

Department of Human Services
Bureau of Human Service Licensing

February 3, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: SUITES AT ROUSE
615 ROUSE AVENUE
YOUNGSVILLE, PA, 16371
LICENSE/COC#: 46900

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/18/2021, 08/19/2021, 08/20/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[REDACTED]

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: *SUITES AT ROUSE* License #: *46900* License Expiration: *12/24/2021*
 Address: *615 ROUSE AVENUE, YOUNGSVILLE, PA 16371*
 County: *WARREN* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: <i>C-2 LP</i>	Date: <i>08/02/1995</i>	Issued By: <i>Labor & Industry</i>
Type: <i>I-2</i>	Date: <i>06/18/2019</i>	Issued By: <i>City of Warren</i>
Type: <i>Other</i>	Date: <i>04/18/2017</i>	Issued By: <i>City of Warren</i>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *94* Waking Staff: *71*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *10/26/2021*

Inspection Dates and Department Representative

08/18/2021 - On-Site: [REDACTED]
 08/19/2021 - On-Site: [REDACTED]
 08/20/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* Residents Served: *76*

Secured Dementia Care Unit

In Home: *Yes* Area: *Lower Level* Capacity: *12* Residents Served: *7*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>76</i>
Diagnosed with Mental Illness: <i>18</i>	Diagnosed with Intellectual Disability: <i>1</i>
Have Mobility Need: <i>18</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

08/18/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *11/27/2021*

02/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *02/10/2022*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

Plan of Correction

Accept

Reference: Regulation 2600.25(b)

Objective: The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Attachment: Suites at Rouse: Resident Move-In Checklist

Plan of Correction:

1. Resident #1 has signed the contract after annual inspection exit.
2. Upon admission, all new resident contracts will be signed by the administrator or a designee, the resident and the payer.
3. If the resident is unable to sign their contract, the resident will mark their contract and a note will be written and dated in the margin of this change.
4. If the resident wishes for another designee to sign the contract, a note will be written on the contract and signed by the resident of this request.
5. The Administrator will review each contract and sign off in the required places.
6. The Administrator will utilize the "Suites at Rouse: Resident Move-In Checklist" to audit all signatures on resident contracts.
7. The "Suites at Rouse: Resident Move-In Checklist" will be placed in the resident file with the signed contract.

Completion Date: 11/24/2021

95 - Furniture and Equipment

1. Requirements

2600.

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

Description of Violation

On 8/18/21, the PTAC unit in bedroom #3 of the secured dementia care unit was not operable. The unit was not plugged in to the electrical outlet.

Plan of Correction

Accept

Reference: Regulation 2600.95

Objective: Furniture and equipment must be in good repair, clean and free of hazards.

Attachment: Resident Personal Apartment Audit Form

Plan of Correction:

1. Upon identification of the unplugged PTAC unit in bedroom #3, maintenance staff immediately plugged the PTAC unit into electrical socket and turned on the unit, same day of inspection. Unit was in proper working condition.

95 - Furniture and Equipment (continued)

- 2. Housekeeping and Maintenance staff will audit 5 apartments per week on each hall to ensure all apartments and mechanics are in working order. Staff will complete the "Resident Personal Apartment Audit Form".
- 3. Director of Maintenance will provide Administrator with updates and apartment needs as identified.
- 4. Director of Maintenance will keep a log of apartment audits in a binder for review.
- 5. This audit is ongoing with no end date.

Completion Date: 11/24/2021

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Resident #2 does not have access to a source of light that can be turned on/off at bedside.

Resident #3 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

Reference: Regulation 2600.101 (j) 7

Objective: An operable lamp or other source of lighting that can be turned on at bedside.

Attachment: Resident Personal Apartment Audit Form, Suites at Rouse: Resident Move-In Checklist

Plan of Correction:

- 1. Resident #1, #2 and #3 were immediately provided with operable flashlights at bedside same day of inspection.
- 2. The Administrator will review the "Suites at Rouse: Resident Move-In Checklist" upon contract completion to ensure the resident has a source of light at bedside upon admission.
- 3. Housekeeping and Maintenance will utilize the "Resident Personal Apartment Audit Form" to ensure each resident has a source of light at bedside.
- 4. Housekeeping and Maintenance staff will audit 5 apartments per week on each hall and notify their Director if a light source is missing or inoperable.
- 5. Director of Maintenance will provide Administrator with updates and apartment needs as identified.
- 6. Director of Maintenance will keep a log of apartment audits in a binder for review.
- 7. This audit is ongoing with no end date.

