean, in good repair, and free of hazards. The administrator will ensure within 30 days that the staff is trained on the identification and reporting of hazards to the administrator.

Immediately: A designee shall check the home weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions will be corrected immediately.

4-13-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kristine Whitaker</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kristine Whitaker</i>	<i>4/10/17</i>

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

The above plan of correction is approved as of 4-13-17
(Date)

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

Plan of correction implementation status as of 4-13-17
(Date)

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

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Violation Report: 48900 - 01/18/2017 - Georgoullis, Karen
PCH Name: SUITES AT ROUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 88 Pa.Code §2800
2800.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
On 1/18/17, there was a plastic stool, with plastic containers of carpet cleaner on top of the stool, touching the furnace.

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 combustible and flammable materials have been removed from the furnace closet. The Maintenance Department will check all heat sources to ensure combustible and flammable materials have not been placed near the heat sources. The administrator will ensure within 30 days that the maintenance and housekeeping staff is trained on the safe storage of combustible and flammable materials.

Immediately: A designee shall check the home weekly to ensure combustible or flammable materials are not near heat sources.

4-13-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kristine Whitaker</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kristine Whitaker</i>	<i>4/10/17</i>

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

The above plan of correction is approved as of 4-13-17
(Date)

Plan of correction implementation status as of 4-15-17
(Date)

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

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

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Violation Report: 46000 - 01/18/2017 - Georgoulis, Karen PCH Name: SUITES AT ROUSE	WEST REGION FIELD OFFICE Human Services Licensing
1. REGULATION 55 Pa.Code §2600 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	
2a. DESCRIPTION OF VIOLATION Resident #1 was prescribed Milk of Magnesia PRN. The medication was discontinued on 1/6/17. However on 1/19/17 the medication was still in the medication cart.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	

- The discontinued medication was removed from the medication cart and destroyed according to the department of environmental protection state regulations. The nursing supervisor and resident care coordinator will audit the med carts monthly to ensure that all discontinued medications have been removed from the medication carts. Within 30 days, all staff responsible for administering medications will be trained regarding the proper procedures for discontinued medications.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kristine Whitaker</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kristine Whitaker</i>			Date <i>4/10/17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4-18-17</u> (Date)		Plan of correction implementation status as of <u>4-11-17</u> (Date)	
The above plan of correction was approved by <u>X</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	

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Violation Report: 46900 - 01/18/2017 - Georgoula, Karen
PCH Name: SUITES AT ROUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Albuterol Sulfate, 2.5MG/3ML, Inhale one vial via nebulizer four times a day for pneumonia. The medication was not administered from 1/11/17 through 1/13/17. The home did not have a nebulizer to administer the medication.

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.

- 4. Resident came from a skilled nursing facility and was not sent with a nebulizer. Nebulizer was obtained two days after admission. Nursing supervisor and resident care coordinator will ensure that all proper equipment for the administration of medication as prescribed by the physician is available when medication is prescribed. Within 30 days, all staff responsible for administering medications will be trained regarding reporting discrepancies in what is prescribed versus what is received from the pharmacy and/or outside agency.

Within 30 days of receipt of the plan of correction A designee qualified to administer medications will observe at least two medication passes of each staff person administering medications to ensure the proper administration of medications and the orders of the prescriber are followed. 4-13-17

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/04/2016

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* Date *4/10/17*

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The above plan of correction is approved as of 4-12-17 (Date)

Plan of correction implementation status as of 4-13-17 (Date)

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

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

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Violation Report: 48900 - 01/18/2017 - Georgoullis, Karen
PCH Name: SUITES AT ROUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 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 #2 was admitted to the home on [redacted] 17. However, the resident's preadmission screening was not completed until [redacted] 17.

Resident #3 was admitted to the home on [redacted] 15. However the resident's preadmission screening was not completed until [redacted] 15.

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.

- 5. Administrator will ensure that all prescreening is completed within 30 days prior to admission. Administrator and Administrative Assistant will monitor prescreening and admissions to ensure compliance. Within 30 days, Nursing Supervisor and Administrative Assistant will be trained on the proper preadmission screening and admission procedures.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kristine Whitaker</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Kristine Whitaker</i>	Date	<i>4/10/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-13-17
(Date)

Plan of correction Implementation status as of 4-13-17
(Date)

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

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

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Violation Report: 46900 - 01/18/2017 - Georgoulis, Karen PCH Name: SUITES AT ROUSE	WEST REGION FIELD OFFICE Human Services Licensing
1. REGULATION 65 Pa.Code §2600 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	
2a. DESCRIPTION OF VIOLATION Resident #1's Assessment, dated 5/03/16, does not address the need for toileting or obtaining clean seasonal clothing.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	

6. Resident 1's assessment was corrected to address the toileting and obtaining clean seasonal clothing and added to their file. Nursing supervisor and Administrator will review each assessment for accuracy and completion. Administrator and nursing supervisor will audit a 10 percent sampling of Resident Assessment Support Plans on a monthly basis.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Kristine Whitaker			4/10/17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
4-13-17 (Date)		4-13-17 (Date)	
The above plan of correction was approved by		<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	
K (Initials)			