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

April 28, 2023

[redacted], OWNER/ADMINISTRATOR
TSDR ROSETTE LLC
1157 YOUNGSFORD ROAD
GLADWYNE, PA, 19035

RE: ROSETTE RESIDENTIAL SENIOR LIVING
1157 YOUNGSFORD ROAD
GLADWYNE, PA, 19035
LICENSE/COC#: 14874

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/09/2023 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: *ROSETTE RESIDENTIAL SENIOR LIVING* **License #**: *14874* **License Expiration**: *12/28/2023*

Address: *1157 YOUNGSFORD ROAD, GLADWYNE, PA 19035*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *TSDR ROSETTE LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *Other* **Date**: *11/30/2021* **Issued By**: *Lower Merion*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *13* **Waking Staff**: *10*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *02/09/2023*

Inspection Dates and Department Representative

02/09/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* **Residents Served**: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *7*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *6* **Have Physical Disability**: *6*

Inspections / Reviews

02/09/2023 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/05/2023*

03/09/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/27/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/14/2023*

Inspections / Reviews *(continued)*

03/28/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/27/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *04/28/2023*

04/28/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/27/2023*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 02/09/23, at 10AM, the Medical Records Office, where resident's records are located, was unlocked, unattended, and accessible to any visitors.

Plan of Correction ***Directed [redacted] - 03/28/2023)***

Keys to the office were made immediately by administrator 2.10 and given to the supervisor on duty with the office now locked at all times when not in use. The administrator has added to the employee orientation and initial training that the office must be kept locked at all times due to the medical records being kept inside and privacy policy as of 3.13.23 The supervisor will cover this in initial employee trainings and perform periodic checks that the door is locked throughout the day.

Directed Plan of Correction 3/28/23 [redacted]:

Within 30 days of the receipt of the accepted plan of correction, the administrator shall educate current staff on the home's policies concerning record confidentiality and the door locking procedures.

Starting 3/28/23 and continuing daily for two weeks and then weekly for two month and monthly, the administrator or designee shall check the door lock to ensure record door locks to ensure confidentiality.

Directed Completion Date: *03/13/2023*

Implemented ([redacted] - 04/28/2023)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The following staff members did not have a criminal background completed through The Pennsylvania State Police (PATCH). The home utilized a private company:

- *Staff member A - date of hire* [redacted]
- *Staff member B - date of hire*
- *Staff member C - date of hire*
- *Staff member D - date of hire*
- *Staff member E - date of hire*

51 Criminal Background Check *(continued)*

Plan of Correction ***Accept (- 03/28/2023)***

Patch system was immediately utilized and background checks run a second time by the administrator using this means on 2.27. The patch website and instructions have been added to the new hire checklist by the administrator. The administrator will perform monthly checks of all employee records to ensure all background checks have been performed using the recommended company on the first of each month.

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented - 04/28/2023)

54a - Direct Care Staff

3. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person C does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Direct care staff person E does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction ***Accept - 03/28/2023)***

High school diplomas were immediately collected for staff person C and E by the administrator on 2.27. HS diploma has been added to new hire checklist by the administrator. 2.27 The administrator will perform monthly checks of all employee records to ensure all HS diplomas have been collected on the first of each month.

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented (- 04/28/2023)

66a - Staff Training Plan

4. Requirements

2600.
66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for calendar year 2023.

Plan of Correction ***Directed - 03/28/2023)***

Staff Training plan was developed by the administrator immediately for 2023 on 2.10.23 The year begins in April when first employee reaches one-year mark. Year will run April - March determined by administrator. Administrator will begin developing the next years training plan 90 days before the current calendar ends on Jan 1 2024

Directed Plan of Correction 3/28/23 CM:

66a - Staff Training Plan (continued)

Immediately, the administrator will create a calendar alert as a reminder to develop the annual training plan for subsequent years.

Directed Completion Date: *03/13/2023*

Implemented ([redacted] - 04/28/2023)

85a - Sanitary Conditions

5. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 02/09/23 at 10:30am, an odor of garbage was present in the garage.

