



SENT VIA EMAIL: [AMoski@rouse.org](mailto:AMoski@rouse.org)

MAILING DATE: April 24, 2020

Ms. Ashley Van Epps  
Administrator  
Board of Directors of the Rouse Estates  
615 Rouse Avenue  
Youngsville, Pennsylvania 16371

RE: Suites at Rouse  
Certificate #: 469000

Dear Ms. Van Epps:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 2, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams". The signature is fluid and cursive.

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *SUITES AT ROUSE*

License Number: 46900

Address: *615 ROUSE AVENUE,, YOUNGSVILLE, PA 16371*

County: *WARREN*

Region: *WESTERN*

## Administrator

Name: *Ashley Moski*

Phone: *8145636702*

Email: *AMoski@ROUSE.ORG*

## Legal Entity

Name: *BOARD OF DIRECTORS OF THE ROUSE ESTATE*

Address: *615 ROUSE AVENUE, YOUNGSVILLE, PA, 16371*

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date:

Issued By:

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *112*

Waking Staff: *84*

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

## Inspection Dates and Department Representative

*01/02/2020 - Lori Gillette*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *120*

Residents Served: *85*

### Secured Dementia Care Unit

In Home: *Yes*

Area:

Capacity: *12*

Residents Served: *10*

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *85*

Diagnosed with Mental Illness: *3*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *27*

Have Physical Disability: *1*

57c - 2 Hours/Day

Regulations

2600.  
57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 12/14/19, the home served 92 residents, including 25 residents with mobility needs, requiring a total minimum of 117 hours of direct care service. On this date, only 114.5 hours of direct care staffing was provided.

On 12/15/19 the home served 91 residents, including 25 residents with mobility needs, requiring a total minimum of 116 hours of direct care service. On this date, only 108 hours of direct care staffing was provided.

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.)

please see attached form/ pages.

See page 2a of 4)

Legal Entity Representative

*Ashley Moski*  
Signature

Ashley Moski, PCHA  
Printed Name and Title

04/02/2020  
Date

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

The above plan of correction is approved as of 4/23/20  
(Date)

Plan of correction implementation status as of 4/23/20  
(Date)

The above plan of correction was approved by JW  
(initials)

- Implemented
- Not Implemented

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### Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 57.c. and 57.d.

Objective: To ensure proper direct care staff ratios are calculated and that required direct care services are rendered for those with and without mobility needs, specifically during waking hours and for 2 hours per day:

1. Administrator will require a staff member on each shift (this includes: Team Leader, Direct Care Worker and Memory Care Companion) to participate in a time study to better assist Administration with determining hours spent on ancillary tasks and hours spent on direct care services. The time study will cover one full 8 hour shift including staff members working on 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and weekend shifts. See attached form, "Suites at Rouse Time Study". Time studies will begin the week of April 6<sup>th</sup>, 2020 and will be completed no later than April 13<sup>th</sup>, 2020.
2. Upon completion of the "Suites at Rouse Time Study", Administrator will work with Human Resources Director and RN Supervisor to identify and clarify the job descriptions of each staff member/role (this includes: Team Leader, Direct Care Worker and Memory Care Companion). Updated job descriptions will be completed by May 1<sup>st</sup>, 2020 and will reflect the ancillary tasks and direct care services to be provided per identified role. Updated job descriptions will be provided to each staff member and signed to demonstrate proper understanding of their positions and duties required. Updated job descriptions will be added to personnel files of each identified staff member/role for reference.
3. Administrator or RN Supervisor will review staff schedules on a weekly basis once completed by the Resident Care Coordinator and Memory Care Coordinator. This will begin 4-1-2020 and continue thru 5-1-2020. Resident Care Coordinator and Memory Care Coordinator will be re-trained by Administrator and RN Supervisor to demonstrate proper understanding of calculating staff ratios and mobility needs. This internal training will be provided by April 3, 2020. See attached materials regarding training tools and ratio calculation tool. Further, upon the completion of "Suites at Rouse Time Study" and updated job descriptions, Resident Care Coordinator and Memory Care Companion will be educated on identified staffing needs to accommodate regulations 2600 57.c. and 57.d. requirements sensitive to ancillary tasks.
4. Noting the sensitivity to the current pandemic, COVID 19, adherence to the CDC/DOH recommendations may blur accuracy with time studies due to precautionary measures with meals, activities and appointments. Administrator and RN Supervisor will conduct a second round of time studies post lifting of such CDC/DOH recommendations to re-review accuracy with ancillary tasks and direct care services. The above Plan of Correction will be applied if discrepancy is noted in tasks/duties.

