

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

April 11, 2023

[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 review on 01/03/2023, 01/04/2023 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: ADULT LIVING AT ROSEBROOK License #: 44961 License Expiration: 03/01/2024  
 Address: 723 SOUTH PIKE ROAD, SARVER, PA 16055  
 County: BUTLER Region: WESTERN

## Administrator

Name: [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: Dept L & I

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 98 Waking Staff: 74

## Inspection Information

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 01/04/2023

## Inspection Dates and Department Representative

01/03/2023 - On-Site: [REDACTED]  
 01/04/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 100 Residents Served: 84

## Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

## Hospice

Current Residents: 2

## Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 83  
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 14 Have Physical Disability: 0

## Inspections / Reviews

## 01/03/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/23/2023

## 02/02/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/20/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/09/2023

Inspections / Reviews (*continued*)

## 02/07/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/14/2023

## 03/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/24/2023

## 04/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 82a - Poisonous Materials

## 1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

## Description of Violation

On 1/3/23 at 10:45am, according to staff, a 500ml clear, unlabeled spray bottle contained PINE SOL cleaning solution located on the top of the cleaning cart in the basement mechanical storage room. Original product labeling indicates "Contact poison control if swallowed."

## Plan of Correction

Accept (SQ - 02/07/2023)

The employee, [REDACTED] immediately disposed of the liquid in the unlabeled spray bottle. [REDACTED] was re-educated on 1/3/2023 by the administrator that poisonous materials shall be stored in their original labeled containers in front of the department representative. All staff will be re-educated on this regulation on 1/26/2023 by the Administrator. The housekeeping supervisor will monitor the cleaning carts effective 1/3/2023 that the appropriate labeled supplies are on the housekeeping carts weekly to ensure compliance. See attached.

Licensee's Proposed Overall Completion Date: 02/06/2023

Implemented (JG - 04/11/2023)

## 102i - Soap Dispenser

## 2. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

## Description of Violation

On 1/3/22 at 10:10am an unlabeled green bar of soap was in the 1st floor spa bathroom shower area.

## Plan of Correction

Accept (SQ - 02/07/2023)

A staff member had just completed a resident shower in the first floor spa area. [REDACTED] was assisting the resident back to their room and was returning to gather up the resident's toiletries and return them to the resident that [REDACTED] had just showered. The bar of soap was disposed of on 1/3/2022 by the administrator. The resident had more soap in their room that was labeled in a container with their name on it. [REDACTED] was re-educated by the admin. on 1/3/2022 that bars of soap cannot be left in a common/shared area unless it is labeled with the resident's name on it in a container. The facility provided new labeled soap for the resident after disposing of the old bar on 1/3/2023. All staff will be re-educated on this regulation on 1/26/2023 by the administrator. The charge person on each shift will monitor the shared/spa bathrooms to ensure that toiletries are clearly labeled with the resident's name on daily starting 1/3/2023.

Licensee's Proposed Overall Completion Date: 02/06/2023

Implemented (JG - 04/11/2023)

## 103d - Storing Food Off Floor

## 3. Requirements

2600.

103.d. Food shall be stored off the floor.

**103d - Storing Food Off Floor (continued)****Description of Violation**

*On 1/3/22 at 10:30am, one 2-liter bottle of soda, three 1-liter bottles of flavored water, and two 1-liter bottles of juice were stored on the floor of the basement activity storage closet across from bedroom #011.*

**Plan of Correction****Accept (SQ - 02/07/2023)**

*The unopened bottle of soda, flavored water, and juice bottles were removed off of the carpet floor and placed on the shelf by the administrator in front of the department representative on 1/3/2023. Activity staff was re-educated by the administrator on 1/3/2023 that food shall be stored off the floor and on the shelves in the activity closet. All staff were re-educated on 1/26/2023 by the administrator that food is to be stored off the floor. The activity director will monitor the activity closets weekly to ensure that food is stored off the floor starting 1/3/2023. The housekeeping staff will monitor the other closets in the building on a weekly basis starting 1/3/2023 to ensure that food is stored off of the floor as well.*

**Licensee's Proposed Overall Completion Date: 02/06/2023**

**Implemented (JG - 04/11/2023)****103e - Left Overs****4. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*On 1/3/23 at 11:00am, an unlabeled, undated one-gallon bag, containing what staff described as fish, tomatoes, and other vegetables, was stored in the standup refrigerator section of the refrigerator/ freezer in the main kitchen.*

