

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

May 12, 2023

[REDACTED] KI, ADMINISTRATOR
BOARD OF DIRECTORS OF THE ROUSE ESTATE
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 12/28/2022, 12/29/2022, 01/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SUITES AT ROUSE **License #:** 46900 **License Expiration:** 12/24/2023
Address: 615 ROUSE AVENUE, YOUNGSVILLE, PA 16371
County: WARREN **Region:** WESTERN

Administrator

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

Legal Entity

Name: BOARD OF DIRECTORS OF THE ROUSE ESTATE
Address: 615 ROUSE AVENUE, YOUNGSVILLE, PA, 16371
Phone: [REDACTED] **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:** 88 **Waking Staff:** 66

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 01/24/2023

Inspection Dates and Department Representative

12/28/2022 - On-Site: [REDACTED]
12/29/2022 - On-Site: [REDACTED]
01/24/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 120 **Residents Served:** 70

Secured Dementia Care Unit

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

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 70
Diagnosed with Mental Illness: 5 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 18 **Have Physical Disability:** 0

Inspections / Reviews

12/28/2022 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/18/2023

Inspections / Reviews (*continued*)

03/14/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/31/2023
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 03/16/2023

03/22/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/31/2023
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 03/31/2023

05/12/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/31/2023
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], at approximately [REDACTED] Resident #1's stepdaughter informed the home of a possible theft regarding Resident #1s monies. However, this incident was not reported to the Department until, [REDACTED] at approximately [REDACTED] p.m.

Plan of Correction

Accept [REDACTED] - 03/22/2023)

1

Staff will be re-educated on policy regarding reporting requirements and process for reporting - and sign off on policy. **THIS will be completed by 3-31-2023.**

PCHA

2

All reportable events will be logged on a spreadsheet to monitor for adherence. **THIS was completed on 1-1-2023.**

All Staff

Direct of Social Services

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented [REDACTED] - 04/07/2023)

26a - Quality Management Plan

2. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home had not completed any quality management reviews in the past 12 months.

Plan of Correction

Accept [REDACTED] - 03/14/2023)

1

Implementation of Geriatric Team Huddles to occur 2x/month at a minimum to include environmental, safety, quality, HR, licensing, metrics and compliance.

PCHA

COMPLETED: 1/24/2023, 1/31/2023, 2/14/2023

2

Update QMP policy to include frequency of meetings, responsible parties and Plan-Do-Check-Act feedback cycle

PCHA

3/31/2023

3

Educate QMP participants on policy and individual responsibilities

PCHA

3/31/2023

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented [REDACTED] 04/11/2023)

26a - Quality Management Plan (continued)

96a - First Aid Kit

3. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 12/29/22, the home's brown Subbarao Outback vehicle used to transport residents did not have a first aid kit in it.

On 12/29/22, the home's white Ford resident transport van's first aid kit's contents were unable to be accessed due to a corroded zipper.

Plan of Correction

Accept () 03/22/2023

1

All Rouse vehicles will be equipped with First Aid kits that are accessible. **THIS was completed in February 2023.**

Director of Life Enrichment

Transportation Coordinator

2

Rouse transportation policy will be updated to detail first aid kits and that they are to be accessible. **THIS was completed on February 21, 2023.**

Director of Life Enrichment

Transportation Coordinator

3

Monthly vehicle inspection checklist will include first aid kits are included and accessible. **THIS was completed on February 2023.**

Director of Life Enrichment

Transportation Coordinator

Licensee's Proposed Overall Completion Date: 03/16/2023

Implemented () - 04/07/2023

100b - Removal Snow/Obstructions

4. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 12/28/22, at approximately 11:00 a.m., there was approximately 2 inches of snow on the sidewalk immediately outside of the Memory Care Unit's exit leading to the courtyard.

Plan of Correction

Accept () - 03/14/2023

1

Outside walkways, ramps, steps, recreational areas and exterior fire escapes are free from obstruction. During winter, this includes removal of ice/snow. The exit to the MCC Courtyard was not shoveled. Education with the maintenance worker was done and removal was done immediately.

100b - Removal Snow/Obstructions (continued)

Maintenance Director

Maintenance Worker

12/28/2022 and ongoing

2

Snow and ice removal policy will be reviewed and signed off by all maintenance staff

Maintenance Director

2/28/2023

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented () - 04/07/2023)

132c - Fire Drill Records

5. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home did not conduct an unannounced fire drill for the months of May, June, and August of 2022.

