

Department of Human Services
Bureau of Human Service Licensing

April 27, 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 licensing inspections on 02/02/2022, 02/03/2022 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,
Amy Duncan

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

June 21, 2022

DENA SHELTON, ADMINISTRATOR
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 02/02/2022, 02/03/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Amy Duncan

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: *03/01/2023*
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: *08/22/2005* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *93* Waking Staff: *70*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Indicator* Exit Conference Date: *03/04/2022*

Inspection Dates and Department Representative

02/02/2022 - On-Site: [REDACTED]
02/03/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *79*

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: *78*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

02/02/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/25/2022*

Inspections / Reviews (*continued*)

04/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/28/2022*

04/27/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/03/2022*

06/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/17/2022*

06/21/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's most recent assessment, dated [REDACTED], indicates the resident requires some physical assistance with ambulating, and [REDACTED] most recent support plan, dated [REDACTED], indicates, "Staff can assist with pushing [REDACTED] wheelchair if needed or provide reminders." However, on 1/15/22 at approximately 6:00 p.m., the resident left the dining room after dinner without assistance or a reminder from staff and was self-propelling [REDACTED] wheelchair when [REDACTED] turned it toward the stairs near the home's front entrance, falling down the flight of stairs leading from the main floor to the bottom floor of the home.

Plan of Correction

Accept

Direct care staff will be re-trained on ADL assistance along with RASP/Support Plans on 5/3/2022. Direct care staff training will be done by the DON and Administrator. This training will be done during initial orientation as well as yearly by the DON and Administrator. Documentation of training will be in the employee chart as well as a staff sign in sheet for the in-service on 5/3/2022. This resident has left and been moved to a locked facility on 3/28/2022. [REDACTED] has been on a wait list for a low income bed at the locked facility.

Completion Date: 05/03/2022

Document Submission

Implemented

see attached documents

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #1's most recent assessment, dated [REDACTED], indicates the resident requires minimal supervision, and the resident's most recent support plan, dated [REDACTED] indicates the resident "may become confused in an unfamiliar setting"; however, there is no plan to meet the resident's supervision needs. This area of the form is blank.

Plan of Correction

Accept

The blank area of the support plan was updated on [REDACTED] by the Administrator. See attached. The DON provided training to the administrator on 3/16/2022 for completing RASP. The DON will complete the assessment within 15 days of admission and then yearly or with a significant change. The support plan will be completed by the DON within 30 days of admission, yearly or with a significant change, or at the department's request. The Administrator will check the RASPS monthly for accuracy and completion.

Completion Date: 03/16/2022

Document Submission

Implemented

[REDACTED] already attached this.