Plan of Correction ***Directed ([redacted] - 03/28/2023)***

Air freshener was immediately placed in garage area by administrator. 2.10 23. Additional trash cans were purchased and placed in garage 2.27. Air fresheners have been added to the supply list for the supervisor to purchase monthly.Current staff were educated on proper trash disposal 2.27.23 Administrator added to new employee orientation training the importance of keeping the lids on the trash cans after depositing trash. Supervisor will make periodic checks of garage every day to ensure the trash is being disposed of properly, that lids are on, and the air freshener is full beginning 2.27.23

Directed Plan of Correction 3/18/23 [redacted]

Within 30 days of the receipt of the accepted plan of correction, the administrator shall educate all staff on sanitary practices.

Immediately, the supervisor or designee shall audit trash cans twice daily to ensure the trash can is covered.

Directed Completion Date: *03/13/2023*

Implemented ([redacted] - 04/28/2023)

85e - Trash Outside Home

6. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 02/09/23 at 10:30 am, bags of trash were identified on the stairs in the garage (untied and uncovered) and bags of trash located in an uncovered trash can.

Plan of Correction ***Directed ([redacted] - 03/28/2023)***

Air freshener was immediately placed in garage area by administrator. 2.10 23. Additional trash cans were purchased and placed in garage 2.27. Air fresheners have been added to the supply list for the supervisor to purchase monthly.Current staff were educated on proper trash disposal 2.27.23 Administrator added to new employee

85e - Trash Outside Home (continued)

orientation training the importance of keeping the lids on the trash cans after depositing trash. Supervisor will make periodic checks of garage every day to ensure the trash is being disposed of properly, that lids are on, and the air freshener is full beginning 2.27.23

Directed Plan of Correction 3/18/23 [redacted]:

Within 30 days of the receipt of the accepted plan of correction, the administrator shall educate all staff on sanitary practices.
Immediately, the supervisor or designee shall audit trash cans twice daily to ensure the trash can is covered.

Directed Completion Date: *03/13/2023*

Implemented [redacted] - 04/28/2023)

105g - Lint Removal and Duct Cleaning

7. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 02/09/23, there was 1/4 inch accumulation of lint in the lint trap of the dryer. There were no clothes in the dryer at the time.

Plan of Correction ***Accept ([redacted] - 03/28/2023)***

Lint was cleaned immediately on 2.09.23 Supervisor added Lint cleaning to the CNA's daily chores on 2.15.23. Supervisor will make daily checks of the dryer lint every day beginning 2.15.23

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented [redacted] - 04/28/2023)

121a - Unobstructed Egress

8. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 02/09/23 at 11am, a banner with the word "stop" was placed at the exit route. This blocked egress from the home's bottom floor.

The home's main floor has three exits. One of the exits that leads to the back of the house had a reclining chair blocking the egress.

Plan of Correction ***Accept ([redacted] - 03/28/2023)***

Banner to help [redacted] find the kitchen has been removed 2.09.23. Current Staff verbally educated by administrator that this is considered blocking an exit route. 2.09.23 Administrator has added to new employee orientation the importance of not blocking exit routes. 2.23.23 Letter written by architect and signed off on from township attached. They letter explains that the area where the inspector saw a recliner is not considered an Egress and is decorative.

121a - Unobstructed Egress (continued)

The second egress was installed on the side of the house with a ramp during construction. The exit sign has been taken down at the decorative egress 3.05.23. Widow curtains will be installed 3.15 by maintenance and the area will now present as a window and not a door to prevent confusion.

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented [redacted] - 04/28/2023)

126a - Furnace Inspection

9. Requirements

2600.
126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the furnace was conducted on 12/07/2021.

Plan of Correction ***Accept ([redacted] - 03/28/2023)***

Inspection was overlooked. The 2023 inspection immediately scheduled by administrator 2.10.23 and completed 2.13.23 Administrator has added reminders to the main calendar for 2024 90 days ahead of next inspection 11.13.23 so it is not overlook

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented ([redacted] - 04/28/2023)

131f - Fire Extinguisher Inspection

10. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

Two fire extinguishers, located on the bottom floor of the home, have not been inspected by a fire safety expert since December 2021.

Repeated Violation: 12/13/21

Plan of Correction ***Accept ([redacted] - 03/28/2023)***

Inspection was overlooked. The 2023 tagging was immediately scheduled by administrator 2.10.23 and completed 2.13.23 Administrator has added reminders to the main calendar for 2024. 90 days ahead of next inspection 11.13.23 so it is not overlooked.

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented ([redacted] - 04/28/2023)

132e - Fire Drill Sleeping Hours

11. Requirements

2600.