Plan of Correction

Accept () - 03/22/2023)

Action Owner Completion Date

1 Fire drills will be conducted in accordance with regulations. If under a Public Health Emergency, written record with the Regional Director as to circumstances and if any alterations to drills is sought/approved will be on file.

PCHA

Maintenance Director

This was done for November 2022 drill on 11/23/2022 and all drills have been conducted since.

2 Fire drill policy will be updated to include communication with regional office requirement. **THIS will be completed by 3-31-2023.**

PCHA

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented () - 04/11/2023)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141a 1 10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #2's documented medical evaluation completed on [REDACTED] did not include a temperature assessment or medication regimen. The fields were blank.

Residents #3's documented medical evaluation completed on [REDACTED] did not include a body positioning, cognitive functioning and health status assessment. The fields were blank.

Plan of Correction

Accept ([REDACTED] - 03/14/2023)

1

All completed DMEs will be reviewed by 2 members of the Geriatric Assessment Team to assure that all fields have been completed. Providers office will be contacted to complete any incomplete areas. Each staff will initial/date DME.

Resident Care Coordinator
Director of Clinical Services
LPN
Director of Social Services
PCHA
2/28/2023

2

For current Residents requiring annual or updated DME, 2 copies of the current MAR will be provided to the PCP with the DME. 1 copy will have instructions to update and return with the completed DME.

Resident Care Coordinator
Director of Clinical Services
2/28/2023

3

Policy will be updated to reflect double check system
Director of Clinical Services
2/28/2023

4

A monthly audit of checklists, DME and RASP will be completed on 5 residents to monitor compliance.
PCHA
4/30/2023

Licensee's Proposed Overall Completion Date: 04/30/2023

141a 1-10 Medical Evaluation Information (continued)

Implemented (█) - 05/11/2023)

224a - Preadmission Screen Form

7. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4 was admitted to the Memory Care Unit on █ however, there was no preadmission screening form completed.

Resident #5, pre-screen completed █, did not include a determination of the home being able to meet the needs of the resident.

Plan of Correction

Accept █ - 03/14/2023)

1

All completed PreAdmission Screen's will be completed within 30 days prior to admission to unsecure unit, or 72-hours prior to admission to secure unit and reviewed by 2 members of the Geriatric Assessment Team to assure that all fields have been completed. A double check system will be in place to confirm that all areas are complete and that the PCH can meet the potential resident's needs. Reviewing staff will initial/date DME.

Resident Care Coordinator
Director of Clinical Services
LPN

Director of Social Services
PCHA
2/28/2023

2

Policy will be updated to reflect the double check system
Director of Clinical Services
2/28/2023

3

A monthly audit of checklists, DME and RASP will be completed on 5 residents to monitor compliance.
PCHA
4/30/2023

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented █ - 05/11/2023)

227d - Support Plan Medical/Dental

9. 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

Resident #3 utilizes an enabler. However, the resident’s support plan dated [REDACTED] does not include the use of an enabler.

Resident #7 receives hospice services. However, the resident's support plan dated [REDACTED], does not include the services provided by hospice or the frequency of services.

Resident's #8 utilizes an enabler. However, the resident’s support plan dated [REDACTED], does not include the use of an enabler.

Plan of Correction

Accept [REDACTED] - 03/22/2023)

1

An Environmental Safety Checklist (ESC) will be completed for all residents within 30 days of admission and annually. This will include review of hazards and assistive devices. The ESC will be reviewed by the GAT in conjunction with the RASP.

Director of Clinical Services

2/28/2023

2

A Environment Safety Checklist policy will be developed

Director of Clinical Services

2/28/2023

3

An assistive/outside supports checklist will be kept. Any changes/additions/deletions will be updated on the RASP

Resident Care Coordinator

2/28/2023

4

A monthly audit of checklists, DME and RASP will be completed on 5 residents to monitor compliance.

PCHA

4/30/2023

5. Residents #3, #7, and #8 will have their RASP updated the services and/or supports that were identified by their provider. **THIS will be done by 3-31-2023.**

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented [REDACTED] - 05/12/2023)