



Emailing Date: March 28, 2023

[REDACTED]
132 Haven Drive
Indiana, Pennsylvania 15701

RE: Rose Haven
132 Haven Drive
Indiana, Pennsylvania 15701
License #: 45429

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 2, 2023 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive style with a large initial 'J'.

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: ROSE HAVEN License #: 45429 License Expiration:
Address : 132 HAVEN DRIVE, INDIANA , PA 15701
County: INDIANA Region: WESTERN

Administrator

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

Legal Entity

Name: NT ROSE HAVEN LLC
Address: 132 HAVEN DRIVE, INDIANA , PA, 15701
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/02/2007 Issued By: L&I

Staffing Hours

Resident Support Staff: Total Daily Staff: 30 Waking Staff: 23

Inspection Information

Type: Partial Notice: Announced BHA Docket #:
Reason: Change Legal Entity Exit Conference Date: 03/02/2023

Inspection Dates and Department Representative

03/02/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: 22

Secured Dementia Care Unit

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

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 22
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 8	Have Physical Disability: 0

Inspections / Reviews

03/02/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/17/2023

Inspections / Reviews *(continued)*

03/15/2023 - POC Submission

Submitted By [REDACTED]

Date Submitted: 03/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 3/2/23 the bedside lamp was unplugged in bedroom #118.

Plan of Correction

Accept [redacted] - 03/09/2023)

What: The lamp was plugged in on 3/2/2023. It was discovered that the family of the resident will sometimes unplug the lamp to plug another item in during their visit. Administrator, or designee, will educate the family and resident on the need for the bed side lamp by 3/10/2023. Instead of the lamp being plugged into an easily accessible outlet, the administrative staff plugged the lamp in behind the bed which allowed for the more easily accessible outlets to be used by the resident and family while ensuring the lamp is available at all times for use by the resident.

Who: Community Administrator, and assigned caregivers

When: By 3/10/2023

How: Reposition the lamp plug behind the resident's bed to ensure that it can't be easily unplugged.

Ongoing: Starting 3/10/2023 Administrative staff, or designee, will spot check the operation of the bedside lamps at least weekly.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented [redacted] - 3/24/2023)

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 3/2/23 there was a unsealed plastic bag containing frozen bacon observed in the freezer section of the white refrigerator/freezer in the kitchen.

Plan of Correction

Accept [redacted] - 03/09/2023)

What: The unsealed item was discarded upon it being identified by the inspector on 3/2/2023 by a member of the dining staff. A review of other items found that this was an isolated incident as the rest of the inspection found the kitchen and corresponding areas to be in compliance with all food safety requirements. The dining staff all received re-training on proper storage/sealing of food items intended for resident consumption.

Who: Designated staff trainer, administrator or designee will complete the inspections noted below.

When: Training was completed with dining staff 3/2/2023

How: Verbal review and demonstration of proper sealing methods/options. The inspections as indicated above will include a walk thru and inspection of all locations where food intended for residents is stored.

Ongoing: Starting 3/9/2023 additional inspections of the kitchen will be done and made part of the community's quality management meetings as needed.

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented [redacted] - 3/24/2023)

123c - Evacuation Diagrams

3. Requirements

123c - Evacuation Diagrams (continued)

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

On 3/2/23, the fire evacuation diagram posted by the elevator on the second floor was incorrectly oriented, indicating that the reader was facing the home's front/main exit when the reader was in fact facing the home's rear.

Plan of Correction

Accept [redacted] - 03/09/2023)

What: The second floor, which is not a licensed area, had an evacuation diagram that was not oriented correctly. During the inspection on 3/2/2023 which was confirmed by the licensing representative. The administrator and licensing representative checked all other evacuation diagrams and found their orientation to be correct on 3/2/2023.

Who: Community administrator and licensing representative

When: 3/2/2023

How: Physically removing the diagram and replacing it to accurately reflect the proper orientation.

Ongoing: Starting 3/3/2023 the Administrator, or designee, will spot check diagrams during their daily walk throughs

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented [redacted] - 3/24/2023)

132h - Designated Meeting Place

4. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

On 3/2/23 the fire drill record indicated that home failed to evacuate all residents during the fire drill conducted on 9/19/22 at 6:01 a.m.. There were 24 residents in the home and only 19 residents were evacuated.

Plan of Correction

Accept [redacted] - 03/09/2023)

What: Staff will be retrained on the requirement that all residents need to be evacuated to the buildings exterior or to the

community's area of refuge during all future drills prior to the March fire drill.

Who: Administrator or designee will complete the training noted above.

When: Prior to the March 2023 fire drill.

How: The trainer will complete a review of evacuation options during a physical walk thru of the community, including all non-resident/non-licensed areas.

Ongoing: Starting with the March 2023 fire drill the administrator, or designee, when not personally supervising the drill, will review the fire drill record on the next business day for accuracy including that all residents in the community at the time of the drill are properly evacuated. Otherwise, starting with the March 2023 fire drill the administrator, or designee, will ensure that all residents are evacuated outside of the building, or to an area of refuge

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

Implemented [redacted] - 3/24/2023)