

Department of Human Services  
Bureau of Human Service Licensing

January 11, 2022

[REDACTED]  
ROSEBROOK OPCO LLC  
723 SOUTH PIKE ROAD  
SARVER, PA, 16055

RE: ADULT LIVING AT ROSEBROOK  
723 SOUTH PIKE ROAD  
SARVER, PA, 16055  
LICENSE/COC#: 44961

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jason Williams

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *ADULT LIVING AT ROSEBROOK* License #: *44961* License Expiration: *03/01/2022*  
Address: *723 SOUTH PIKE ROAD, SARVER, PA 16055*  
County: *BUTLER* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *7242954300* Email: [REDACTED]

**Legal Entity**

Name: *ROSEBROOK OPCO LLC*  
Address: *723 SOUTH PIKE ROAD, SARVER, PA, 16055*  
Phone: *7242954300* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/02/2003* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *98* Waking Staff: *74*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *07/28/2021*

**Inspection Dates and Department Representative**

07/28/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *83*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *82*  
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *15* Have Physical Disability: *0*

**Inspections / Reviews**

**07/28/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/10/2021*

**01/10/2022 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/12/2022*

Inspection Dates and Department Representative (*continued*)

01/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 15a - Resident Abuse Report

## 1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

## Description of Violation

On 7/25/2021, at approximately 2:00 p.m., resident #1 indicated [REDACTED] was hit by a staff member. Staff persons A and B indicated the resident was upset and had a pinkish area on [REDACTED] left cheek shortly after the alleged incident. However, this allegation of abuse was not reported in accordance with the Older Adults Protective Services Act (OAPSA) until 7/27/21.

## Plan of Correction

Accept

Admin. and DON re-in-serviced staff of reporting any type of abuse immediately on 8/3/2021. We will continue to re-in-service staff at orientation and yearly thereafter. All staff are trained in reporting abuse during their initial orientation and it is documented and in the employees chart. This is also a yearly review for all staff.

Documentation is kept in each employee chart. Any suspected abuse will be called to the Admin. or DON immediately if they aren't on site.

## Document Submission

Implemented

see attached

## 16c - Written Incident Report

## 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On 7/25/2021, at approximately 2:00 p.m., resident #1 indicated [REDACTED] was hit by a staff member. Staff persons A and B indicated the resident was upset and had a pinkish area on [REDACTED] left cheek shortly after the alleged incident. However, this allegation of abuse was not reported in to the Department until 7/26/21 at 8:00 p.m.

## Plan of Correction

Accept

The employees were re-in-serviced on abuse reporting and the necessity of reporting immediately so that we can contact the regional office/complaint hotline within 24 hrs. This training was done by the Admin. and DON on 8/3/2021. Documentation will be kept in the employees chart. A yearly in-service will continue by ADMIN. and DON and during initial orientation.

## Document Submission

Implemented

see attached

## 227d - Support Plan Medical/Dental

## 1. Requirements

2600.

**227d - Support Plan Medical/Dental (continued)**

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Multiple staff interviews indicate that resident #1 has wandering behaviors. Resident #1 will exit seek, indicating [REDACTED] has to get to the bus or go to [REDACTED] house. The resident's support plan, dated [REDACTED], does not document how this need will be met.

**Plan of Correction****Accept**

Resident's care plan was updated by the DON on [REDACTED]. Care plans are to be updated annually or if there is a significant change. DON will update and review care plans monthly and with any significant change ongoing. Admin. and DON will review Care Plans monthly together.

**Document Submission****Implemented**

see attached