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

December 23, 2025

[redacted], CEO
BOARD OF DIRECTORS OF THE ROUSE ESTATE
615 ROUSE AVENUE
YOUNGSVILLE, PA, 16371

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

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/21/2025 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: *SUITES AT ROUSE* **License #**: *46900* **License Expiration**: *12/24/2025*

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: **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *06/18/2019* **Issued By**: *City of Warren*

Type: *C-2 LP* **Date**: *08/02/1995* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *113* **Waking Staff**: *85*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *10/22/2025*

Inspection Dates and Department Representative

10/21/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *120* **Residents Served**: *83*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *12* **Residents Served**: *9*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *83*

Diagnosed with Mental Illness: *6* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *30* **Have Physical Disability**: *0*

Inspections / Reviews

10/21/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/13/2025*

11/14/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/18/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/21/2025*

Inspections / Reviews *(continued)*

11/18/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *12/18/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/20/2025*

12/23/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *12/18/2025*

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 home did not have an inspection certificate for the stair glide located in the stairwell in Hallway C.

Plan of Correction ***Accept [redacted] - 11/18/2025)***

1. Stair Chair was taken out of service by Director of Maintenance and Inspector on 10/29/25.

2. Director of Operations has begun permitting and licensure process with PA Department of Labor and Industry. Will be submitted by 12/5/25.

3. Administrator will provide education on applicable Health and Safety laws to Maintenance Department by 12/5/25.

4. Stair chair inspections will be conducted by Labor and Industry on an annual basis if approved.

4. Should stair chair not meet inspection requirements will be removed from facility by Director of Maintenance by 12/31/25.

Licensee's Proposed Overall Completion Date: *12/31/2025*

Implemented ([redacted] - 12/18/2025)

81b - Resident Personal Equipment

2. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler bar was unsecured, moving back and forth approximately 2 to 3 inches, on the bed in bedroom #127.

Plan of Correction ***Accept ([redacted] - 11/14/2025)***

1. Enabler bar was secured by Resident Care Coordinator (RCC) on 10/24/25.

2. Audit of all enabler bars will be conducted by 12/19/25 by RCC.

4. Orders will be placed in eMAR to have DCW staff check enabler bars weekly for secure placement. 12/12/25

3. Enabler bars will be audited quarterly, with the attached audit sheet, and annually with DME by the RCC. Starting 1/1/26.

Licensee's Proposed Overall Completion Date: *12/19/2025*

Implemented ([redacted] - 12/18/2025)

91 - Telephone Numbers

3. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

91 - Telephone Numbers *(continued)*

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the A and B hallway's nurses stations.

Plan of Correction ***Accept (- 11/14/2025)***

1. Telephone numbers were posted by administrator on 10/21/25. (See Photos)

2. Staff will be educated to not remove this phone list by Administrator completion of 12/1/25.

3. Administrator will audit quarterly for compliance with attached audit sheet.

Licensee's Proposed Overall Completion Date: *12/01/2025*

Implemented (- 12/18/2025)

101j7 - Lighting/Operable Lamp

4. 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

There was no bedside light next to the bed in bedroom #93.

Plan of Correction ***Accept (- 11/18/2025)***

1. Bedside lamp was obtained for resident by Administrator/Family on 10/30/25.

2. Task will be added to housekeeping to check bedside lamps each week with housekeeping duties. Task will be added to electronic health record and responses monitored by RCC and Administrator. 12/12/25

3. Full room audits will be conducted by Admission Coordinator with in 10days of move in (Started 11/12/25), and every 6 months by DCW staff with attached audit sheet, starting 12/1/25 with completion by end 12/30/25.

Licensee's Proposed Overall Completion Date: *12/30/2025*

Implemented (- 12/18/2025)

123b - Emergency Procedures Posted

5. Requirements

2600.
123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept (- 11/18/2025)***

1. Facility emergency procedures were posted. Municipal and county emergency plan was missing. Emergency plan for municpal and county were posted by administrator on 10/22/25.

2. Administrator will educate staff on the purpose of procedures being posted and not to remove by 12/5/25.

3. Administrator will audit quarterly to ensure they remain in place with attached audit sheet starting 12/1/25

Licensee's Proposed Overall Completion Date: *12/05/2025*

Implemented (- 12/18/2025)

132f - Alternate Exit Routes

6. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home does not use alternate exit routes during fire drills.

Plan of Correction ***Accept ([redacted] - 11/18/2025)***

1. Next fire drill on November 19th, 2025, alternative exits will be used by Director of Maintenance and Administrator.

2. Doors will be marked with sign and orange cones to alert residents by Director of Maintenance and/or Administrator.

4. Fire drills will be planned by administrator and director of maintenance. The use of alternate exit will be considered with each drill starting in November of 2025 and ongoing.

3. Exit routes used will be marked on the Fire Drill Record sheet by Director of Maintenance on 11/19/25 an on going. (See attached)

Licensee's Proposed Overall Completion Date: *11/19/2025*

Implemented ([redacted] - 12/18/2025)

141a 1-10 Medical Evaluation Information

8. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's initial medical evaluation, dated [redacted], Section 2 – Medical Diagnoses Physical/Mental, indicates "see print out" . However, there is no attached printed list of diagnoses.

