pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: amoski@rouse.org

MAILING DATE: September 21, 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 February 13, 2020 and February 14, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED
5/5/20
Western Region Field Office
Bureau of Human Services Licensing

Violation Report

Facility Information

Name: *SUITES AT ROUSE* **License Number:** *46900*
Address: *615 ROUSE AVENUE,, YOUNGSVILLE, PA 16371*
County: *WARREN* **Region:** *WESTERN*

Administrator

amoski@rouse.org

Name: *Ashley Moski* **Phone:** *8145631650* **Email:** *MDSAELI@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:** *08/02/1995*	**Issued By:** *PA Dept L&I*
Type: *I-2*	**Date:** *06/18/2019*	**Issued By:** *City of Warren*
Type: *Other*	**Date:** *04/18/2017*	**Issued By:** *City of Warren*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *122* **Waking Staff:** *92*

Inspection

Type: *Full* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

02/13/2020 - On-Site: Barbara Barone, Joe Eveges

02/14/2020 - On-Site: Barbara Barone, Joe Eveges

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* **Residents Served:** *95*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Lower Level* **Capacity:** *12* **Residents Served:** *10*

Hospice

Current Residents: *3* 01

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *95*
Diagnosed with Mental Illness: *3*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *27*
Have Physical Disability: *1*

AMBli 05/05/2020

65f - Training Topics

Regulations

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.

Description of Violation

Direct care staff persons A, B, C and D, did not receive medication self-administration training during calendar training year 1/1/19 to 12/31/19.

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.)

See page 2a of 14

Legal Entity Representative

Signature | Printed Name and Title | Date

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

The above plan of correction is approved as of 9/18/20 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 9/18/20 (Date)

☑ Implemented
☐ Not Implemented

AM08U 05/05/2020

ROUSE
CARING FOR GENERATIONS

Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 65.f.

Objective: Training Topics: Provides the home with an organized plan to ensure all staff persons receive the required training and any other training the home deems necessary. Ensures residents receive high quality and consistent care by proper trained staff members.

Attachment: Staff Training Plan- Training Year 2020; Staff Training Audit Form

Plan of Correction:

1. Administrator will prepare and schedule the subsequent calendar year Staff Training Plan in compliance with the Title 55. Public Welfare Chapter 2600. Personal Care Home regulations no later than November 30th of the current calendar year. This includes but is not limited to medication self- administration training.
2. Administrator will provide the required and additional training topics, required staff, projected time/date, number of clock hours, location of training and course instructor information to the Administrative Assistant upon completion via spreadsheet.
3. Administrator/ Administrative Assistant will file document and post training schedule for all staff.
4. Administrator/ Administrative Assistant will notify all staff of upcoming trainings via posters and staff memo within two weeks prior to the scheduled training.
5. Administrator/ Administrative Assistant will provide sign in sheet for all staff attendance during training courses.
6. Administrator/Administrative Assistant will log and review staff attendance to trainings on a monthly basis to ensure proper attendance and staff compliancy.
7. Make-up training opportunities will be provided as needed and will be monitored for patterned behavior per each staff member requesting make up's.
8. Administrator/Administrative Assistant will audit staff training needs and requirements on a monthly basis based on staff date of hire per staff personnel file.
9. Staff requiring training outside of scheduled training plan will be provided with the opportunity to complete training as soon as possible and within 30 days of anniversary date of hire.

Due to COVID-19, Governor Wolf signed an Emergency Disaster Declaration on 3/6/20. As a result, regulation §2600.65(f) was suspended. The suspension shall end when Governor Wolf ends the Disaster Proclamation, unless OLTL has stated a different time or unless OLTL later sets another time. Within 90 days of the suspension being lifted, staff persons A, B, C and D shall complete medication self-administration training for the 2019 training year. Documentation shall be kept for Department review.

SE 9/18/20

Within 30 days of receipt of the plan of correction: The administrator or designee shall audit all staff records to ensure that during the 2019 training year, all direct care staff received training in all topics, in accordance with §2600.65(f)(1-7). Due to COVID-19, Governor Wolf signed an Emergency Disaster Declaration on 3/6/20. As a result, regulation §2600.65(f) was suspended. The suspension shall end when Governor Wolf ends the Disaster Proclamation, unless OLTL has stated a different time or unless OLTL later sets another time. Within 90 days of the suspension being lifted, any missing trainings shall be completed. Documentation shall be kept for Department review.

