

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

December 8, 2025

[REDACTED]
SHL Rosette LLC
[REDACTED]

RE: Rosette At Villanova
1745 MONTGOMERY AVENUE
VILLANOVA, PA 19085
VILLANOVA, PA, 19085
LICENSE/COC#: 15364

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/15/2025 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 At Villanova* License #: *15364* License Expiration:

Address: *1745 MONTGOMERY AVENUE VILLANOVA, PA 19085, VILLANOVA, PA 19085*

County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *SHL Rosette LLC*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *06/27/2025* Issued By: *Lower Merion Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection Information

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

Reason: *Monitoring* Exit Conference Date: *10/15/2025*

Inspection Dates and Department Representative

10/15/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *6*

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: *6*

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

Have Mobility Need: *6* Have Physical Disability: *6*

Inspections / Reviews

10/15/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/31/2025*

11/07/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/10/2025*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/10/2025*

Inspections / Reviews *(continued)*

12/08/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

82c Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Rapid Multi surface Disinfectant cleaner, with a manufacturer's label indicating "to contact poison control", was unlocked, unattended, and accessible to residents in the laundry room on the second floor. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

A plastic bin filled with Tide pods, with a manufacturer's label indicating "to contact poison control", was unlocked, unattended, and accessible to residents in the laundry room on the second floor. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Disinfectant Acid Bathroom Cleaner, with a manufacturer's label indicating "to contact poison control", was unlocked, unattended, and accessible to residents in the laundry room on the second floor. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept ([redacted] - 10/30/2025)

The cleaning products were immediately removed and put in their proper place downstairs. Staff was reminded to abide by the rules of where we keep cleaning products and company wide memo sent out to include detergent. Also, the washer and dryer were moved to the basement which is not accessible to residents any longer. Supervisors rounds were expanded to include laundry products. Supervisors were reminded to do their rounds fully and daily as well as the monthly audit,

Licensee's Proposed Overall Completion Date: 10/29/2025

Implemented [redacted] - 11/18/2025)

121a Unobstructed Egress

2. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted], at 9:39 am, the gate on the patio had a cinderblock and 2 chairs blocking egress from the home's patio area.

Plan of Correction

Accept ([redacted] - 10/30/2025)

Staff was reminded about the rules for keeping egress routes clear and a company wide memo sent out to all employees. Also a latch was installed on the gate to keep it closed. Supervisor rounds were expanded to include the outdoor gate. Supervisors were reminded to check on this daily on their supervisor rounds and monthly audit.

Licensee's Proposed Overall Completion Date: 10/29/2025

Implemented [redacted] 11/18/2025)

162c Menus Posted

3. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of [redacted] thru [redacted] was posted. However, the current week and the following week menu was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 10/30/2025)

Chef posted the menu that day. Chef was reminded about the timing the menu should be posted and re-trained on 10/28/2025. Checking this compliance was added to the supervisor rounds for the day and on the monthly audit. The supervisor is responsible to point out to the chef when it is not posted properly.

Licensee's Proposed Overall Completion Date: 10/29/2025

Implemented [redacted] - 11/18/2025)

183b Meds and Syringes Locked

4. 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

On [redacted], at 9:16 am, resident [redacted]'s [redacted] was unlocked, unattended, and accessible in resident [redacted] room.

Plan of Correction

Accept [redacted] - 10/30/2025)

Management immediately did a sweep of the house and determined any other medicines left out were secured. Residents Lidocaine patches were placed back in [redacted] lock box and secured. Staff was reminded by company wide memo of the policy. Supervisors were reminded to ensure this happens on their supervisor rounds and on the monthly audit

Licensee's Proposed Overall Completion Date: 10/29/2025

Implemented [redacted] - 11/18/2025)

183e Storing Medications

5. 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 [redacted] [redacted], belonging to resident [redacted] had tape on the package of pill #4 and the pill was still in the package.

183e - Storing Medications (continued)

Plan of Correction

Accept [redacted] - 10/30/2025)

A sweep of all the medications is blister packs was performed 10.20.25. Staff was reminded again by company -wide memo not to tape up blister packages. They were reminded of the many signs taped to all the medicine cabinets not to tape blister packets. BI weekly medicine room audits have been instituted as of 10.20.25 Supervisors are to perform their bi-weekly audit to check for damages blister packs along with other violations. Residents' medications were moved to a bigger medicine cabinet to ensure less damage to the blister packs.

Licensee's Proposed Overall Completion Date: 10/29/2025

Implemented [redacted] - 11/18/2025)

187b - Date/Time of Medication Admin.

6. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] Resident [redacted]'s medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at 9:30 pm.

Resident [redacted] is prescribed [redacted] Resident [redacted]'s medication administration record does not include the initials of the staff person who administered [redacted] on [redacted] at 10:00 pm.

Plan of Correction

Accept [redacted] - 10/30/2025)

A sweep was immediately done to all the medication administration records from October. It was determined that the med techs needed a re-training to remind them of the fundamentals of medication administration including the correct timing of administration, correct recording, and discontinued medication. Care coordinator was also retrained and reminded to audit the Mar bi-weekly policy started 10.20.25 to ensure that all medications were administered properly and proper procedure was followed. This training was accomplished on Oct 28 2025.

Licensee's Proposed Overall Completion Date: 10/29/2025

Implemented [redacted] - 11/18/2025)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] tablet, Take one tablet by mouth daily for [redacted], scheduled for 8:00 am. The home did not administer this medication until 11:00 am on [redacted], and [redacted], and 10:30 am on [redacted]

Resident [redacted] was prescribed [redacted] beginning [redacted], this medication was prescribed for an as needed basis for 14 days for pain. However, on [redacted], the home administered [redacted] to resident [redacted]

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept [redacted] - 10/30/2025)

A sweep was immediately done to all the medication administration records from October. It was determined that the med techs needed a re-training to remind them of the fundamentals of medication administration including the correct timing of administration correct recording , and discontinued medication. Care coordinator was also retrained and reminded to audit the Mar bi-weekly policy started 10.20.25 to ensure that all medications were administered properly and proper procedure was followed. This training was accomplished on Oct 28 2025

Licensee's Proposed Overall Completion Date: 10/29/2025

Implemented [redacted] 11/18/2025)

251b - Record Entries Legible

8. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

On [redacted], the prescreen form belonging to resident [redacted] had the section called Based on this screening, I verify that the needs of this applicant require secured care due to [redacted] or other [redacted] checked as yes then changed to no. It was written over and was not legible.

Plan of Correction

Accept [redacted] 10/30/2025)

A sweep of all PAS occurred for all residents making sure everything was legible. Resident [redacted] Pre screening Assessment was redone on 10.27.25. Ensuring legibility has been added to the monthly audit.

Licensee's Proposed Overall Completion Date: 10/29/2025

Implemented [redacted] 11/18/2025)