Plan of Correction ***Accept ([redacted] - 11/18/2025)***

1. Diagnosis list was reviewed with PCP and confirmed for accuracy. RCC 11/5/25.

2. Resident Care Coordinator and Director of Clinical Services will be educated on DME by Administrator 12/5/25.

3. Moving forward all DMEs will be double checked by RCC and Director of Clinical Services, at time of completion, and initialed starting 11/12/2025.

3. RCC will audit 5 DMEs per month to ensure ongoing compliance with attached audit sheet starting 12/1/25 completion by 12/31/25.

Licensee's Proposed Overall Completion Date: *12/31/2025*

141a 1-10 Medical Evaluation Information *(continued)*

Implemented ([redacted] - 12/18/2025)

162c - Menus Posted

9. 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

Only the current week's menu, from 10/19/25 through 10/25/25, was posted in the secured memory care unit.

Plan of Correction ***Accept ([redacted] - 11/18/2025)***

1. Menu was posted by Dietary Supervisor on 10/21/25.
2. "To be removed by Dietary Supervisor only" added to each menu by Dietary Supervisor Starting 11/13/25.
3. Dietary supervisor will audit menus posted for 4 weeks starting 11/21/25.
4. Administrator will audit quarterly for compliance with the attached audit sheet starting 12/1/25

Licensee's Proposed Overall Completion Date: *12/12/2025*

Implemented ([redacted] - 12/18/2025)

185a - Implement Storage Procedures

10. 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

[redacted]

Resident #2's glucometer is not calibrated to date and time.
Glucometer indicates blood glucose reading of 111 on 2/23/25 at 3:09 a.m., however the resident's October 2025 MAR indicates blood glucose of 111 on 10/22/25 at 7:00 a.m..

Resident #2's October Medication Administration Record (MAR) indicates a blood glucose of 289 on 10/15/25 at 4:00 p.m., however the resident's glucometer indicates blood glucose of 269.

Repeat Violation: 10/22/24

Plan of Correction ***Accept ([redacted] - 11/14/2025)***

1 [redacted] Withdrawn per conversation with Supervisor on 11/12/25.
2. Glucometer has been calibrated to correct date and time by Director of Clinical Services. 11/7/25
3. All Glucometers in facility will have orders entered on MAR for calibration checks every month by 12/12/25 by LPN, Director of Clinical Services, RCC.
4. Glucometers will be audited quarterly by LPN or Director of Clinical Services to ensure compliance.
5. Staff will receive education on double checking glucometer readings before entering in MAR by Director of

185a - Implement Storage Procedures (continued)

Clinical Services (DOC). DOC will audit glucometer and glucometer readings against the MAR weekly for 4 weeks (Starting 11/21/25) and quarterly there after.

Licensee's Proposed Overall Completion Date: *12/26/2025*

Implemented (- 12/18/2025)

221c - Post Activity Calendar

11. Requirements

2600.
221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

There was no activities calendar posted on the memory care unit.

Plan of Correction ***Accept (- 11/14/2025)***

1. Activities calendar was posted by activities department on 10/21/25.
2. Activities department will be educated on posting schedule weekly by Administrator, 12/1/25.
3. Administrator will audit weekly for 4 weeks, starting 11/21/25, and quarterly after to ensure compliance.

Licensee's Proposed Overall Completion Date: *12/26/2025*

Implemented (- 12/18/2025)

225a - Assessment 15 Days

12. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3 has an enabler bar attached to the resident's bed. However, the resident's assessment and support plan, dated 9/2/25, does not address the use of this device.

Plan of Correction ***Accept (- 11/18/2025)***

1. Order was obtained from PCP for enabler bar by Resident Care Coordinator, RCC. 10/27/25
2. RASP has been updated by RCC. (see attached)
3. On 11/12/2025, the Admissions Coordinator began auditing all new move-in rooms within 10 days post-admission using an audit tool to ensure that any adaptive equipment or enablers are reflected in the resident's assessment and support plan.
4. Additionally, by 11/28/2025, the RCC and administrator will entered orders into the eMAR requiring Direct Care Workers (DCWs) to check all enabler bars weekly to ensure secure placement.
4. All enabler bars will be audited by 12/19/25 by RCC.
5. Enabler bars will be audited quarterly, with the attached audit sheet, and annually with DME by the RCC. Starting 1/1/26.

Licensee's Proposed Overall Completion Date: *12/19/2025*

Implemented (- 12/18/2025)

233c - Key-Locking Devices

13. Requirements

2600.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

There was no code for posted for the locked doors by the elevator and the west exit door on the secured memory care unit.

Plan of Correction ***Accept ([redacted] - 11/18/2025)***

1. Codes were posted by DCW staff on 10/21/25. (see photos)
2. Staff will be educated by administrator to not remove signs by 12/1/25.
3. Administrator will audit quarterly to ensure in place with attached audit sheet starting 12/1/25.

Licensee's Proposed Overall Completion Date: *12/01/2025*

Implemented ([redacted] - 12/18/2025)