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

August 26, 2024

[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 06/12/2024 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: *ROSE HAVEN* **License #:** *45429* **License Expiration:** *03/24/2025*

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:** *14* **Waking Staff:** *11*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date:** *06/12/2024*

Inspection Dates and Department Representative

06/12/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *43* **Residents Served:** *12*

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:** *12*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *2* **Have Physical Disability:** *0*

Inspections / Reviews

06/12/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/15/2024*

07/24/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/15/2024*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/31/2024*

Inspections / Reviews *(continued)*

07/26/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/15/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/16/2024*

08/26/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *08/15/2024*

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.
However, the carbon monoxide alarm near the gas furnace adjacent to bedroom #127 was approximately 8 feet away, the carbon monoxide alarm near the gas furnace adjacent to bedroom #133 was approximately 8 feet away, and there was no carbon monoxide alarm near the gas furnace adjacent to bedroom #121.

Plan of Correction ***Directed (- 07/26/2024)***

Administrator immediately corrected placement of carbon monoxide alarms on 7/3/2024, adjacent to bedroom #127 adjacent to bedroom 133 to be in close proximity but not less than 15 feet from any fossil fuel device or appliance. Administrator placed a carbon monoxide alarm adjacent to bedroom #121 where there was none. Administrator or designee will complete a monthly audit for six months to ensure compliance with 2600.18.

Proposed Overall Completion Date: 08/31/2024

Directed:
By 8/9/24, the administrator or designee will complete monthly audits as indicated above.
7/26/24

Directed Completion Date: *08/31/2024*

Implemented (- 08/26/2024)

53a - Qualifications

2. Requirements

2600.
53.a. The administrator shall have one of the following qualifications:
1. A license as a registered nurse from the Department of State.
2. An associate's degree or 60 credit hours from an accredited college or university.
3. A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
4. A license as a nursing home administrator from the Department of State.
5. For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

Description of Violation

Staff person the administrator, does not have a license as a registered nurse from the Department of State, an associate's degree or 60 credit hours from an accredited college or university, a license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field, or a license as a nursing home administrator from the Department of State. The home currently serves 12 residents.

Plan of Correction ***Accept (- 07/26/2024)***

New administrator was hired with a start date effective All qualifications are met and were verified. Yearly audits of Administrator will be done and will begin 12/01/2024 by current administrator and kept on file including continuing education credits are current and in good standing.

53a - Qualifications *(continued)*

Licensee's Proposed Overall Completion Date: *07/03/2025*

Implemented (- 08/26/2024)

85a - Sanitary Conditions

3. Requirements

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

Description of Violation

At 10:17 a.m., there were no paper towels, mechanical blower, individual cloth towels, or other means of safe hand drying in the bathroom of resident #1's bedroom.

Plan of Correction ***Accept (- 07/26/2024)***

Towels were placed in the bathroom of resident #1 by prior administrator immediately, after this aides on duty will check once per shift during rounds. Administrator or designee will complete a room check audit beginning 7/3/2024 including signature upon completion, choosing five random rooms, weekly times four weeks then monthly times six to ensure the requirements of 2600.85.a are met.

Licensee's Proposed Overall Completion Date: *08/31/2024*

Implemented (- 08/26/2024)

88a - Surfaces

4. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 11:15 a.m., the fire door near resident bedroom #115 did not close completely. The door frame prohibited the top right-side of the door to close.

Plan of Correction ***Directed (- 07/26/2024)***

Administrator immediately contacted maintenance to inspect and repair fire door near resident room 115 on 7/3/2024. Inspection upon repair completion on 7/15/2024. A monthly audit will be done beginning 8/1/2024 times six months to ensure compliance with 2600.88a.

Proposed Overall Completion Date: 08/31/2024

Directed:
The administrator or designee will complete monthly audits beginning 8/1/24 as indicated above.
7/26/24

Directed Completion Date: *08/31/2024*

Implemented (- 08/26/2024)

100a - Exterior - Free of Hazards

5. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

At 11:30 a.m., the 10th and 25th planks on the external wooden ramp outside of the exit next to resident bedroom #118 were raised, posing a trip/fall hazards.

