

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

May 8, 2025

[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 03/25/2025 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: *ROSETTE RESIDENTIAL SENIOR LIVING* License #: *14874* License Expiration: *12/28/2025*
 Address: *1157 YOUNGSFORD ROAD, GLADWYNE, PA 19035*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *TSDR ROSETTE LLC*
 Address: *1157 YOUNGSFORD ROAD, GLADWYNE, PA, 19035*
 Phone: [REDACTED] Email: [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: *16* Waking Staff: *12*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/25/2025*

Inspection Dates and Department Representative

03/25/2025 - 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: *8* Have Physical Disability: *0*

Inspections / Reviews

03/25/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2025*

04/21/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/07/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/24/2025*

Inspections / Reviews *(continued)*

04/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/07/2025

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/09/2025

05/08/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 05/07/2025

Reviewer: [REDACTED] Follow-Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A, whose date of hire was [REDACTED], did not have a criminal background check completed until [REDACTED]

Staff Member B, whose date of hire was [REDACTED], did not have a criminal background check completed until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 04/24/2025)

The HR director was immediately notified and trained on the importance of proper documentation being done before first date. Background check date check has been added to the onboarding checklist.

The checklist and subsequent checklist underneath is also used as the monthly audit and done once a month by the HR director. Once completed it is submitted to the administrator. Audits are done once a month on the first of the month. Next scheduled audit May 1

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented ([REDACTED] - 05/08/2025)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive in-person fire safety training during the 2024 training year.

Plan of Correction

Accept ([REDACTED] - 04/24/2025)

Administrator is responsible and misplaced this paperwork. Appointment has been made with fire safety expert of Lower Merion township fire department to come to 1157 for the annual training and observation on April 23. This is now complete. It has been filmed and shown to all employees that will sign a sheet.

HR director will make sure this requirement is met by all employees at onboarding and renewed annually. This has been added to the onboarding sheet that will also serve as monthly audit submitted to the administrator. Audits are done once a month on the first of the month. next scheduled Audit May 1

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented ([REDACTED] - 05/08/2025)

85a - Sanitary Conditions

3. Requirements

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

Description of Violation

On 3/25/25 at 10:02am, the vent in the bathroom on the main floor by the staircase was covered in an approximately ¼ inch accumulation of dust.

Plan of Correction

Accept ([redacted] - 04/24/2025)

The vent was immediately cleaned.

Cleaning of the bathroom vents has been added to the weekly cleaning sheet and will be audited in monthly audits of physical site by Administrator .Audits are done monthly on the first of the month .Next scheduled audit May 1

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented ([redacted] - 05/08/2025)

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 observed drill by a fire safety expert was conducted in 2023. The home could not provide proof of an observed drill in 2024.

Plan of Correction

Accept ([redacted] - 04/21/2025)

Administrator had this done and misplaced the paperwork. Previous Fire Marshall no longer at the township. New Fire Marshal to come on April 23 to observe drill.

Administrator will have this on monthly compliance check going forward to ensure compliance.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented ([redacted] - 05/08/2025)

141b1 - Annual Medical Evaluation

5. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1 had a medical evaluation on [redacted] Their previous medical evaluation occurred on [redacted]

Plan of Correction

Accept ([redacted] - 04/24/2025)

Care Coordinator is responsible for auditing the medical evaluations and having them done on time.

The Care coordinator will now check who is upcoming 2 months ahead of time to ensure enough time to schedule with the dr. Move in dates and are added to the calender at move in. DME renewals are also added to calender.

Beginning the process 60 days ahead of time this has been added to the care coordination/medication monthly audit- checklist sheet attached. This is done on monthly on the first of the moth and submitted to the Administrator.

May 1 is next scheduled audit.

141b1 - Annual Medical Evaluation (*continued*)

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented (█) - 05/08/2025

183e - Storing Medications

6. 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

On 3/25/25, the following medication cards were observed to have punctured foil backing that has been taped over to keep the medication in the blister spot.

- Resident #1's Lorazepam 0.5mg
- Resident #2's Lorazepam 0.5mg
- Resident #2's Carbidopa-Levodopa 25mg
- Resident #3's Calcium 500 mg

Plan of Correction

Accept (█) - 04/24/2025

All taped medications were immediately discarded. Pharmacy has been notified not to tape anything that has been damaged in transit. All medication techs have been trained on what do should this occur on April 12 and this has been added to the train the trainer list of things to go over at training.

Checking for punctured blister packs is now on the monthly medication audit done by Care Coordinator. Care Coordinator then submits to Administrator. Audits are done on 1st of every month. Next to be done is on May 1.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented (█) - 05/08/2025

225c - Additional Assessment

7. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #4's assessment dated █ does not indicate the degree of behavioral or cognitive need for judgement or agitation; however, the description of service need states Resident #4 █

Plan of Correction

Accept (█) - 04/24/2025

This area of the RASP was overlooked. Rasp was immediately corrected. Care Coordinator is in charge of auditing this paperwork. Double checking that all boxes are checked and complete is now on the checklist which also serves as monthly audit sheet done by Care Coordinator. Care Coordinator then submits to Administrator. Audits are

225c - Additional Assessment (continued)

done on 1st of every month. Next to be done is on May 1.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented ([REDACTED] - 05/08/2025)