57d - Waking Hours

Regulations

2600.  
57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 12/14/19, the home served 92 residents, including 25 residents with mobility needs, requiring a total minimum of 88.5 hours of direct care being provided during waking hours. However, only 80.15 of the required hours was provided during waking hours.

On 12/15/19, the home served 91 residents, including 25 residents with mobility needs, requiring a total minimum of 87 hours of direct care being provided during waking hours. However, only 81 of the required hours was provided during waking hours.

Plan of Correction (POC)

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*Please see attached forms / pages.*

See page 3a of 4

Legal Entity Representative

*Ashley Moski*  
Signature

*Ashley Moski, PCHA*  
Printed Name and Title

*04/02/2020*  
Date

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Suites at Rouse: Plan of Correction (POC)

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3. Administrator or RN Supervisor will review staff schedules on a weekly basis once completed by the Resident Care Coordinator and Memory Care Coordinator. This will begin 4-1-2020 and continue thru 5-1-2020. Resident Care Coordinator and Memory Care Coordinator will be re-trained by Administrator and RN Supervisor to demonstrate proper understanding of calculating staff ratios and mobility needs. This internal training will be provided by April 3, 2020. See attached materials regarding training tools and ratio calculation tool. Further, upon the completion of "Suites at Rouse Time Study" and updated job descriptions, Resident Care Coordinator and Memory Care Companion will be educated on identified staffing needs to accommodate regulations 2600 57.c. and 57.d. requirements sensitive to ancillary tasks.
4. Noting the sensitivity to the current pandemic, COVID 19, adherence to the CDC/DOH recommendations may blur accuracy with time studies due to precautionary measures with meals, activities and appointments. Administrator and RN Supervisor will conduct a second round of time studies post lifting of such CDC/DOH recommendations to re-review accuracy with ancillary tasks and direct care services. The above Plan of Correction will be applied if discrepancy is noted in tasks/duties.

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's assessment, dated 9/30/19, indicates the resident requires occasional assistance with transfers. However, the resident requires moderate to maximum assistance with all transfers with 1 or more staff persons.

The assessment indicates the resident ambulates with walker/cane/power chair independently. However the resident cannot ambulate independently and requires staff assistance for safety including pushing resident to and from dining room in wheelchair.

The assessment indicates the resident requires moderate physical or oral assistance to evacuate in case of emergency. However, resident #1 requires total physical assistance to evacuate in an emergency from one or more staff persons.

Plan of Correction (POC)

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Please see attached forms / pages.

See page 4a of 4

Legal Entity Representative

*Ashley Mosci*  
Signature

Ashley Mosci, PCHA  
Printed Name and Title

04/23/2020  
Date

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Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 225.c.

Objective: To ensure a comprehensive profile of a resident's needs is accurately updated and serves as the basis for the plan to meet those needs if the resident's condition has significantly changed prior to the annual assessment.

1. Administrator or RN Supervisor will conduct at least 3 times per week, a "Resident Review Meeting" with Resident Care Coordinator and Memory Care Coordinator to review changes in resident's level of care and to review the homes census report. Additionally, topics of concern, staff reports and documentation will also be reviewed to better determine significant changes in residents. This began 04-01-2020 and will continue at a minimum of 3 times per week, indefinitely. Please see attached documentation of this meeting series.
2. Additionally, Administrator or RN Supervisor will communicate on a weekly basis with external supports such as home health care, hospice agencies, etc. to increase awareness on current care needs and recommendations of identified residents. If such entities suggest a change in condition, Administrator or RN Supervisor will notify the Resident Care Coordinator or Memory Care Coordinator to update the identified resident assessment support plan. This will begin the week of 04-06-2020. Documentation of such communication will be provided in EMR system.
3. Administrator or RN Supervisor will audit 3 resident assessment support plans per week for one month beginning 4-6-20 to review and identify required changes. Administrator or RN Supervisor will then audit 1 resident assessment support plan per week for the following month beginning 5-1-20. Beginning 6-1-20, Administrator and RN Supervisor will educate Resident Care Coordinator and Memory Care Coordinator on audit review and significant changes to resident assessment support plans. The Resident Care Coordinator and Memory Care Coordinator will begin their monthly audit of 5 support plans per month indefinitely. Please see attached "Resident Assessment Support Plan Audit" form for review. This will begin the week of 04-06-2020.
4. Administrator or RN Supervisor will conduct a weekly "Level of Care Meeting" with Resident Care Coordinator and Memory Care Coordinator to discuss significant resident level of care changes. If any noted concerns or significant changes in a residents care these concerns will be addressed that week in a resident assessment support plan audit for potential updates. This will begin the week of 04-06-2020.

*Ashley Moser, PCHA*

04/02/2020