Plan of Correction ***Accept ([redacted] - 07/26/2024)***

The administrator notified maintenance on 7/3/24 that the 10th and 25th planks on the external wooden ramp outside the exit next to resident room 118 were raised, needing repair. Inspection of these planks on ramp done and repair done on 7/15/24 to ensure safety and compliance with 2600.100.a A monthly audit beginning 8/3/2024 will be done by administrator times six months.

Licensee's Proposed Overall Completion Date: *08/31/2024*

Implemented ([redacted] - 08/26/2024)

101j7 - Lighting/Operable Lamp

6. 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 #2 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Accept ([redacted] - 07/26/2024)***

A new lamp was immediately replaced for resident #2 by prior administrator. On 06/11/2024 The original lamp was taken for a new shade by [redacted] after visiting that evening. The Administrator or designee will complete a daily room audit checklist with signature beginning 7/3/2024 to be done weekly times four weeks then monthly times six weeks to ensure compliance with 2600.101.j

Licensee's Proposed Overall Completion Date: *08/31/2024*

Implemented ([redacted] - 08/26/2024)

183d - Prescription Current

7. 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

Resident #3 is prescribed Trulicity 0.75 mg/0.5ml, inject 0.5ml (0.75mg) under the skin weekly on Saturday at 2:00 p.m. The resident was administered this medication on 6/8/24 at 2:00 p.m.; however, the medication expired on 6/4/24.

Plan of Correction ***Accept ([redacted] - 07/26/2024)***

The Trlulicity prescribed for resident #3 was immediately removed from cart by prior administrator and on 6/13/24 called pharmacy to replace the expired Trulicity pen. New pen was delivered 6/13/2024. Due to the potential of

183d - Prescription Current (continued)

all residents being affected the Administrator or designee will perform an audit to ensure expiration dates are in the appropriate range for each medication weekly beginning 07/3/2024 times four weeks then monthly times 6

Licensee's Proposed Overall Completion Date: *08/31/2024*

Implemented ([redacted] - 08/26/2024)

183e - Storing Medications

8. 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

Resident #3's Basaglar 100 IU Kwik Pen was not labeled with the date it was opened. The manufacturer's instructions indicate the medication is to be discarded 28 days after opening.

Repeat Violation: 9/15/23, 6/29/23

Plan of Correction ***Directed ([redacted] - 07/26/2024)***

Administrator immediately removed Basalgar 100 IU Kwik Pen prescribed for resident #3 and replaced with a new Basaglar 100 IU pen on 6/13/24 which was correctly dated when opened by prior administrator upon receipt from pharmacy. All staff qualified for medication administration were educated immediately with an audit to begin 07/3/2024 each shift weekly times four weeks then monthly times six to ensure compliance with 2600.183.e

Proposed Overall Completion Date: 08/31/2024

Directed:
The administrator or staff person qualified to administer medication will conduct audits as indicated above, beginning 7/3/24.
[redacted] ***7/26/24***

Directed Completion Date: *08/31/2024*

Implemented ([redacted] - 08/26/2024)

185a - Implement Storage Procedures

9. 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 ordered blood glucose checks 4 times daily at breakfast, lunch, dinner and bedtime. However, on the following dates and times, the glucometer reading did not match the resident's June 2024 medication administration record (MAR):
On 6/2/24, at 5:00 p.m., the glucometer indicated 158; however, the MAR was documented 161

185a - Implement Storage Procedures (continued)

On 6/6/24, at 9:00 p.m., the glucometer indicated 172; however, the MAR was documented 171
On 6/3/24, at 9:00 p.m., the glucometer indicated 176; however, the MAR was documented 171
On 6/4/24, at 5:00 p.m., the glucometer indicated 311; however, the MAR was documented 211
On 6/6/24, at 12:00 p.m., the glucometer indicated 205; however, the MAR was documented 207
On 6/7/24, at 5:00 p.m., the glucometer indicated 244; however, the MAR was documented 211
On 6/7/24, at 9:00 p.m., the glucometer indicated 227; however, the MAR was documented 277

