

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

May 16, 2024

[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 04/03/2024 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: ROSETTE RESIDENTIAL SENIOR LIVING **License #:** 14874 **License Expiration:** 12/28/2024

Address: 1157 YOUNGSFORD ROAD, GLADWYNE, PA 19035

County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: TSDR ROSETTE LLC

Address: [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 08/17/2021 **Issued By:** Lower Merion Twp. Building & Planning Dept.

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 15 **Waking Staff:** 11

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 04/03/2024

Inspection Dates and Department Representative

04/03/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 8

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

Have Mobility Need: 7 **Have Physical Disability:** 0

Inspections / Reviews

04/03/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/19/2024

04/18/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/08/2024

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/23/2024

Inspections / Reviews *(continued)*

04/19/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/08/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/03/2024

05/16/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/08/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On [REDACTED], a video camera was present and recording in the kitchen. This area is accessible to residents and is a common area. No signage regarding the use of video monitoring or recording was present.

Plan of Correction

Accept ([REDACTED] - 04/19/2024)

on 4/10 A notice was framed and hung at the entrance of the home. Checking to see if the frame is still hung and visible will be added to the monthly compliance rounds. Monthly compliance rounds take place on the first of the month by the administrator [REDACTED] in perpetuity.

Proposed Overall Completion Date: 04/18/2024

Licensee's Proposed Overall Completion Date: 04/18/2024

Implemented ([REDACTED] - 05/16/2024)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A was hired on [REDACTED]. Direct care staff person B was hired on 1/8/24. Both are actively enrolled in the Pennsylvania nurse aide registry. However, neither staff person completed the Department-approved direct care training course and competency test.

Plan of Correction

Accept ([REDACTED] - 04/19/2024)

All staff persons on the nurse aide registry were told they also had to complete the direct care training course. All employees including Person A and Person B have completed competency course and passed the test.- please see attachments. This requirement for CNA's has been adjusted on the hiring checklist. All staff records have been reviewed and all CNAS have passed the test. [REDACTED] - HR director hires everyone and uses a checklist of qualifications. The adjustment that a CNA license does not preclude one from taking the Direct Care test has now been adjusted as of 4/ 04/ 24 . [REDACTED] uses checklist for all hires in perpetuity.

Proposed Overall Completion Date: 04/18/2024

Licensee's Proposed Overall Completion Date: 04/18/2024

Implemented ([REDACTED] - 05/16/2024)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation, dated [REDACTED], did not include a list of medications.

Plan of Correction

Accept ([REDACTED] - 04/19/2024)

The missing document fell out of the file and was not caught during compliance check. The list of medications addendum was redone on 4/05/24 and added to the DME. [REDACTED] is responsible that medical evaluations are complete. Monthly compliance checklist has been adjusted to check that all amendments are also checked in DME's when indicated. A full compliance check took place on 04/06/24 to ensure the other 7 residents did not have missing addendums. All files are complete and up to date. Monthly compliance rounds takes place on the 1st of the month by Therese Southwell and will continue un perpetuity.

Proposed Overall Completion Date: 04/18/2024

Licensee's Proposed Overall Completion Date: 04/18/2024

Implemented ([REDACTED] - 05/16/2024)

144b - Policy on Smoking

4. Requirements

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

On 4/3/2024, the home's only "No Smoking" sign had fallen to the ground in the yard.

Personal care homes are considered "public places" under the Clean Indoor Air Act (35 P.S. § 637.1 – 637.11) and thus required to post a "Smoking Permitted in Designated Areas Only" or "No Smoking" sign at each entrance. (The international "No Smoking" symbol is also permitted.)

Plan of Correction

Accept ([REDACTED] - 04/19/2024)

No smoking sign was created 04/05/24 and placed in the lobby upon entering. Making sure the frame remains there and is visible was added to the monthly compliance rounds. The monthly compliance check takes place by Administrator Therese Southwell on the 1st of the month and will continue in perpetuity.

Proposed Overall Completion Date: 04/18/2024

Licensee's Proposed Overall Completion Date: 04/18/2024

144b Policy on Smoking (*continued*)

Implemented ([REDACTED] - 05/16/2024)