SE 9/18/20

AMBLi 05/05/2020

81b - Resident Personal Equipment

Regulations

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

An uncovered bed enabler with an opening approximately 17" x 8 1/2" was attached to resident #1's bed in bedroom #132, posing an entrapment hazard.

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.)

See page 3a of 14

Legal Entity Representative

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Plan of correction implementation status as of 9/18/20 (Date)

☑ Implemented
☐ Not Implemented

ANNELI 05/05/2020

ROUSE
CARING FOR GENERATIONS

Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 81.b.

Objective: Resident Personal Equipment – Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Attachment: Resident Personal Equipment Audit form, Resident Review Meeting calendar event

Note: This resident was on a leave of absence upon inspection and not actively occupying the identified apartment. The bed enabler was immediately removed upon inspection. Additionally, the home health provider was immediately notified and updated on the procedures for placing bed enablers in such setting. The home health provider was also provided with the specific Title 55. Public Welfare Chapter 2600 Personal Care Home regulations for their reference.

Plan of Correction:

1. Home health provider is asked to provide weekly updates on current case load.
2. Geriatric Assessment Team will review the received update at the next scheduled Resident Review Meeting to determine if resident personal equipment audit is necessary.
3. If resident personal equipment audit is deemed necessary, a member of the Geriatric Assessment Team will complete the audit with the Resident Personal Equipment Audit form.
4. Upon completion of the Resident Personal Equipment Audit, the form will be turned in to the Administrator for review.

The home provided documentation indicating resident review meetings are held at a minimum of 3 times per week.

SE 9/18/20

AMS&H 05/05/2020

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/13/20, a white washcloth with a 1"x 3½" smear of feces was in the laundry basket in the private bathroom of resident #2 in bedroom #5.

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.)

See page 4a of 14

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☑ Implemented
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AWS 05/05/2020

ROUSE
CARING FOR GENERATIONS

Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 85.a.

Objective: Sanitary Conditions: Sanitary conditions shall be maintained to minimize the risk of resident illness, rodent and insect infestation, and provided dignified living conditions for residents.

Attachment: Residential Sanitary Condition Room Audit

Note: During inspection and upon detection the contaminated washcloth was immediately removed from bathroom.

Plan of Correction:

1. Resident Care Coordinator and Memory Care Coordinator will conduct random audits at least 1 time per week using the Residential Sanitary Condition Room Audit form until 12/30/2020. The purpose of this audit is to ensure dignified and sanitary conditions are met for residents within the facility.
2. Upon audit if negative results are found, staff will be advised to immediately tend to room condition.
3. Residential Sanitary Condition Room Audit forms will be collected and turned in to Administrator upon completion.
4. Administrator will conduct additional training and instruction if audit reveals negative results with appropriate staff such as but not limited to housekeeping, direct care workers and team leaders. Additionally, disciplinary action may be taken per Administrator discretion.

AWSH 05/05/2020

95 - Furniture and Equipment

Regulations

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The right side of the double fire doors between bedrooms #206 and #207 closes with enough force and velocity to pose a knock down risk.

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.)

See page 5a of 14

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☑ Implemented
☐ Not Implemented

AMcGill 05/05/2020

ROUSE
CARING FOR GENERATIONS

Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 95.

Objective: Furniture and Equipment – To ensure that furniture and equipment are clean, free of hazards, and in good repair to help maintain sanitary conditions in the home and minimize the risk that residents will suffer injury while using the furniture or equipment.

Attachment: Fire Door Mechanics Audit

Note: Upon detection, maintenance immediately adjusted the force and velocity of the double fire doors to a safe force and velocity. Additionally, it was requested from Administrator that DHS provided the recommended objective measurement tool to test such velocity and force for future use and auditing purposes.

Plan of Correction:

1. On a monthly basis, the fire door mechanics will be monitored and tested for safety with force and velocity noted. The maintenance department will perform a Fire Door Mechanics Audit to document such review. The purpose of this audit is to ensure the fire door mechanics closes properly to avoid any potential knock down risk or injury.
2. Should concern or system failure occur, Director of Plant Operations or the Administrator will be contacted immediately.
3. Upon completion of the Fire Door Mechanics Audit, the form will be turned in to the Administrator for review.

