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

December 6, 2023

[redacted], OWNER
NT ROSE HAVEN LLC
132 HAVEN DRIVE
INDIANA, PA, 15701

RE: ROSE HAVEN
132 HAVEN DRIVE
INDIANA, PA, 15701
LICENSE/COC#: 45429

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/15/2023 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: *ROSE HAVEN* **License #**: *45429* **License Expiration**: *03/24/2024*

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: *0* **Total Daily Staff**: *23* **Waking Staff**: *17*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *09/15/2023*

Inspection Dates and Department Representative

09/15/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *43* **Residents Served**: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *20*

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

Have Mobility Need: *3* **Have Physical Disability**: *0*

Inspections / Reviews

09/15/2023 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/06/2023*

10/13/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *11/14/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/30/2023*

Inspections / Reviews *(continued)*

12/06/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/14/2023*

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

183e - Storing Medications

1. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The North side medication cart contained [redacted] *for resident #1. However, the medication was discontinued* [redacted]

Plan of Correction ***Accept*** [redacted] ***- 10/10/2023)***

Immediate Action: On 9/15/2023, when the administrator discovered the discontinued medication it was removed and disposed of according to community policy.
Corrective Action: On or before 10/20/2023 a full cart audit will be completed by the administrator or designee. During this audit, it will be determined that only medications with active orders are in the communities med carts. Any non-conforming medications will be removed.
Preventative Action: At least by 10/31/2023 the community pharmacy partner will complete a quarterly medication audit which includes identifying and removing, if necessary, any medications that have expired orders.

Licensee's Proposed Overall Completion Date: *10/21/2023*

Implemented ([redacted] ***- 11/17/2023)***

225a - Assessment 15 Days

2. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 uses a bed enabler. However, the resident's initial assessment and support plan, dated [redacted]*, does not indicate an assessment of this device, what need it would address and how the device would meet the need of the resident.*

Plan of Correction ***Accept*** [redacted] ***10/13/2023)***

Immediate Action: No action taken as the resident moved to a higher level of care on 9/21/2023 prior to receipt of this licensing inspection summary.
Corrective Action: On 10/12/2023the community administrator reviewed all resident records and resident apartments to determine if any bed enablers were in use. No residents are currently using bed mobility devices such as bed enablers.
Preventative Action: On 10/12/2023 the community administrator reviewed the directives provided by the bureau from 6/26/2023 specific to bed enablers. Should any bed enablers be requested for the residents she will ensure that appropriate documentation is present in the resident's record, including the following:
1) The specific need for the device
2) The intended use and any risks associated with the use
3) The resident's ability to use the device safely for the purpose it was intended
4) Identification of the specific device to be used and whether a cover is required to meet FDA guidelines
Additional Considerations will be applied as follows:
Bedside Mobility Devices must be installed and maintained according to the

225a - Assessment 15 Days (continued)

manufacturer's instructions and be clean, in good repair, and free of hazards.
• The PCH/ALR must develop and implement procedures to ensure that all Bedside Mobility Devices are periodically assessed for proper installation and maintenance and that they
remain appropriate for any residents that utilize them.
• Devices that raise and lower are only permitted if the resident is able to raise and lower the device independently.
• Bedside Mobility Devices must not restrict the resident's movement when in bed or prevent the resident from getting in and out of bed.
• To avoid entrapment, entanglement, or strangulation, the FDA guidelines below must be applied to all Bedside Mobility Devices. In a typical opening, these guidelines should be applied to either the vertical or horizontal axis. In other words, an opening that exceeds the dimensional guidance in one direction, only, may be compliant.

Licensee's Proposed Overall Completion Date: *10/12/2023*

Implemented ([redacted] - 11/17/2023)

227g -Support Plan Signatures

3. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3's annual assessment and support plan is not signed by the resident.

Plan of Correction ***Accept ([redacted] - 10/13/2023)***

Immediate Action: Resident #3's RASP was reviewed and signatures obtained with the resident on 9/15/2023 by the community administrator.
Corrective Action: At least by 10/20/2023, the community administrator, or designee, will complete an audit of all current RASP's to ensure that appropriate signatures had been obtained. Any RASP documents found to be out of compliance will be reviewed and signed, as appropriate.
Preventative Action: At least by 11/15/2023, the community will use the resident record software to track all resident records including their RASPs. This software currently identifies due dates, and prompts completion of documents needing updates. The community will use the "rule of three" to ensure that all such documents are completed in their entirety including resident/responsible party signatures. The "rule of three" means that three people, the administrator or designee, one other staff member, and one corporate staff will complete record audits monthly to ensure that all records, including resident RASPs are completed, including appropriate signatures.

Licensee's Proposed Overall Completion Date: *11/15/2023*

Implemented [redacted] - 11/17/2023)