Repeat Violation: 6/29/23

Plan of Correction ***Directed ([redacted] - 07/26/2024)***

Immediate education was given to all staff qualified to administer medication. Investigation was done and completed on 7/3/2024 to determine what staff were involved in this incorrect documentation. Verbal discipline was given by administrator to employee. Administrator or designee will complete a glucometer audit daily beginning 7/3/2024 for each shift for four weeks then daily each shift for six months

Proposed Overall Completion Date: 08/31/2024

Directed:
By 8/9/24, verbal discipline will be given by administrator to employee as indicated above.
[redacted] ***7/26/24***

Directed Completion Date: *08/31/2024*

Implemented ([redacted] - 08/26/2024)

187a - Medication Record

10. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #4 is prescribed Haloperidol Lactate 2mg/ml, take 0.5ml (1mg) under the tongue every 6 hours as needed; however, the June 2024 MAR indicates Haloperidol Lactate 2mg/ml, take 0.5ml under the tongue every 8 hours as needed.

187a - Medication Record *(continued)*

Plan of Correction ***Accept ([redacted] - 07/26/2024)***

The order was immediately verified with physician by med techon 06/13/2024. Once verified, the order was sent to pharmacy 06/21/2024 who ensured the correct administration time along with the entire order was correct on the label and sent to the facility for resident #4. on 6/16/24 with evening delivery. All orders will be checked by Administrator and designee by audit beginning 7/3/2024 t weekly times four weeks then monthly times six.

Licensee's Proposed Overall Completion Date: *08/31/2024*

Implemented ([redacted] - 08/26/2024)

201 - Positive Interventions

11. Requirements

2600.
201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

On 3/23/24, resident #5 requested Tylenol from the home's staff; however, the resident was not due to be administered Tylenol for another 4 hours. The resident called [redacted] and stated [redacted] was going to leave the home if [redacted] didn't get the Tylenol. The home did not implement positive interventions to modify or eliminate this behavior. Instead, the home's staff were told by the administrator to put a wander guard on the resident; however, the resident was not assessed as needing a wander guard at that time.
The resident then left the building in 35-degree weather and was found approximately 1 mile away.

Plan of Correction ***Accept ([redacted] - 07/26/2024)***

The administrator reviewed resident # 5 DME and Rasp and documentation of notes in chart on 6/13/2024. No assessments found for need of wanderguard. Staff education educated on positive interventions regarding behaviors by prior administrator on 06/14/2024 and how to implement these interventions if this arises again. The Administrator will conduct monthly staff training beginning 7/3/2024 times six months to ensure staff has the education and training for this situation .

Licensee's Proposed Overall Completion Date: *08/31/2024*

Implemented ([redacted] - 08/26/2024)

227d - Support Plan Medical/Dental

12. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #5, dated [redacted] does not indicate the resident has a need for a wander guard or supervision. However, on 3/23/24, the home's staff placed a wander guard on the resident when the resident told [redacted] family [redacted] was going to leave in inclement weather.

227d - Support Plan Medical/Dental *(continued)*

Plan of Correction ***Directed ([redacted] - 07/26/2024)***

Administrator reviewed any and all assessments for resident #5 and found no evidence of behaviors that would require the need for a wanderguard or supervision. Staff educated by administrator on the support plan and the process to follow if the resident would need supervision or a wanderguard. Monthly education times six months, on the suport plan and assessment will be done to ensure proper procedure, and knowledge of staff to ensure the needs of the resident are met as well as compliance.

Proposed Overall Completion Date: 08/31/2024

Directed:

By 8/9/24, the administrator will educate staff as indicated above. Documentation will be kept.

[redacted] ***7/26/24***

Directed Completion Date: *08/31/2024*

Implemented ([redacted] - 08/26/2024)