AWRN 05/05/2020

97 - Elevators/Lifting Devices

Regulations

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The home does not have a certificate of operation from the Department of Labor and Industry or appropriate local building authority for the 2 stair glides in the building.

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.)

See page 6a of 14

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☑ Implemented
☐ Not Implemented

AMRi 05/05/2020

ROUSE
CARING FOR GENERATIONS

Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 97.

Objective: Elevator/Lifting Device- Obtaining a certificate of operation will reduce the risk of injury to residents, staff, and visitors by ensuring that elevators and stair glides are safe and free of hazards.

Attachment: Correspondence with Labor and Industry Administrative Assistant, application for construction and alteration permit, application for permits from Construction Code Inspectors, Inc.

Note: On 5/1/2020 the Director of Plant Operations contacted the Department of Labor to request a permit application for two chair glides. Upon submission of applications it will take approximately 4-6 weeks for approval and then will be followed by an inspection. Until the inspection is completed, both chair glides will not be utilized and signage placed for non-use. Additionally, application requests were completed with Construction Code Inspectors, Inc. on 5/4/2020.

Plan of Correction:

1. Future installation of elevator/lifting devices will require a certificate of operation from the appropriate designated authority.
2. Director of Plant Operations will request such certificate of operation upon installation.
3. Director of Plant Operations will monitor and review renewals of certificate and comply with deadlines to ensure safety of residents, staff and visitors.

A certificate of occupancy was issued by the Uniform Construction Code for chair lifts on 5/4/20.

SE 9/18/20

AMS&I 05/05/2020

103g - Storing Food

Regulations

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 2/13/20 at 10:40 AM, 3 bowls of coleslaw, 3 bowls of applesauce, 2 bowls of yogurt and 2 bowls of salsa were stored uncovered in kitchen's reach in refrigerator.

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.)

See page 7a of 14

Legal Entity Representative

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☑ Implemented
☐ Not Implemented

AW 05/06/20

ROUSE
CARING FOR GENERATIONS

Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 103.g.

Objective: Storing Food- Food will be stored in closed and sealed containers to ensure that food is stored safely and protected from spoilage or infestation by insects and rodents.

Note: The identified uncovered food during inspection was immediately removed from refrigerator and disposed.

Attachment: Food Service and Storage Audit form

Plan of Correction:

1. Director of Dietary will conduct random audits at least 2 times per week until 12/30/2020 using the Food Service and Storage Audit form. The purpose of this audit is to ensure all food is properly stored in the recommended safe and protective method.
2. Upon audit if negative results are found, staff will be advised to immediately to remove and dispose the identified food.
3. Food Service and Storage Audit forms will be collected and turned in to Administrator upon completion.
4. Administrator will conduct additional training and instruction if audit reveals negative results with appropriate staff such as but not limited to dietary staff and direct care workers. Additionally, disciplinary action may be taken per Administrator discretion.

AMRN 05/05/2020

141b1 - Annual Medical Evaluation

Regulations

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's annual medical evaluation, dated 4/22/19, does not include her temperature and pulse rate.

Repeat Violation: 2/20/2019

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.)

See page 8a of 14

Legal Entity Representative

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☑ Implemented
☐ Not Implemented

AMBJ 05/15/2020

ROUSE
CARING FOR GENERATIONS

Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 141.b.1.

Objective: Annual Medical Evaluation – Accurate, updated medical information helps homes decide whether the resident's needs are met at the home, helps the home develop accurate assessments and support plans, and ensures the resident's medical needs are met.

Note: As of 4/24/20, the home meets on a weekly basis to review and schedule proper completion of residents DME and RASP for accuracy and compliance. This meeting consists of members from the homes Geriatric Assessment Team.

Attachment: RASP and DME Review - Weekly Meeting Calendar Event

Plan of Correction:

1. Upon return from yearly DME appointment, the Direct Care Worker Team Leader, Resident Care Coordinator or Memory Care Coordinator will inspect the DME for completion.
2. If incomplete DME, the PCP will be contacted immediately for completion and correction to DME.
3. On a weekly basis, the homes Geriatric Assessment Team will review and audit all DME's and RASP's for completion and compliancy purposes. This will continue on a weekly basis with no end date.

Resident #3 no longer resides at the home. SE 9/18/20

AMS&i 05/05/2020

183e - Storing Medications

Regulations

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 2/13/20, 6 large oxygen tanks were stored on the floor of bedroom #3 behind resident #4's recliner.

