

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

May 28, 2026

[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 02/10/2026 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:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 118 **Waking Staff:** 89

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/10/2026

Inspection Dates and Department Representative

02/10/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 88

Secured Dementia Care Unit

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

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 87
Diagnosed with Mental Illness: 10 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 30 **Have Physical Disability:** 0

Inspections / Reviews

02/10/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/16/2026

03/27/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/10/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/03/2026

Inspections / Reviews *(continued)*

03/31/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/13/2026

05/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

65f Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in the following topics during training year January 1, 2025 to December 31, 2025:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Plan of Correction

Accept (█ - 03/27/2026)

Direct care staff person B is █. The administrator had █ complete the above trainings on 3/6/2026. Documentation will be kept in █ chart. The administrator and DON thought █ was exempt from this. The administrator did an audit on 3/6/2026 and trainings are up to date with all employees. The administrator will continue to do monthly audits, starting 3/6/2026. Documentation will be kept. Topics 2600.65f and 2600.65g will be discussed by the administrator and DON at our quality management review. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented (█ - 05/28/2026)

65g Annual Training Content

3. 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:

2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.

65g Annual Training Content (continued)

- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 5. Falls and accident prevention.

Description of Violation

Staff person B did not receive training in the following topics during training year January 1, 2025 to December 31, 2025:

- 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.

Plan of Correction

Accept (█ - 03/27/2026)

Direct care staff person B is █. The administrator had █ complete the above trainings on 3/6/2026. Documentation will be kept in █ chart. The administrator and DON thought █ was exempt from this. The administrator did an audit on 3/6/2026 and trainings are up to date with all employees. The administrator will continue to do monthly audits starting 3/6/2026. Documentation will be kept. Topics 2600.65f and 2600.65g will be discussed by the administrator and DON at our quality management review. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented (█ - 05/28/2026)

85a - Sanitary Conditions

4. Requirements

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

Description of Violation

At 11:00 a.m., the continuous flow ventilation system above the toilet in the 2nd floor spa was covered completely with lint and debris.

Plan of Correction

Accept (█ - 03/27/2026)

The housekeeping department was notified immediately by the DON and had the lint removed from the vent above the toilet in the second floor spa on 2/10/2026. A staff meeting will be held by the administrator on 3/26/2026 to discuss sanitary conditions. Documentation will be kept.

The housekeeping supervisor will monitor the the bathroom vents weekly for 3 months and monthly there after starting 3/6/2026. Documentation will be kept. Topic 2600.85a will be discussed by the administrator and DON at our quality management review. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented (█ - 05/28/2026)

86b - Bathroom

5. Requirements

- 2600.
- 86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

86b Bathroom (continued)

Description of Violation

The following private and common bathrooms do not have an operable window, and the home's integrated continuous flow ventilation system was not operable:

Terrace bedroom #10, Terrace bedroom #20, bedrooms #103, #107, #108, #111, #113, #122, #129, #210, common Terrace bathroom, basement Spa, 1st floor East spa, 1st floor West spa, and 2nd floor spa.

Plan of Correction

Accept () - 03/31/2026

Elite Heating & A/C INC was notified by the administrator on 3/11/2026 of this violation. They are scheduled to come on 3/13/2026 and bring an Alnorbalometer to test air flow. Documentation will be kept. Elite found that exhaust blower bearings, shaft and bearing retainer to be broken. Parts were ordered and Elite is to come back next week to repair. Documentation will be kept. Elite to provide education to the maintenance supervisor and administrator once repaired to show us how to check for proper function moving forward. A schedule will be put in place at that time for weekly inspections to be done by the maintenance supervisor starting 3/20/2025 that this unit is working properly. Documentation will be kept. A staff meeting for all staff will be held by the administrator on 3/26/2026 to discuss this violation. Regulation 2600.86b will be discussed at the quality management review by the DON and administrator. Documentation will be kept. Elite came and did repairs to the ERV on 3/17/2026. See attached. Elite also educated the maintenance director and administrator on where to check for proper function on 3/17/2026. Weekly checks will be done by the maintenance director starting 3/20/2026. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented () - 05/28/2026

88a - Surfaces

6. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 10:00 a.m., a large part of the ceiling and wall in the library was damp and the dry wall had bubbled due to a leaking pipe above the room.

