

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

December 9, 2024

[REDACTED]
BOARD OF DIRECTORS OF THE ROUSE ESTATE
[REDACTED]

RE: SUITES AT ROUSE
615 ROUSE AVENUE
YOUNGSVILLE, PA, 16371
LICENSE/COC#: 46900

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/22/2024 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: SUITES AT ROUSE License #: 46900 License Expiration: 12/24/2024
 Address: 615 ROUSE AVENUE, YOUNGSVILLE, PA 16371
 County: WARREN Region: WESTERN

Administrator

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

Legal Entity

Name: BOARD OF DIRECTORS OF THE ROUSE ESTATE
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/02/1995 Issued By: Dept L&I
 Type: I-2 Date: 06/18/2019 Issued By: City of Warren

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 115 Waking Staff: 86

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident, Monitoring Exit Conference Date: 10/22/2024

Inspection Dates and Department Representative

10/22/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 89

Secured Dementia Care Unit
 In Home: Yes Area: Lower Level Capacity: 12 Residents Served: 8

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 89
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 26 Have Physical Disability: 1

Inspections / Reviews

10/22/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/10/2024

11/13/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/06/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/06/2024

Inspections / Reviews *(continued)*

12/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED], at approximately 4:10 p.m., there was a 1/4 inch gap between the double fire doors located next to resident room [REDACTED] in the North A hall. The left fire door's top latch failed to seat correctly.

Plan of Correction

Accept [REDACTED] - 11/13/2024)

The 1/4 inch gap in the fire door was corrected on 8/29/24 and documentation submitted to DHS. This repair was conducted by Builders Hardware and Director of Maintenance. Fire door was also visually inspected during on site follow up on 10/22/24 by inspector. Will resubmit information including invoice for services rendered and photos of repair.

Full building fire door inspection took place on 10/9/2024 by Builders Hardware Fire Code Inspector with Director of Maintenance overseeing.

Since the full inspection on 10/9/24 we had been awaiting the final report of inspection, quote for repairs, and lead time on parts and estimated date of service for repairs.

Quote of repairs was signed by Director of Infrastructure on 11/1/24 and returned to Builders Hardware. See attached.

Email communication showing we are awaiting shipment and delivery of materials to start necessary repairs. See attached.

At this time unable to predict a date of repair as we await materials. Director of Infrastructure will continue to follow up with Builders Hardware to ensure repairs are made timely. Will update the department as soon as dates are available.

Annual fire door inspections will be conducted by Builders Hardware Fire Code Inspector with next full inspection October of 2025.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 12/09/2024)

183b - Meds and Syringes Locked

2. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

The B Hall medication cart was left unlocked granting access to the medications of approximately 20 residents, to include resident [REDACTED] prescribed [REDACTED] tab take one tablet by mouth every day for dietary supplement.

Plan of Correction

Accept [REDACTED] 11/13/2024)

Staff responsible for the medication cart was educated at the time of incident by PCHA/RN. Verbalized

183b Meds and Syringes Locked (continued)

understanding of education. 10/22/24.

All staff that administer medications will receive education on securing the carts when not attended. Education to be done by Director of Clinical Services and Administrator by 12/6/24.

Periodic audits have been started and will be ongoing and daily when on the halls. Education will be provided to staff if deficient. To be conducted by LPN, Director of Clinical Services, Resident Care Coordinator and Administrator.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 12/09/2024)

183d - Prescription Current

3. 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 [redacted] was prescribed [redacted] subcutaneously two times a day at 7:00 a.m., 8:00 p.m., and extra as needed. However, the medication's instructions indicated to "discard by [redacted]"

Plan of Correction

Accept [redacted] - 11/13/2024)

Resident was self administering medications. New insulin supply requested from pharmacy by administrator on 11/5/24. See attached photo.

Orders were reviewed with PCP and resident and clarification has been received on insulin orders 10/31/24. See attached.

Administrator and Director of Clinical Services have developed an "Assessment for Residents Self Administration of Medication" evaluation on 10/30/24. This will be used to determine residents ability to self administer medications.

See attached evaluation for resident, completed by Administrator/RN. Resident no longer self admin.

Moving forward all new residents who elect to self administer medication will have this evaluation completed. The evaluation will also be completed with residents that self administer medications annually or with significant change. These evaluations will be completed by LPN and or Director of Clinical Services.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 12/09/2024)

184a - Resident's Meds Labeled

4. 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 [redacted] is prescribed [redacted] give 17 gram by mouth Every other day and as needed for

184a - Resident's Meds Labeled (continued)

constipation. However, the medication's label indicated [REDACTED] take 4 grams by mouth every other day for 30 days and as needed.