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.)

See page 9a of 14

Legal Entity Representative

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☑ Implemented
☐ Not Implemented

AWSci 05/05/2020

ROUSE
CARING FOR GENERATIONS

Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 183.e.

Objective: Storing Medications- Ensures that medications will be stored in a manner that prevents damage or loss.

Note: Upon detection, the oxygen tanks were secured and the oxygen provider was notified immediately. The oxygen provided then delivered the appropriate storage units for oxygen prior to the inspection exit.

Attachment: Medication Storage Audit form

Plan of Correction:

1. RN Supervisor will monitor the current list of residents receiving oxygen therapy.
2. The Resident Care Coordinator and Memory Care Coordinator will audit on a weekly basis until 12/30/2020 to ensure proper oxygen storage is utilized.
3. Upon new residents receiving oxygen therapy after 12/30/2020, the Resident Care Coordinator and Memory Care Coordinator will monitor proper oxygen storage on a monthly basis.
4. If improper storage is detected, the Resident Care Coordinator or Memory Care Coordinator will immediately contact the oxygen supplier.
5. Upon completion of the Medication Storage Audit, the form will be turned in to the Administrator for review.

AMS&ei 05/05/2020

187b - Date/Time of Medication Admin.

Regulations

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed Levothyroxine 88 MCG, give 1 tablet once a day. However, her February 2020 medication administration record (MAR) does not include the initials of the staff person who administered the medication on 2/8/20.

Resident #4 is prescribed Divalproex Sodium 125 MG, give 2 tablets twice a day. However, his February 2020 MAR does not include the initials of the staff person who administered the medication on 2/8/20 at 12:00 PM.

Resident #5 is prescribed Levothyroxine 88 MCG, give 1 tablet once a day. However, his February 2020 MAR does not include the initials of the staff person who administered the medication on 2/8/20.

Resident #7 is prescribed Levothyroxine 75 MCG, give 1 tablet once a day. However, her February 2020 MAR does not include the initials of the staff person who administered the medication on 2/8/20.

Resident #8 is prescribed Levothyroxine 50 MCG, give 1 tablet once a day. However, her February 2020 MAR does not include the initials of the staff person who administered the medication on 2/8/20.

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.)

See page 10a of 14

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☑ Implemented
☐ Not Implemented

AM 05/05/2020

ROUSE
CARING FOR GENERATIONS

Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 187.b.

Objective: Date/Time of Medication Administration- Ensures MAR accuracy by minimizing the changes of documentation mistakes if a resident refuses a medication.

Note: As of 5/1/2020, Administrator notified the Clinical Informatics Specialist and IT Systems Administrator on the contingencies with above mentioned regulation. The above interdisciplinary team described the use of employee identification numbers versus initials throughout the Rouse Estate. See attached correspondence for validity of employee identification number use and MAR system.

Attachment: Employee Identification Number Audit form, list of current employee identification numbers, correspondence with Clinical Informatics Specialist

Plan of Correction:

1. Should the current MAR system not accept employee initials, the Resident Care Coordinator, Memory Care Coordinator, RN Supervisor and Administrator will be provided with an updated Employee Identification Number list.
2. Administrative Assistant will audit Employee Identification Number list on a monthly basis until 12/30/2020, to verify accurate information on the list is in correlation with the current staff that administer medications and update the list for proper reference.
3. Upon completion of the Employee Identification Number Audit, the form will be turned in to the Administrator for review.

AMBei 05/05/2020

224a - Preadmission Screen Form

Regulations

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.

Description of Violation

Resident #6's preadmission screening form, dated 10/4/19, does not include a determination that the needs of the resident can be met by the services provided by the home.

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.)

See page 11a of 14

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☑ Implemented
☐ Not Implemented

AMRei 05/15/2020

ROUSE
CARING FOR GENERATIONS

Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 224.a.

Objective: Preadmission Screen Form – Ensures that the home can safely meet a residents needs prior to admission.

Attachment: Preadmission Screen Audit, Resident Move-In Checklist

Plan of Correction:

1. A member of the Geriatric Assessment Team will conduct an audit on all new admissions for completion and accuracy of Preadmission Screens within 30 days prior to admission.
2. Upon admission to the home and within 30 days of admission, all new resident charts will be audited with use of the Preadmission Screen Audit form prior to resident admission.
3. Administrative Assistant will complete the Resident Move-In Checklist as a double check for proper completion of required documents including the preadmission screen.