132e Fire Drill Sleeping Hours *(continued)*

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home has not conducted a fire drill during sleeping hours. The home, first licensed in December 2021, does not have records of fire drills prior to June 2022.

Plan of Correction ***Accept (- 03/28/2023)***

Fire Drill during sleeping hours conducted 2.28 at 6:15 am Administrator has scheduled another fire drill for July 28 23 and added to Administrator private calendar. Going forward , Administrator will schedule the next sleeping hours fire drill immediately upon the last one being conducted so it is not overlooked.
Records of fire drills before June were available to inspector and attached here. There were no residents or staff before April at Rosette so the violation for not having records before then should not apply.

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented - 04/28/2023)

183d - Prescription Current

12. 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 02/09/23, cream 10000 apply to vagina twice a day as needed for itching, to toenails daily, and eye drops prescribed for resident #1, was in the home's cabinet; however, the medication was discontinued and was not in the medication administration record.

On 02/09/23, take 2 tablets by mouth every twelve hours prescribed for resident #2, was in the home's cabinet; however, the medication was discontinued on 01/19/23.

Plan of Correction ***Accept (- 03/28/2023)***

All residents cabinets were immediately cleared of discontinued medicines by the RN on 2.10.23 Current med tech staff were verbally reminded by RN about the section of Rosettes medication administration policy dealing with discontinued medication on 2.23.23. RN nurse has added monthly audit of all medicine cabinet to list of duties beginning 03.01.23

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented (- 04/28/2023)

185a - Implement Storage Procedures

13. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 is prescribed take two tablets 3 times a day and tab chew one tablet by mouth every day as needed. On 02/09/23 these medication(s) were not available in the home.

Plan of Correction ***Accept - 03/28/2023)***

These medications were both PRN and available in the home in an " overflow cabinet" downstairs. The pharmacy

185a Implement Storage Procedures (continued)

was sending too much and they were falling out of cabinet when opened . Residents cabinets were re organized by RN on 2.12.23 so that all prn medications may also fit inside the residents cabinet. Pharmacy has been asked to come and take back overflows and stop sending surplus prn meds 2.12.23. completes 02.28.23 RN will do monthly audits of medicine cabinets to make sure all prn medications are in each residents cabinet starting 03.01.23

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented (- 04/28/2023)

187a - Medication Record

14. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #2 is prescribed [redacted] However, resident's #2's medication administration record does not indicate the diagnosis and purpose of these medications.

Plan of Correction ***Accept (- 03/28/2023)***

RN added diagnosis and purpose of medication to Residents MAR.2.25.23 Oversight was also reported to pharmacy 2.25.23 who corrected on printed MAR 03.03.23 RN will audit the MAR sheets when they arrive from pharmacy to ensure all diagnosis are printed on Mar sheet starting 03.01.23

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented (CM - 04/28/2023)

224a - Preadmission Screen Form

15. 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 #1 was admitted to the home on [redacted]; however, the resident's preadmission screening form was completed on [redacted].

Plan of Correction ***Accept (- 03/28/2023)***

There was a delay in the resident being admitted and the pre admission 30 day window ran out and was overlooked by administrator. The administrator added a date check to the pre admission portion of the move in checklist 2.20.23 to ensure the pre admission assessment is re done should the 30 day time period run out.

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented (- 04/28/2023)

228b - Discharge or Transfer

16. Requirements

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30 day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident home contract. A 30 day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

On [redacted], the home informed resident #4's family, by telephone, that the resident required a higher level of care that the home would not be able to accommodate. The home did not issue 30 day discharge notice.

Plan of Correction ***Accept [redacted] - 03/28/2023)***

Resident had been in hospital for months and could not return to the home due to [redacted] advanced condition as relayed to us by the hospital social workers. Our policy reads 30 day notice is not necessary when they are unable to return to us from the hospital. We could not give 30 day notice as we were not able to accept her back at all. However, administrator updated this policy on the advice of inspector 2.23.23 that when unable to take a resident back due to condition we need to send those hospital reports and recommendation to the residents primary care doctor to receive a written determination from them too in addition to the hospital staff . This policy went into effect immediately and noted on our resident discharge /passing checklist. 2.23.23

Licensee's Proposed Overall Completion Date: *03/13/2023*

Implemented ([redacted] - 04/28/2023)