

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

February 21, 2024

[REDACTED], ADMINISTRATOR
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 01/04/2024, 01/05/2024 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] **Phone:** [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:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 102 **Waking Staff:** 77

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 01/05/2024

Inspection Dates and Department Representative

01/04/2024 - On-Site: [REDACTED]
01/05/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 79

Secured Dementia Care Unit

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

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 78
Diagnosed with Mental Illness: 5 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 23 **Have Physical Disability:** 0

Inspections / Reviews

01/04/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/01/2024

01/30/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/05/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/01/2024

Inspections / Reviews *(continued)*

01/31/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/28/2024

02/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be "installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance." There is no carbon monoxide alarm near the gas-operated furnace in the mechanical room located on the 5 West Wing.

Plan of Correction

Accept ([redacted] - 01/30/2024)

The carbon monoxide detector was inside the mechanical room and has been inspected without violation in my previous surveys. A carbon monoxide detector was placed outside the mechanical room door by the maintenance supervisor on 1/4/2024 and was rechecked by [redacted] during our inspection for proper placement. The maintenance supervisor will ensure that the carbon monoxide alarm will be installed and maintained in close proximity of, but not less than 15 feet from any fossil fuel device or appliance. The maintenance supervisor will check battery life monthly when doing our fire drills.

Licensee's Proposed Overall Completion Date: 01/23/2024

Implemented ([redacted] - 02/21/2024)

101j7 Lighting/Operable Lamp

2. 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

Resident #1 does not have access to a source of light that can be turned on/off at bedside. The lamp was unplugged.

Plan of Correction

Accept ([redacted] - 01/30/2024)

The housekeeper unplugged the lamp and plugged [redacted] sweeper in to sweep the resident's room. [redacted] failed to plug the lamp back in after [redacted] was finished sweeping the room. The administrator plugged the lamp back in on 1/4/2024 in front of [redacted] and showed [redacted] that the lamp was operable. The administrator educated the housekeeper and the head of the housekeeping department to ensure that lights are not unplugged on 1/4/2024. The head of the housekeeping department will check weekly that lamps aren't being unplugged in resident rooms so that the resident has a source of light that is operable and can be turned off and on at the bedside.

Licensee's Proposed Overall Completion Date: 01/23/2024

Implemented ([redacted] - 02/21/2024)

103g Storing Food

3. Requirements

2600.

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

Description of Violation

The 14 cups of tartar sauce in the kitchen's walk-in cooler were opened and unsealed.

103g - Storing Food (continued)

Also, the plastic zip-lock bag with approximately 20 waffles in the kitchen's walk-in freezer was opened and unsealed.

Plan of Correction

Accept (████ - 01/31/2024)

The head of the dietary department was educated by the administrator on 1/4/2024 to make sure that food is stored in closed and sealed containers. Education was also provided by the head of the dietary department to all of the kitchen aides as well on 1/23/2024. The head of the dietary department will be checking daily to ensure that food is stored in a closed or sealed container. The 14 cups of tartar sauce was covered and the zip loc baggie of waffles was sealed by the head of the dietary department on 1/4/2024 in front on ██████.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented (████ - 02/21/2024)

132b - Safety Inspection/Fire Drill**4. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill conducted by a fire safety expert was on 5/31/23; however, the previous inspection and drill was conducted on 3/23/22.

Plan of Correction

Accept (████ - 01/31/2024)

The administrator and the head of the maintenance department will ensure that annual fire safety inspections and fire drills are conducted yearly. Our next annual inspection and drill will be held prior to 5/31/2024 by a fire safety expert. Documentation will be kept. The head of the maintenance department will track annual inspection dates on a calendar in the administrators office to ensure that the fire safety inspection and fire drill conducted by a fire safety expert will be completed annually.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented (████ - 02/21/2024)

184a - Resident's Meds Labeled**5. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2 is prescribed ██████, tablet take 1 tablet by mouth every four hours as needed; however, the pharmacy label indicates take orally or rectally.

Resident #2 is prescribed ██████, take 1 tablet by mouth every 6 hours as needed; however, the pharmacy label indicates take orally or rectally.

Plan of Correction

Accept (████ - 01/30/2024)

The director of nursing corrected the MAR so that the label matched the directions on the card during inspection on 1/4/2024. The director of nursing will do cart audits weekly to ensure MARS and LABELS match starting 1/24/2024 and weekly thereafter.

184a - Resident's Meds Labeled (*continued*)

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented (█) - 02/21/2024)

224a - Preadmission Screen Form

6. 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 #3 was admitted to the home on █; however, the resident's preadmission screening form was not dated when completed. This area is blank.

Plan of Correction

Accept █ - 01/30/2024)

The administrator corrected the preadmission screening with supplying the date on █. This was an oversight on █ part. The rest of the form was completed. The administrator will do a bi-monthly chart audits to ensure that the prescreen is dated withing 30 days prior to admission.

Licensee's Proposed Overall Completion Date: 01/23/2024

Implemented (█) - 02/21/2024)