



MAILING DATE: October 29, 2019

Mr. Michael Haass  
President  
Rosebrook OpCo, LLC  
1208 Saint James Street  
Philadelphia, Pennsylvania 19107

RE: Adult Living at Rosebrook  
723 S. Pike Street  
Saver, Pennsylvania  
License #: 449610

Dear Mr. Haass:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on October 1, 2019 and October 4, 2019, the above facility, we have determined that your submitted plan of correction is:

Fully implemented and in compliance. Continued compliance must be maintained.

If you need assistance, please contact me at 412-491-3875.

Sincerely,

A handwritten signature in black ink that reads "Larry Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
<Licensing Inspection Summary>

Violation Report

RECEIVED

OCT 24 2019

License Number: 44961

Facility Information

Name: ADULT LIVING AT ROSEBROOK  
Address: 723 SOUTH PIKE ROAD,, SARVER, PA 16055  
County: BUTLER Region: WESTERN

WEST REGION FIELD OFFICE  
Human Services Licensing

Administrator

Name: Dena Shelton Phone: 7242954344 Email: MIKE@WALDENVIEWCAPITAL.COM

Legal Entity

Name: ROSEBROOK OPCO LLC  
Address: 1208 SAINT JAMES STREET, PHILADELPHIA, PA, 19107

Certificate(s) of Occupancy

Type: C-2 LP Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 100 Waking Staff: 75

Inspection

Type: Partial BHA Docket #: Notice: Unannounced  
Reason: Complaint

Inspection Dates and Department Representative

10/01/2019 - On-Site: Amy Duncan, Larry Mazza  
10/04/2019 - On-Site: Amy Duncan, Lauren Spagna

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 92

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 91  
Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 8 Have Physical Disability: 0

63d - Certified CPR Staff

OCT 24 2019

Regulations

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.

63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

Description of Violation

On 9/18/19 at approximately 5:00 pm, direct care staff member A found resident #2 slumped over the table in the dining room and was unresponsive. Staff member A started performing CPR on resident #2 and 9-1-1 was contacted; however, resident #2 has a current do not resuscitate (DNR) order. Staff members of the home indicate it is the home's procedure to perform CPR if a resident is found unresponsive, even if the resident has a current DNR order.

Plan of Correction (POC)

(see attached)

(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.)

A list of residents w/ a POLST DNR order have been given to all staff on 10-7-2019. It will be updated by the Asst. Admin LPN and updated as new POLST's are brought in by family members. A copy will be kept in the resident's Transfer sheet book + a copy will be kept in the Resident's Chart in admin. office.

Legal Entity Representative

Within 5 days of receipt of the plan of correction: All direct care staff persons shall be educated on the location of the transfer sheet book and should verify if a resident has a valid DNR order before performing CPR. Documentation of the education shall be kept. *EM* 10/25/19

*Dena Shelton*  
Signature

*Dena Shelton - Admin 10.24.19*  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

10/25/19  
(Date)

Plan of correction implementation status as of

10/25/19  
(Date)

The above plan of correction was approved by

*EM*  
(Initials)

Implemented

[Redacted]

[Redacted]

Not Implemented

OCT 24 2019

121a - Unobstructed Egress

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 10/1/19 at 9:26 am, there was a plastic statue blocking the emergency exit door on the ground floor near the activity room.

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.)

Plastic Statue was brought in by Activity Person and sat by door. Statue was removed by LPN/Aest. in front of state inspector. Activity Person was Admins reminded of regulation 2600.121a.

Maintenance staff will check all stairways, hallways, doorways, passageways and egress routes from rooms from the bldg. daily upon starting shift to make sure these areas are unobstructed.

All staff will also be reminded of regulation 2600.121a at staff meeting in November

Legal Entity Representative

*Dena Shelton*  
Signature

Dena Shelton  
Printed Name and Title

10.24.19  
Date

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The above plan of correction is approved as of

10/25/19  
(Date)

Plan of correction implementation status as of

10/25/19  
(Date)

The above plan of correction was approved by

*DM*  
(Initials)

Implemented



Not Implemented

225a - Assessment 15 Days

OCT 24 2019

Regulations

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

Description of Violation

Resident #1's initial assessment, dated 7/5/19, indicates the resident is mobile and is independent in ambulating; however, staff members indicate the resident requires the assistance of one staff person to transfer in/out of bed and uses a walker.

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.)

Assessment was updated on 10-24-19. See attached.

Assessments will be reviewed monthly by Admin / Asst Admin / LPN and updated accordingly.

Legal Entity Representative

Dena Shelton  
Signature

Dena Shelton  
Printed Name and Title

10-24-19  
Date

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The above plan of correction is approved as of 10/25/19  
(Date)

Plan of correction implementation status as of 10/25/19  
(Date)

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

- Implemented
- [Redacted]
- [Redacted]
- Not Implemented

226a - Mobility Assessment

OCT 24 2019

Regulations

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

WEST REGION PHILADELPHIA  
Human Services Licensing

Description of Violation

Resident #1's initial assessment, dated 7/5/19, indicates the resident is mobile and is independent in ambulating; however, staff members indicate the resident requires the assistance of one staff person to transfer in/out of bed and uses a walker.

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.)

Assessment was updated on 10.24.19.  
See attached.  
Assessments will be reviewed monthly by Admin/ Assist Admin/LPN and updated accordingly.

Legal Entity Representative

Dena Shelton

Signature

Dena Shelton - Admin 10/24/19

Printed Name and Title

Date

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10/25/19

(Date)

Plan of correction implementation status as of

10/25/19

(Date)

The above plan of correction was approved by

EM

(Initials)

Implemented

Not Implemented