

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

April 24, 2026

[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 03/05/2026 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: ROSETTE RESIDENTIAL SENIOR LIVING License #: 14874 License Expiration: 12/28/2026
 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: R-4 Date: 11/30/2021 Issued By: Lower Merion Twp. Bldg. & 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: 03/05/2026

Inspection Dates and Department Representative

03/05/2026 - 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

03/05/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/09/2026

04/14/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/24/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/24/2026

Inspections / Reviews *(continued)*

04/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 3/10/2026, the home's current license inspection summary, dated 3/5/2025, was not posted in a conspicuous and public place in the home. A prior report from 4/3/24 was posted instead.

Plan of Correction

Accept (████ - 04/14/2026)

The outdated inspection summary dated 4/3/24 was removed. The most recent inspection summary dated 3/5/2025 replaced it in the public area of the home.

The current home inspection monthly Audit checklist was revised to include verification of the DATE of the posted license and inspection documents. Plus a checklist of items that should be at the door on the supervisor rounds. This list was verified and re audited on April 8

Licensee's Proposed Overall Completion Date: 04/09/2026

Implemented (████ - 04/24/2026)

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 A did not receive training in any of the required topics during training year 2025.

Plan of Correction

Accept (████ - 04/14/2026)

Staff person A █████ who is temporarily filling in for employees on LOA. Though █████ has technically been a █████ employee since 2023, with all other qualifications, █████ just started doing direct care again temporarily in 2026 during this time as we await employee waivers. HR immediately set █████ up on 2026 Care Academy after this violation. which █████ is now set to complete by end of the year. Two classes █████ has already completed attached here. The HR audit has been revised to set care academy up even for temporary or as needed employees. HR director retraining recently established.

A monthly reports on all employees and a schedule of upcoming trainings are now due along with the audits monthly.

65f - Training Topics (*continued*)

Licensee's Proposed Overall Completion Date: 04/09/2026

Implemented (█) - 04/24/2026)

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:

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 persons A and B did not receive training in any of the required topics during training year 2025

Repeat Violation Date: 3/25/25.

Plan of Correction

Accept (█) - 04/14/2026)

Training for Staff Persons A and B were immediately scheduled and completed. There future trainings were added to the anual master calender.

The HR Manager was re trained on 65g and implemented a new checklist Audit for when employees are hired., change positions, or moved temporarily.

HR director retraining recently established. A monthly reports on all employees and a schedule of upcoming trainings are now due along with the audits monthly.

Licensee's Proposed Overall Completion Date: 04/09/2026

Implemented (█) - 04/24/2026)

82c - Locking Poisonous Materials

4. 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

On 3/5/2026 at 12:09pm, bottles of Dial hand soap and Colgate mouthwash, with manufacturer's labels indicating, "If swallowed, get medical help or contact Poison Control Center right away", were unlocked, unattended, and accessible in resident █ room.

At 1:13 pm, a tube of CVS Gum Health Fortify toothpaste, with a manufacturer's label indicating, "If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away," was unlocked,

82c - Locking Poisonous Materials (continued)

unattended, and accessible to resident [redacted] room.

Both rooms were unlocked. Residents [redacted] and [redacted] have been assessed as not capable of recognizing and using poisons safely.

Plan of Correction

Directed ([redacted] - 04/14/2026)

Letter obtained by the Physicians attached. Both residents as of April 6 have been assessed by their doctors to be able to use toiletries safely. Rosette care team have also assessed residents ability to use toiletries safely and with the Dr letters have updated the RASP.

Audit sheet has been updated to ensure that RASPS match information from Drs letters .

Directed Plan of Correction (slw 4/14/26):

In addition to the steps noted in the submitted plan of correction, the administrator will include the following steps to this plan:

1. The administrator or director of nursing will provide training on how to identify poisonous materials to direct care and housekeeping staff by 5/1/26.
2. Documentation of the training will be maintained for the Departments review.
3. The director of nursing or housekeeping supervisor will conduct periodic room checks for at least 10% of the resident rooms monthly for the next six months, starting immediately.
4. A copy of the room audit will be maintained.

Proposed Overall Completion Date: 04/09/2026

Directed Completion Date: 04/24/2026

Implemented ([redacted] - 04/24/2026)

186b - Medication Used by Resident

5. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On 1/15/2026 at 5:30 pm, resident #3 was administered a [redacted] prescribed for and belonging to resident [redacted]

Plan of Correction

Accept ([redacted] - 04/14/2026)

As per the report sent to the state at time of occurrence , we Assess the medical condition of Resident #3 for any adverse reactions due to the medication error under the watch of [redacted] Dr.

We notified the resident and [redacted] family, about the medication error.

We completed an incident report documenting the medication error and immediate actions taken.

Staff person C, admitted making error because [redacted] did not pay attention and disregarded not only the five rights but also recording procedures. Because we do not punish our med techs for mistakes so that they feel free to report them, [redacted] was re-trained and spoken to by the care coordinator and HR director/ trainer. This individual no longer works for Rosette. However, Refresher courses will be implemented quarterly going forward in Quarter 2.

Licensee's Proposed Overall Completion Date: 04/09/2026