Plan of Correction

Accept [REDACTED] - 11/13/2024)

Residents PCP was called for clarification of medication by Administrator. Updated and correct orders were received on 11/5/24 indicating 4gm was an error and was in fact to be 17gm. See attached response/orders.

Direction change sticker was placed on medication label and new label requested from pharmacy by Administrator on 11/5/24. See attached photo.

DCW staff that administer medications will be re-educated on medication check-in process, which involves checking the label with the order in the system. This will be completed by Director of Clinical Services by 12/6/24.

Monthly audits of 5 residents medications will be conducted by LPN or Director of Clinical Services for ongoing compliance. 11/30/24 and monthly thereafter.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 12/09/2024)

185a - Implement Storage Procedures

5. 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 [REDACTED] was prescribed [REDACTED] unit subcutaneously one time a day at 9:00 a.m. However, the medication was not present in the home.

Plan of Correction

Accept [REDACTED] - 11/13/2024)

Medication list was obtained from PCP on 10/23/24 by Administrator and MAR updated.

Administrator and Director of Clinical Services have developed an "Assessment for Residents Self - Administration of Medication" evaluation on 10/28/24. This will be used to determine residents ability to self administer medications.

Resident was evaluated using the "Assessment for Residents Self - Administration of Medication" to determine ability to administer medications by Administrator. This was completed on 10/28/24. Resident no longer self admin. See attached.

Education will be given by Administrator to staff that enter medication orders on the policy "Self Administration of Medications". Policy has been updated to include printing a MAR for residents post medication changes and reviewing it with the resident to ensure compliance 11/30/24 and ongoing.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 12/09/2024)

187a - Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

Resident [redacted] was prescribed [redacted] subcutaneously two times a day at 7:00 a.m., 8:00 p.m., and extra as needed. The medication's instructions failed to indicate the medication's pro re data dose.

Plan of Correction

Accept [redacted] - 11/13/2024)

Orders were reviewed with PCP and resident and clarification has been received on insulin orders 10/31/24. See attached.

Administrator and Director of Clinical Services have developed an "Assessment for Residents Self - Administration of Medication" evaluation on 10/30/24. This will be used to determine residents ability to self administer medications. See attached evaluation for resident [redacted] completed by Administrator/RN. Resident no longer self admin.

Moving forward all new residents who elect to self administer medication will have this evaluation completed. The evaluation will also be completed with residents that self administer medications annually or with significant change. These evaluations will be completed by LPN and or Director of Clinical Services.

MARs will be printed and reviewed with residents that self administer medications with any medication changes. Director of Clinical Services, LPN, Resident Care Coordinator, Administrator and Team Leads are responsible. 11/30/24 and ongoing.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] 12/09/2024)

187d - Follow Prescriber's Orders

7. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] was prescribed [redacted] unit / ML inject [redacted] subcutaneously one time a day at 7:00 a.m.; [redacted] units subcutaneously one time a day at 9:00 a.m.; [redacted] / ML inject [redacted] two times daily once at 7:00 a.m., and once at 8:00 p.m., and PRN as needed, [redacted] / ml solution inject extra as needed. However, on 10/22/24, at approximately 8:00 a.m., resident [redacted] self-administered the following medications: [redacted] units of [redacted] unit / ML [redacted] unit subcutaneously one time a day at 7:00 a.m., and [redacted] of [redacted] / ML inject [redacted] subcutaneously two times daily once at 7:00 a.m., once at 8:00 p.m., and PRN as needed. Resident [redacted] indicated due to a blood glucose reading of [redacted] he self-administered a dose of [redacted] before dinner meal at approximately 5:00 p.m. Resident [redacted] indicated he would not be self-administering any more [redacted] medications until the morning of 10/23/24.

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Accept** [REDACTED] - 11/13/2024)

Orders were reviewed with PCP and resident and clarification has been received on insulin orders 10/31/24. See attached.

Administrator and Director of Clinical Services have developed an "Assessment for Residents Self - Administration of Medication" evaluation on 10/30/24. This will be used to determine residents ability to self administer medications. See attached evaluation for resident #3, completed by Administrator/RN. Resident no longer self admin.

Moving forward all new residents who elect to self administer medication will have this evaluation completed. The evaluation will also be completed with residents that self administer medications annually or with significant change. These evaluations will be completed by LPN and or Director of Clinical Services.

MARs will be printed and reviewed with residents that self administer medications with any medication changes. Director of Clinical Services, LPN, Resident Care Coordinator, Administrator and Team Leads are responsible. 11/30/24 and ongoing.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 12/09/2024)