



October 3, 2019

Mr. Matt Saeli
Administrator
Board of Directors of the Rouse Estates
615 Rouse Avenue
Youngsville, Pennsylvania 16371

RE: Suites at Rouse
Certificate #: 469000

Dear Mr. Saeli:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 20, 2019 and March 7, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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.

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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report: 46900 - 02/20/2019 - Eveges, Joseph
 PCH Name: SUITES AT ROUSE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

There was an open 10.2 ounce bag of Cascade dishwasher tablets in the unlocked cabinet under the sink located in the Activity room on D hall. The label reads "contact poison control if ingested."
 Resident #1 is assessed unsafe to handle poisons or hazardous substances.

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.

2600.82(c)

Upon location of the poisonous material, staff disposed of the 10.2 ounce bag of Cascade dishwasher tablets immediately. Going forward, the Environmental Services Manager will include the inspection for poisonous materials as a part of their preventative maintenance program. This will be included in their preventive maintenance sheets which are completed weekly. The Environmental Service Manager will task his housekeeping staff with completing this weekly safety check and reporting back to them for completion of the preventative maintenance sheets. Areas for inspection will include, but are not limited to, all common areas. This plan for correction will begin the week of July 8, 2019, and will be completed going into the future indefinitely. Prior to that time, the Administrator and the Administrative Assistant will work to update the preventative maintenance sheets to reflect the requirement to search resident accessible areas for all poisonous materials. It will be the responsibility of the Administrator to communicate with the Environmental Services department on the results of the weekly preventative maintenance checks and to ensure that disposal or safe storage measures have been taken to ensure the safety of our residents.

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)

Nath Saeli, Administrator

Date 7/5/19

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

The above plan of correction is approved as of 8/16/19
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8/16/19
 (Date)

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

Violation Report: 46900 - 02/20/2019 - Eveses, Joseph
 PCH Name: SUITES AT ROUSE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2's annual medical evaluation, dated 11/15/18, is incomplete. The following sections were blank: height, weight, pulse rate, temperature and blood pressure.

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.

2600.141(b)(1)

Upon notification of the incomplete Documentation of Medical Evaluation, the RN Supervisor removed the DME from the residents file and sent it out to the doctor's office for completion. Going forward, it will be the responsibility of the RN supervisor to audit 10 percent of all resident files on a monthly basis to ensure that the information contained within is complete and accurate. RN Supervisor will maintain a log of files that are checked on a monthly basis and also indicate any observations. Included will be documentation on what steps the RN Supervisor has taken to rectify any deficient paperwork contained within resident files. RN supervisor will be responsible for discussing any findings with the Administrator, at which time the Administrator will suggest any additional corrective action needed, including, but not limited to the retraining of staff and the education of doctor's offices and other medical providers on the proper completion of DMEs. This plan for correction will begin the week of July 14, 2019, and will be completed going into the future indefinitely


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) <i>Matt Saeli, Administrator</i>	Date <i>7/5/19</i>
--	--------------------

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

The above plan of correction is approved as of 8/16/19
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8/16/19
 (Date)

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