

Department of Human Services
Bureau of Human Service Licensing

January 28, 2022

[REDACTED], ADMINISTRATOR

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 licensing inspections on 11/03/2021, 11/04/2021 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,

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

August 11, 2022

[REDACTED], ADMINISTRATOR

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 11/03/2021, 11/04/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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: *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: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *ROSEBROOK OPCO LLC*
Address: *723 SOUTH PIKE ROAD, SARVER, PA, 16055*
Phone: [REDACTED] 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: *92* Waking Staff: *69*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/04/2021*

Inspection Dates and Department Representative

11/03/2021 - On-Site: [REDACTED]
11/04/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *82*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *10* Have Physical Disability: *0*

Inspections / Reviews

11/03/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/20/2021*

Inspections / Reviews (*continued*)

01/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/13/2022*

01/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/14/2022*

08/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 [redacted]/21, at approximately [redacted] p.m., resident #1 was found unresponsive in a resident bedroom and was admitted to the hospital from [redacted]/21 [redacted] 21. However, the home did not report this incident to the Department.

Plan of Correction

Directed

The home will report the incident/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. An in-service with all med techs and charge persons was completed by the Admin. and DON on 1/7/2022. Another training will be done with all staff on 1/13/2022 at 2pm by the Admin. and DON. During these in-services, we will go over documentation that is completed daily in an ongoing communication log that is checked daily by all staff persons. This will also continue to be monitored daily by the Admin. and DON.

(Directed) The administrator will complete incident reports for the incident involving residents #1 and submit the reports to the northwestern regional office. Documentation of training and monitoring will be submitted to the Department. ([redacted] 1/28/22)

Completion Date: 01/07/2022

Document Submission

Implemented

The home will report the incident/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. An in-service with all med tech and charge persons was completed by the Admin. and DON on 1/7/2022. Another training will be done with all staff on 1/13/2022 at 2pm by the Admin. and DON. During these in-services, we will go over documentation that is completed daily in an ongoing communication log that is checked daily by all staff persons. This will also continue to be monitored daily by the Admin. and DON. See attached. An incident report was completed by the Admin. on 11/4/2022 during the survey and sent to the northwest regional office. I also gave a copy to the surveyor on 11/4/2022. See attached.

81b - Resident Personal Equipment

1. Requirements

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

On 11/4/21, at 4:00 p.m., there was an enabler bar present on resident #2's bed, with an opening measuring approximately 6" x 10", posing a potential entrapment hazard.

Plan of Correction

Accept

All direct care and ancillary staff will be trained on checking all resident personal equipment on a daily basis for cleanliness, good repair, and free from hazards. Training was completed on 1/7/2022 by Admin. with the maintenance and ancillary staff. The enabler on Resident #2's bed was repaired on 11/4/2021 by the maintenance staff during the inspection. The surveyor was aware of the repair. All staff will have a training on 1/13/2022 @ 2pm by the Admin regarding this regulation. Ancillary/Direct care staff will monitor this on a daily basis and document

81b - Resident Personal Equipment (continued)

in the daily communication log of any problems or broken equipment in need of repair. The maintenance staff will check the log daily

Completion Date: 01/07/2022

Document Submission

Implemented

Attached is training sign in sheet

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #3's glucometer was used to test resident #1's blood sugar on 10/6/21 at approximately 7:30 p.m.

Plan of Correction

Accept

All med techs were trained on 1/7/2022 by Admin. and DON that residents that leave the building with a glucometer machine alert the families that they cannot use the glucometer on anyone else except their loved one. A written note will be given to the family upon taking their loved one out of the building that the glucometer machine can only be used for their loved one only. All staff will also be trained on this on 1/13/2022 @ 2pm by the Admin. and DON. Staff will document in the daily communication log regarding any resident with a glucometer that leaves the building with their loved one that the family member was given the note stating the glucometer can only be used by the resident.

Completion Date: 01/07/2022

Document Submission

Implemented

see attached training

92 - Windows**1. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 11/3/21, the screen in resident #4's bedroom window had a 2" x 4" hole in the bottom right corner.

Plan of Correction

Accept

Ancillary staff were trained on 1/7/2022 by Admin. on doing daily checks regarding windows and screens. Any problems or repairs that are needed will be documented in the daily communication log that is read by all staff daily. All staff will be trained on this regulation on 1/13/2022 @2pm by the Admin. and continue to have them document in the daily communication log that is read daily by all staff persons. The screen was replaced on 11/3/2021 by the maintenance dept. The surveyor was aware of the repair. Future repairs will be the responsibility of the maintenance department however all staff are responsible to report any problems.

Completion Date: 11/03/2021

Document Submission

Implemented

see attached training

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

On 11/3/21 at 3:10 p.m., there was no operable lamp or other source of lighting that could be turned on/off at resident #3's bedside.

Plan of Correction**Accept**

All ancillary and maintenance staff were trained on 1/7/2022 by the Admin. regarding the lighting/operable lamp regulation. All staff will be trained on 1/13/2022 by the Admin. and maintenance staff to check and make sure that every resident has an operable light source by their bed. All staff will document any problems in the daily communication log that is read by all staff on a daily basis. Maintenance/ Housekeeping departments will be in charge of any repairs that are needed and will also document this in the daily communication log. A new light was placed on the wall by the resident's bed on 11/3/2021. The surveyor was aware of this during the inspection that this was done.

Completion Date: 01/07/2022**Document Submission****Implemented***see attached training*