

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395609	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Rouse Warren County Home		STREET ADDRESS, CITY, STATE, ZIP CODE 701 Rouse Avenue Youngsville, PA 16371	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies and grievances, observations, and staff interviews, it was determined that the facility failed to maintain a clean and sanitary environment on two of seven units observed (100 and 200 units).</p> <p>Findings include:</p> <p>A facility policy entitled, Daily Room Cleaning dated 1/8/25, revealed To maintain a clean environment that is odor free . Pull the garbage and replace the bag .Sweep the floor and clean up .Mop the floor .</p> <p>A facility policy entitled, Room Completes dated 1/8/25, revealed Room completes are to be done on each hall daily .Pull Trash clean trash can replace liner .Sweep floor from corner to corner .Mop entire room from corner to corner .</p> <p>Review of Grievances from June 2025 revealed concerns with the cleanliness of a resident room and bathroom on the 200 unit.</p> <p>Observations made at approximately 11:30 a.m. on 7/2/25, revealed resident room [ROOM NUMBER] and the 200-unit break/storage area behind the nurse's station had thick dry spots from what appeared to be a spilled liquid, there was debris, straw wrappers, and napkins on the floors, fuzzy dust and food crumbs on the floor, and trash that needed to be emptied.</p> <p>Staff interviews conducted on all units throughout the visit on 7/2/25, revealed Employees E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, and E11 all had concerns related to housekeeping, especially on the 100-unit, 200-unit, and 300-unit.</p> <p>During an interview and tour with the Nursing Home Administrator at approximately 12:30 p.m. on 7/2/25, he/she confirmed the dirty conditions in Resident room [ROOM NUMBER] and in the 200-unit break/storage area behind the nurse's station.</p> <p>28 Pa. Code 201.18 (b)(1)(3) Management</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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