

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

March 6, 2025

[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 02/11/2025, 02/12/2025 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: *03/01/2026*
 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: *Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *114* Waking Staff: *86*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/11/2025*

Inspection Dates and Department Representative

02/11/2025 - On-Site: [REDACTED]
 02/12/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *82*

Secured Dementia Care Unit

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

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *82*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *32* Have Physical Disability: *0*

Inspections / Reviews

02/11/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/03/2025*

03/03/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/06/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/07/2025*

Inspections / Reviews (*continued*)

03/06/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

102e - Privacy - Doors/Partitions

1. Requirements

2600.

102.e. Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

Description of Violation

The door to the bathroom labelled "spa", on the 2nd floor, had a cloth curtain that did not cover the entire window on the door; leaving a 2 inch gap between the bottom of the curtain and not providing total privacy. The toilet is fully visible from the hallway through the glass on the door which did not afford privacy while in use.

Plan of Correction

Accept (█) - 03/03/2025)

The maintenance supervisor immediately covered the 2nd floor spa window with paper and taped it up on 2/11/2025. The maintenance supervisor then ordered a film window sticker to put over the window in the second floor spa on 2/11/2025. A copy of the receipt will be retained on site and was shown that it was ordered on 2/11/2025 to the on-site inspectors by the maintenance director. The window sticker was applied to the 2nd floor spa window on 2/14/2025 by the maintenance supervisor. A picture was taken and will be kept on site, and will be attached for your records. All staff both direct care and ancillary will be re-educated on regulation 2600.102e on 2/28/2025 by the administrator. Documentation will be kept. The maintenance director will check that the window film sticker remains in place and covers the window for privacy bi-weekly for one month and monthly thereafter. Documentation will be kept. The administrator and DON conducted a quality management review on 2/27/2025 of all items specified in 2600.26b. Documentation of the review will be kept.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented (█) - 03/06/2025)

103i - Outdated Food

2. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 2/11/25, there was a dented 8lb can of grape jelly and a dented 4 lb can of salmon located in the dry storage pantry.

Plan of Correction

Accept (█) - 03/03/2025)

The dented can of jelly and salmon that were located in the dry storage pantry were discarded by the maintenance director on 2/12/2025. All staff both direct care and ancillary were re-educated on regulation 2600.103i on 2/28/2025 by the administrator. Documentation will be kept. The director of the dietary department will monitor and inspect the dry storage area in the pantry bi-weekly on Tuesdays and Fridays for one month and weekly thereafter to insure there are no dented cans that are being stored in the dry storage pantry. Documentation will be kept. The administrator and DON conducted a quality management review on 2/27/2025 of all items specified in 2600.26b. Documentation of the quality review will be kept.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented (█) - 03/06/2025)

107c - Food/Water 3 Day Supply

3. Requirements

107c - Food/Water 3 Day Supply (continued)

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 2/11/25, the home served 82 residents requiring a minimum of 246 gallons of drinking water for a 3-day emergency supply. However, the home did not have the emergency drinking water on-site nor did the home have a current and valid contractual agreement.

Plan of Correction

Accept () - 03/03/2025

The home had a letter from our food service company in place, but it didn't specify the exact number of gallons of water on the letter. The administrator reached out to the food service company on 2/27/2025 and ordered 300 gallons of water to be delivered to Rosebrook on 2/28/2025. A receipt will be kept on site and attached for your records. The water will be kept on site. A picture of the water will be taken and kept on site and attached for your records. All staff both direct care and ancillary were re-educated on regulation 2600.107.c on 2/28/2025 by the administrator. The maintenance director will ensure that the water supply is checked monthly to ensure nothing is expired or needs to be replaced. Documentation will be kept. The administrator and DON conducted a quality management review on 2/27/2025 of all items specified in 2600.26b. Documentation of the quality review will be kept.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented () - 03/06/2025

132g - Fire Drills Days/Times

4. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The least amount of staff working in the home, during the 11:00 p.m.-7:00 a.m. shift, is 3 direct care staff; however, on the following fire drill 4 staff persons participated in the fire drills conducted on the following date and times:

3/26/24 at 11:05 p.m.

9/26/24 at 11:03 p.m.

Plan of Correction

Accept () - 03/03/2025

There are always at least 4 staff members working during the 11pm-7am shift. Our overnight fire drills are unannounced and held every six months in March and September. I can provide copies of the staff schedule for your review. The maintenance supervisor will be holding an unannounced fire drill the week of 3/3/2025 on the overnight shift. Documentation will be kept as far as the time/date and the number of persons participating. Fire Drills will continue to be unannounced monthly by the maintenance supervisor on different days and times. Documentation will be kept. All staff both direct care and ancillary were re-educated on regulation number 2600.132.g on 2/28/2028 by the administrator. The administrator and the DON conducted a quality management review on 2/27/2025 of all items specified in 2600.26b. Documentation of the quality review will be kept.

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

Implemented () - 03/06/2025

133.2 - Exit Signs Direction

5. Requirements

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The 2nd floor exit sign, near bedroom 220, indicated a direction to travel; however, the direction of travel lead in a bathroom which not an exit.

The 2nd floor exit sign, near bedroom 210, indicated a direction to travel; however, the direction of travel lead into a bedroom without an exit.

Plan of Correction

Accept ([REDACTED] - 03/03/2025)

The arrows on the exit sign near bedroom 220 and 210 were covered with white tape by the maintenance director on 2/11/2025. The arrows no longer point to a bathroom or bedroom. Pictures were taken and will be kept on site and attached for your records. All staff both direct care and ancillary were re-educated by the administrator on 2/28/2025 on regulation 2600.133.2. Documentation will be kept. The maintenance director will monitor all exit signs monthly to ensure access to the exits shall be marked with readily visible signage indicating the direction to travel. Documentation will be kept. The administrator and DON conducted a quality management review on 2/27/2025 of all items specified in 2600.26b. Documentation of the quality review will be kept.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented ([REDACTED] - 03/06/2025)

227d - Support Plan Medical/Dental

6. 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

Resident #1's support plan, dated [REDACTED], did not address the residents verbal and physical behaviors, nor the resident refusals as they relate to bathing.

Plan of Correction

Accept ([REDACTED] - 03/03/2025)

DON updated Resident #1 support plan on 2/27/2025 to reflect the resident's verbal and physical behaviors and any refusals as they relate to bathing. Documentation will be kept. All staff both direct care and ancillary were re-educated on regulation 2600.227.d by the administrator on 2/28/2025. Documentation will be kept. DON will review support plans bi-monthly for 3 months starting the week of 3/3/2025 and monthly thereafter unless there is a significant change. Documentation will be kept. The administrator and DON conducted a quality management review on 2/27/2025 of all items specified in 2600.26b. Documentation of the quality review will be kept.

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

Implemented ([REDACTED] - 03/06/2025)