*On 1/3/23 at 11:00am, an unlabeled, undated a one-gallon bag, containing what staff described as as chicken, potatoes, and tomatoes, was stored in the standup refrigerator section of the refrigerator/freezer in the main kitchen.*

**Plan of Correction****Accept (SQ - 02/07/2023)**

*The head of the dietary department disposed of the two unlabeled bags of food that weren't labeled and dated from dinner the previous evening on 1/3/2023 in front of the department representative. The administrator re-educated the head of the dietary department on 1/3/2023 on labeling and dating leftover food. All staff are going to be re-educated on 1/26/2023 by the administrator regarding labeling and dating leftover food. The head of the dietary department will continue to monitor that food is labeled and dated daily for compliance effective 1/3/2023.*

**Licensee's Proposed Overall Completion Date: 02/06/2023**

**Implemented (JG - 04/11/2023)****144c1 - Smoking Area Guidelines****5. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

144c1 - Smoking Area Guidelines (*continued*)

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

*On 1/3/23 at 11:30 am, multiple cigarette butts were in two plastic, non fire safe receptacles at the main floor patio/covered porch designated smoking area.*

**Plan of Correction****Accept (SQ - 02/07/2023)**

*The cigarette butts and containers were disposed of by the maintenance department on 1/3/2023. All staff will be re-educated on this regulation on 1/26/2023 by the administrator. The resident that goes outside to smoke was re-educated on where ■■■ cigarette butts are to be disposed of by the administrator on 1/3/2023. The fireproof can on the covered porch was shown to the resident by the administrator as to where ■■■ butts are to be disposed in on 1/3/2023. The resident's family member was also notified on 1/3/2023 by the administrator and asked to please remind ■■■ that ■■■ cigarette butts are to be disposed of in the fireproof can on the covered porch. The maintenance staff will monitor the designated smoking area daily to ensure compliance effective 1/3/2023.*

**Licensee's Proposed Overall Completion Date: 02/06/2023**

**Implemented (JG - 04/11/2023)**

## 183d - Prescription Current

**6. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

*On 11/8/22, resident #1 was prescribed N-Acetyl-L-Cysteine 600mg - Take 1 capsule by mouth daily for 30 days. However, on 1/4/23 at 2:15 p.m., more than 10 capsules of this medication were in the medication cart.*

**Plan of Correction****Accept (SQ - 02/07/2023)**

*The discontinued medication was removed from the medication cart by the DON on 1/4/2023 in front of the department representative to be sent back to the pharmacy for disposal. The DON will do a med cart audit on 1/5/2023. The DON will re-educate med tech staff on the above regulation on 1/26/2023. The main med tech and DON will do weekly med cart audits to ensure compliance effective 1/5/2023.*

**Licensee's Proposed Overall Completion Date: 02/06/2023**

**Implemented (JG - 04/11/2023)**

## 187d - Follow Prescriber's Orders

**7. Requirements**

2600.

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

187d - Follow Prescriber's Orders (*continued*)**Description of Violation**

*Resident #2 is prescribed Humalog 100 unit/ml, administer per sliding scale four times per day before meals and at bedtime:*

*70-150=0 units*

*151-200=3 units*

*201-250=6 units*

*251-300=9 units*

*301-350=12 units*

*351-400=15 units*

*greater than 400=18 units and call MD.*

*On 1/1/23 at 8:30 p.m., resident #2's blood sugar reading was 234 and the resident was administered 3 units of Humalog. However; according to the prescriber's orders, 6 units of Humalog should have been administered.*

**Plan of Correction****Accept (SQ - 02/07/2023)**

*This was a documentation error by the med tech. The med tech keeps a separate book stating that [REDACTED] administered the 6 units of insulin as prescribed. [REDACTED] can attach. This med tech was re-educated on following the directions of the prescriber on 1/4/2023 by the DON. All med techs will be re-educated on 1/26/2023 by the DON regarding this regulation. The DON and Administrator will do weekly MAR audits to ensure compliance. Effective 1/5/2023. All med techs will have another insulin training done by the diabetic educator by the end of January 2023. See attached.*

**Licensee's Proposed Overall Completion Date: 02/06/2023**

**Implemented (JG - 04/11/2023)**