Completion Date: 11/24/2021

105c - Supply Linens/Towels

1. Requirements

2600.

105.c. The supply of bed linens and towels shall be sufficient to ensure a complete change of bed linen and towels at least once per week.

Description of Violation

The home does not maintain a common bed linen supply. Resident #2 has only 1 set of bed linens.

Plan of Correction

Accept

Reference: Regulation 2600. 105 (c)

Objective: The supply of bed linens and towels shall be sufficient to ensure a complete change of bed linen and towels at least once per week.

Attachment: Resident Personal Apartment Audit Form

Plan of Correction:

1. One additional supply of bed linens and bath towels were provided to resident #2.
2. Housekeeping and Maintenance will utilize the "Resident Personal Apartment Audit Form" to ensure each resident has an appropriate supply of linens, toiletries and supplies.
3. Housekeeping and Maintenance staff will audit 5 apartments per week on each hall and notify the Resident Care Coordinator of any needed supplies.
4. Director of Maintenance will provide Administrator with updates and apartment needs as identified.
5. Director of Maintenance will keep a log of apartment audits in a binder for review.
6. This audit is ongoing with no end date.

Completion Date: 11/24/2021

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.

Description of Violation

Resident #2 is prescribed [redacted], 1 puff orally 2 times daily. However, resident #2's August 2021 medication administration record indicates [redacted], 1 puff orally 2 times daily.

Plan of Correction

Accept

Reference: Regulation 2600. 187 (a)

187a - Medication Record (continued)

Objective: A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.

Attachment: Medication Order Audit Form

Plan of Correction:

- 1. During inspection, the prescribed dose was clarified and correct in the EMAR system for resident #2.
- 2. On a monthly basis, a member of the Geriatric Assessment Team will complete 10 resident chart/EMAR and prescription order audits. The Medication Order Audit Form will be completed and findings will be corrected upon identification.
- 3. Corrections will be communicated to the RN Supervisor/Administrator to ensure proper auditing and compliance is maintained.
- 4. RN Supervisor will keep a log of Medication Order Audits in a binder for review.
- 5. This audit is ongoing with no end date.

Completion Date: 11/24/2021

187d - Follow Prescriber's Orders

1. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted] apply one patch daily as needed for pain – left shoulder. However, on 8/18/21 this medication was not available in the home.

Plan of Correction

Accept

Reference: Regulation 2600. 187 (d)

Objective: Medication records: The home shall follow the directions of the prescriber.

Attachment: Medication Order Audit Form

Plan of Correction:

- 1. Resident #1 current order for prescription was verified and updated in EMAR system upon inspection.
- 2. On a monthly basis, a member of the Geriatric Assessment Team will complete 10 resident chart/EMAR and prescription order audits. The Medication Order Audit Form will be completed and findings will be corrected upon identification.
- 3. Corrections will be communicated to the RN Supervisor/Administrator to ensure proper auditing and compliance is maintained.
- 4. RN Supervisor will keep a log of Medication Order Audits in a binder for review.

187d - Follow Prescriber's Orders (continued)

5. This audit is ongoing with no end date.

Completion Date: 11/24/2021

227g -Support Plan Signatures**1. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4's support plan, dated [REDACTED], was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction**Accept**

Reference: Regulation 2600. 227 (g)

Objective: Development of the support plan: Individuals who participate in the development of the support plan shall sign and date the support plan.

Attachment: RASP Audit Form

Plan of Correction:

1. Resident #4 has signed and dated support plan.

2. All current residents at the Suites at Rouse will have their current RASP audited by 12/17/2021 for a facility wide review.

3. On a weekly basis, members of the Geriatric Assessment Team will attend a RASP and DME Weekly Meeting to discuss and identify required changes to the current resident support plans.

4. All support plans will be signed and dated upon completion by the resident and staff who completed the support plan.

5. On a monthly basis, members of the Geriatric Assessment Team will review and audit three RASP's. This audit will continue on a monthly basis with no end date.

Completion Date: 11/24/2021