

Department of Human Services
Bureau of Human Service Licensing

July 1, 2022

[REDACTED]
615 ROUSE AVENUE
YOUNGSVILLE, PA, 16371

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 review on 05/10/2022, 05/12/2022 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: *SUITES AT ROUSE* License #: *46900* License Expiration: *12/24/2022*
Address: *615 ROUSE AVENUE, YOUNGSVILLE, PA 16371*
County: *WARREN* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *8145631650* Email: [REDACTED]

Legal Entity

Name: *BOARD OF DIRECTORS OF THE ROUSE ESTATE*
Address: *615 ROUSE AVENUE, YOUNGSVILLE, PA, 16371*
Phone: *8145631650* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/02/1995* Issued By: *L&I*
Type: *I-2* Date: *06/18/2019* Issued By: *City of Warren*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *91* Waking Staff: *68*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *05/16/2022*

Inspection Dates and Department Representative

05/10/2022 - On-Site: [REDACTED]
05/12/2022 - 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: *6*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *15* Have Physical Disability: *0*

Inspections / Reviews

05/10/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/10/2022*

Inspections / Reviews *(continued)*

06/16/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *06/24/2022*

07/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 4/15/22, on the 2:00 pm,-10:00 pm. shift, multiple residents did not receive their 8:00 pm. medication administration until after 10:00 pm. through 1:00 am., including resident #1. According to multiple staff interviews, these services could not be provided due to lack of available direct care staffing in the home.

Plan of Correction

Accept

Reference: Regulation 2600. 60 (a)

Objective: Additional staffing based on the needs of the residents.

Attachment: Daily Census and Report Form

Plan of Correction:

1. Resident #1 has an updated RASP on file to include specific care needs.
2. Resident #1 current order for prescription was verified and updated in EMAR system upon inspection.
3. On a weekday daily basis, members of the Geriatric Assessment Team will attend a 24-Hour Resident Review Meeting to discuss any identified resident changes or needs.
4. Upon detection of a change in staffing needs, a member of the Geriatric Assessment Team will review the current staff schedule and adjust to support resident and care ratio needs.
5. The Senior Team Leader will complete and post the direct care staff schedule up to two weeks ahead of time to allow for coverage of staffing needs.
6. The RN Supervisor or Administrator will review the schedule with the Senior Team Leader weekly.

Completion Date: 06/08/2022

Document Submission

Implemented

Reference: Regulation 2600. 60 (a)

Objective: Additional staffing based on the needs of the residents.

Attachment: Daily Census and Report Form

Plan of Correction:

1. Resident #1 has an updated RASP on file to include specific care needs.
2. Resident #1 current order for prescription was verified and updated in EMAR system upon inspection.
3. On a weekday daily basis, members of the Geriatric Assessment Team will attend a 24-Hour Resident Review Meeting to discuss any identified resident changes or needs.
4. Upon detection of a change in staffing needs, a member of the Geriatric Assessment Team will review the current staff schedule and adjust to support resident and care ratio needs.
5. The Senior Team Leader will complete and post the direct care staff schedule up to two weeks ahead of time to allow for coverage of staffing needs.
6. The RN Supervisor or Administrator will review the schedule with the Senior Team Leader weekly.

187b - Date/Time of Medication Admin.

1. Requirements

187b - Date/Time of Medication Admin. (continued)

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 #2 is prescribed Synthroid, 75 mcg, 1 tab on Monday, Tuesday, Wednesday, Thursday, Friday at 5:00 pm. Resident 2's April and May 2022 medication administration records (MAR), does not include the initials of the staff person who administered the medication on 4/8/22 and 5/6/22, at 5:00 am.

Plan of Correction

Accept

Reference: Regulation 2600. 187 (b)

Objective: Medication records: the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Attachment: Medication Order Audit Form

Plan of Correction:

1. Resident #2 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.
5. This audit is ongoing with no end date.

Completion Date: 06/08/2022

Document Submission

Implemented

Reference: Regulation 2600. 187 (b)

Objective: Medication records: the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Attachment: Medication Order Audit Form

Plan of Correction:

1. Resident #2 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.
5. This audit is ongoing with no end date.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #1 is prescribed Midodrine HCl, 2.5 mg, 1 tab twice daily, at 7:00 am. and 8:00 pm. However, this medication was not administered on 4/7/22 and 4/8/22, at 8:00 pm.

Resident #2 is prescribed wrapping of bilateral legs with gauze and then conform every morning one time a day for wound care for edema. However, staff interviews and resident #2s May 2022 MAR, indicates the proscribed procedure was not provided on 5/6/22 and 5/9/22.

Plan of Correction

Accept

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

Attachment: Medication Order Audit Form

Plan of Correction:

1. Resident #1 and #2 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.
5. This audit is ongoing with no end date.

Completion Date: 06/08/2022

Document Submission

Implemented

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

Attachment: Medication Order Audit Form

Plan of Correction:

1. Resident #1 and #2 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.
5. This audit is ongoing with no end date.

225c - Additional Assessment

1. Requirements

2600.
 225.c. The resident shall have additional assessments as follows:
 1. Annually.

Description of Violation

Resident #2 is prescribed bilateral leg wraps and unna boots applied daily for weeping of feet due to edema. Resident 2's assessment, dated [REDACTED], does not include the specific care needed for legs, frequency and all responsible parties.

225c - Additional Assessment (continued)

Plan of Correction**Accept***Reference: Regulation 2600. 225 (c) (1)**Objective: Initial and annual assessment; annually.**Attachment: RASP Audit Form**Plan of Correction:*

1. Resident #2 has an updated RASP on file to include specific care needs.
2. 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.
3. All support plans will be signed and dated upon completion by the resident and staff who completed the support plan.
4. 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: 06/08/2022**Document Submission****Implemented***Reference: Regulation 2600. 225 (c) (1)**Objective: Initial and annual assessment; annually.**Attachment: RASP Audit Form**Plan of Correction:*

1. Resident #2 has an updated RASP on file to include specific care needs.
2. 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.
3. All support plans will be signed and dated upon completion by the resident and staff who completed the support plan.
4. 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.