Plan of Correction

Accept () - 03/27/2026

There was a huge ice and snow storm throughout our area on January 25th 26th. There is a covered porch above the library and due to the snow and ice accumulation freezing and melting, it came through the ceiling causing the dry wall to bubble and dampen. The maintenance director was repairing this the day of inspection. This had nothing to due with a leaking pipe. The maintenance director completed the fix on 2/12/2026 and pictures were taken of the repair. A staff meeting will be held by the administrator on 3/26/2026 for all staff regarding this violation. Documentation will be kept. The maintenance director will do weekly checks of surfaces starting 3/6/2026 for 3 months and monthly thereafter. Regulation 2600.88a will be discussed by the administrator and DON at our quality management review. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented () - 05/28/2026

93a - Handrails

7. Requirements

93a - Handrails (continued)

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

At 10:30 a.m., the right-side of the handrail leading up the stairs in the front of the home was unstable and moved approximately 2 inches back and forth when grabbed.

Plan of Correction

Accept () - 03/31/2026

The maintenance director braced the handrail on 2/11/2026 to keep the handrail stable. The administrator has pictures and video showing this that can be submitted. The maintenance director has ordered replacement spindles to tighten the handrail to the stairs on 3/12/2026. Once delivered (the expected date is 3/24-3/30/2026) the spindles will be replaced. Pictures will be taken to show the repair. A staff meeting will be held by the administrator on 3/26/2026 for all staff. Documentation will be kept. Maintenance will monitor handrail safety bi-weekly for 3 months and monthly there after starting 3/6/2026. Documentation will be kept. Regulation 2600.93a will be discussed by the administrator and DON at our quality management review. Documentation will be kept. New spindles and brace installed by the maintenance director on 3/25/2026. See attached pictures.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented () - 05/28/2026

102i - Soap Dispenser

8. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At 11:00a.m., there were two used and unlabeled bars of soap in the shower area of the 2nd floor spa.

Plan of Correction

Accept () - 03/27/2026

The unlabeled bars of soap were removed by the DON in front of the inspector on 2/10/2026. A staff meeting will be held by the administrator on 3/26/2026 for all staff regarding this violation. Starting 3/12/2026 the charge person on each shift will do a daily check in the spa to ensure that there are not unlabeled bars of soap present. Documentation will be kept. Regulation 102i will be discussed by the administrator and DON at our quality management review. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented () - 05/28/2026

103g - Storing Food

9. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 2:30 p.m., the following food items were open and unsealed in the kitchen:

A large bag of buttered and garlic toast, a large bag of French toast, a gallon resealable bag of bread rolls, and a large bag of pepperoni slices.

103g - Storing Food (continued)

Plan of Correction

Accept () - 03/27/2026

All of the above items were discarded by the cook after being found by the inspector on 2/10/2026. Kitchen staff were reminded on 2/10/2026 by the DON that food needs to be in closed and sealed containers. A staff meeting for all staff will be held on 3/26/2026 by the administrator regarding this violation. Documentation will be kept. A daily check will be done by the 6-2 cook upon start of shift to check the kitchen areas to ensure food is stored in closed or sealed containers starting 3/12/2026. Documentation will be kept. Regulation 2600.103g will be discussed by the administrator and DON at the quality management review. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented () - 05/28/2026

103h - Thawing Food

10. Requirements

2600.

103.h. Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

Description of Violation

At 2:40 p.m., a large bag of raw chicken was thawing on the kitchen counter. The chicken was mostly thawed when discovered.