AMR 05/05/2020

231c - Preadmission Screening

Regulations

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on 8/24/19; however, a written cognitive preadmission screening was not completed.

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.)

See page 12a of 14

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☑ Implemented

☐ Not Implemented

05/05/2020

ROUSE
CARING FOR GENERATIONS

Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 231.c.

Objective: SDCU Preadmission Screen Form- Through completion of a written cognitive preadmission screening in collaboration with the physician and Geriatric Assessment Team prior to admission to SDCU helps both the resident and home establish what kinds of services the resident needs.

Attachment: Preadmission Screen Audit, Resident Move-In Checklist

Plan of Correction:

1. A member of the Geriatric Assessment Team will conduct an audit on all new secured dementia unit admissions for completion and accuracy of the Preadmission Screens.
2. Upon admission to the home and within 72 hours, all new secured dementia resident charts will be audited with use of the Preadmission Screen Audit form prior to resident admission.
3. Administrative Assistant will complete the Resident Move-In Checklist as a double check for proper completion of required documents including the preadmission screen for secured dementia unit admissions.

05/05/2020

233a - Lock Approval

Regulations

2600.
233.a. Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Description of Violation

The home does not have written approval from the Department of Labor and Industry, Department of Health or local building authority for the magnetic locks, used on the exit doors from the SDCU.

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.)

See page 13a of 14

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☑ Implemented
☐ Not Implemented

AMS&I 05/05/2020

ROUSE
CARING FOR GENERATIONS

Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 233.a.

Objective: Lock Approval- Granted approval of such locking system will prevent the immediate egress of residents and that the locking system has met the appropriate standards established by approval agencies.

Attachment: UL Product iQ Special Locking Arrangements- Component; Construction Code Inspectors Confirmation of Locking System Approval; Certification of Compliance, Locking Systems Audit, correspondence with Wilkins Security

Note: Upon inspector request, the above documents were personally provided and reviewed with our Director of Plant Operations. Dually noted, the appropriate local building authority reviewed and approved use of such locking system per attached letter.

Plan of Correction:

1. On a monthly basis and through 12/30/2020, the locking systems will be monitored and tested for safety. The maintenance department will utilize the Locking Systems Audit form to document such review. The purpose of this audit is to ensure the system prevents immediate egress of residents.
2. Memory Care Coordinator will monitor and test locking system on a monthly basis and through 12/30-2020 to ensure proper functioning of the system.
3. Should concern or system failure occur, the maintenance department will be contacted immediately.
4. Upon completion of the Locking Systems Audit, the forms will be turned in to the Administrator for review.
5. On a yearly basis, the Director of Plant Operations will schedule and conduct an audit from Wilkins Security or other outside vendor to approve function and safety of locking system.

The home submitted documentation indicating a Brokenstraw Township Building Code Official approved the magnetic locks used to exit the doors of the SDCU. SE 9/18/20

AWSLI 05/05/2020

234b - Support Plan Needs Elements

Regulations

2600.
234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #2 began receiving hospice services on 1/20/20; however, her support plan, dated 1/25/20, does not include a description or frequency of hospice services to be 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.)

See page 14a of 14

Legal Entity Representative

Signature | Printed Name and Title | Date

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

The above plan of correction is approved as of 9/18/20 (Date)

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

Plan of correction implementation status as of 9/18/20 (Date)

☑ Implemented
☐ Not Implemented

AWBH 05/05/2020

ROUSE
CARING FOR GENERATIONS

Suites at Rouse: Plan of Correction (POC)

Reference: Regulations 2600. 234.b.

Objective: Support Plan Needs Elements- Ensures that there is a plan to serve residents with challenging behaviors as soon as possible.

Attachments: RASP and DME Review - Weekly Meeting Calendar Event

Plan of Correction:

1. Upon detection of a resident significant change in condition, such as but not limited to receiving hospice services, the RASP will be updated to reflect the description and frequency of services rendered.
2. On a weekly basis, the homes Geriatric Assessment Team will review and audit all DME's and RASP's for completion and compliancy purposes. This will continue on a weekly basis with no end date.

Resident #2's RASP was updated.

SE 9/18/20

AWSBI 05/05/2020