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

July 28, 2026

[redacted]
ROSE MANOR LLC
[redacted]

RE: ROSE MANOR
100 ROSE COURT
OAKDALE, PA, 15071
LICENSE/COC#: 45598

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/22/2026 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: *ROSE MANOR* **License #**: *45598* **License Expiration**: *04/29/2027*

Address: *100 ROSE COURT, OAKDALE, PA 15071*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *ROSE MANOR LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *09/17/1997* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *21* **Total Daily Staff**: *51* **Waking Staff**: *38*

Inspection Information

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

Reason: *Incident, Monitoring, Interim* **Exit Conference Date**: *05/14/2026*

Inspection Dates and Department Representative

04/22/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* **Residents Served**: *21*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *19*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *9* **Have Physical Disability**: *1*

Inspections / Reviews

04/22/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/09/2026*

07/16/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/20/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/20/2026*

Inspections / Reviews *(continued)*

07/28/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/20/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

101j7 - Lighting/Operable Lamp

1. 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

At 10:28 a.m., resident [redacted] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Accept ([redacted] - 07/16/2026)***

Violation:
At 10:28 a.m., Resident [redacted] did not have access to a source of light that could be turned on or off at the bedside. The bedside lamp was not functioning.

Plan of Correction:

Upon identification of the violation, the non-functioning bedside lamp was immediately removed and replaced with a working lamp to ensure Resident [redacted] had access to bedside lighting that could be independently operated.

On 4/22/23 maintenance staff inspected the electrical outlet and replacement lamp to verify proper operation and resident safety.
All resident rooms were inspected the following day on 4/23/26 by maintenance staff to ensure bedside lighting was present, operational, and accessible to residents.

All staff have been educated on 4/23/26 to promptly report any malfunctioning equipment, including bedside lighting, to the Administrator or Maintenance Department for immediate correction.

The Administrator or designee will monitor compliance through weekly environmental rounds and maintain documentation of inspections. These inspections started on 4/23/26 and will be done for 30 days. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *07/15/2026*

Implemented [redacted] - 07/28/2026)

185a - Implement Storage Procedures

2. 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

On [redacted] at approximately 3:30 p.m., the home's direct care staff, responsible for administering medications, were conducting a daily, change of shift narcotic count. Staff persons were unable to account for an entire bottle of 60 [redacted] tablets. The home contacted local law enforcement and according to the criminal complaint, staff person A admitted to stealing resident [redacted] prescribed as needed for the resident's knee pain.

Plan of Correction ***Accept [redacted] - 07/16/2026)***

185a Implement Storage Procedures (continued)

Violation:

On February 24, 2026, at approximately 3:30 p.m., direct care staff responsible for medication administration were conducting the routine change of shift narcotic count when they discovered an entire bottle containing 60 [redacted] tablets prescribed to Resident [redacted] was unaccounted for. The home immediately contacted local law enforcement. According to the criminal complaint, Staff Person A admitted to stealing Resident [redacted] [redacted] prescribed for as needed treatment of knee pain.

Plan of Correction:

Upon discovery of the missing medication on 2/24/26, the facility immediately initiated an internal investigation, contacted local law enforcement, completed all required incident reports, and notified appropriate regulatory agencies as required.

Staff Person A was immediately removed from duty as a med tech and subsequently terminated from employment. The facility cooperated fully with law enforcement and all investigative authorities.

On 2/24/26 a complete audit of all controlled substances and narcotic records was conducted by the supervisor to verify accountability and identify any additional discrepancies. No further missing medications were identified.

Training:

All medication administration staff received retraining on controlled substance management, narcotic accountability procedures, medication security requirements, shift to shift narcotic counts, documentation requirements, and reporting procedures for discrepancies.

Moving forward:

The Administrator or designee implemented unannounced narcotic audits to be conducted weekly for 90 days and monthly thereafter these audits started on 2/24/26 by the supervisor. Audit findings will be documented and maintained for review.

On 2/24/26 medication carts, medication storage areas, and narcotic storage procedures were reviewed to ensure compliance with all applicable regulations regarding security and access. Access to controlled substances is limited to authorized personnel only.

The Administrator will monitor compliance through monthly medication management reviews, narcotic count audits, and direct observation of medication administration practices to ensure continued adherence to facility policy and regulatory requirements. Monthly reviews started 2/24/26.

The facility will continue ongoing education regarding medication administration, resident rights, and protection of resident property and medications during annual training and orientation of new employees.

Licensee's Proposed Overall Completion Date: *07/15/2026*

Implemented [redacted] 07/28/2026)