Plan of Correction

Accept () - 03/27/2026

The chicken was discarded by the DON immediately upon finding on 2/10/2026. The kitchen staff was educated on regulation 2600.103h by the administrator on 3/11/2026. Slides regarding this topic were provided by Performance Food Services and hung in the kitchen. Documentation will be kept. The kitchen supervisor will monitor the thawing of foods properly on a daily basis starting 3/12/2026 and documentation will be kept. A staff meeting will be held for all staff on 3/26/2026 by the administrator to review this violation. Regulation 2600.103h will be discussed by the administrator and DON at the quality management review. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented () - 05/28/2026

132g - Fire Drills Days/Times

11. 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 home routinely holds sleeping hours fire drills during the 11:00 o'clock hour as evidenced by the following drills: On 9/30/25, at 11:21 p.m., on 3/5/25 at 11:20 p.m., and on 9/26/24 at 11:03 p.m.

Repeat Violation: 2/11/25 et al.

Plan of Correction

Accept () - 03/27/2026

An unannounced sleeping hours fire drill was held at 3:39am on 3/12/2026 by the maintenance supervisor

132g - Fire Drills Days/Times (continued)

Documentation was kept. The administrator will ensure that the times of the sleeping hour fire drill aren't held during the same hour moving forward. Documentation will be kept. The administrator and DON will review regulation 132g at the quality management review. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/12/2026

Implemented (█) - 05/28/2026)

183b - Meds and Syringes Locked**12. 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

At 10:15a.m., multiple residents' medications, including resident #1's insulin, were unlocked, unattended, and accessible in the office off from the main dining room.

Plan of Correction

Accept (█) - 03/27/2026)

The only medications in this office are insulin which is stored in a refrigerator off of the main dining room. The DON immediately locked the door to this area in front of the inspector upon leaving. A note was taped to the door by the DON that states "Keep Door Shut and Locked at all Times!! A picture of the note was taken and documentation was kept. DON educated med techs on 2/10/2026 of the importance of locking this door. A staff meeting will be held on 3/26/2026 to discuss this violation. Documentation will be kept. The DON/med tech will check every shift starting 3/12/2026 to make sure the door is locked when unattended. Documentation will be kept. The administrator and DON will review regulation 2600.183b at the quality management review. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented (█) - 05/28/2026)

187a - Medication Record**13. Requirements**

2600.

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

4. Strength.

Description of Violation

Resident #2 was prescribed Calcium 500 mg, take one tablet by mouth daily. However, the resident's February 2026 medication administration record (MAR) indicated Calcium 600 mg, take one tablet by mouth daily.

Plan of Correction

Accept (█) - 03/27/2026)

The DON updated and corrected the MAR in front of the inspector on 2/10/2026 and gave them a copy of the original order. Giant Eagle Pharmacy was notified by the DON on 2/10/2026 of the typo and they corrected on their end. Documentation of the corrected MAR will be kept. The DON will do weekly MAR audits for 3 months and monthly thereafter starting 3/12/2026 to ensure the MAR matches the doctor's order/pharmacy label. A staff meeting will be held by the administrator and DON on 3/26/2026 to discuss this violation. Documentation will be kept. Regulation 2600.187a will be discussed at the quality management review by the DON and administrator. Documentation will be kept.

187a Medication Record *(continued)*

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented (█) - 05/28/2026)

225c - Additional Assessment

14. 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 2's assessment, dated 4/11/25, does not include the resident's needs for a Hoyer lift for transferring and a medical trapeze bar above the bed for repositioning.

Plan of Correction*Accept (█) - 03/27/2026)*

The DON updated Resident 2's assessment on 2/10/2026 to reflect the use of the hoyer lift and medical trapeze bar. Documentation will be kept. The DON will do an audit of resident assessments weekly for 2 months and monthly thereafter starting 3/12/2026. Documentation will be kept. A staff meeting will be held on 3/26/2026 for all staff regarding this violation. Regulation 2600.225c will be discussed by the DON and administrator at the quality management review. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented (█) - 05/28/2026)