

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 08/07/2026
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.			
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on review of a facility policy, observations, and staff interview, it was determined that the facility failed to ensure that food was stored in accordance with standards for food safety in the main kitchen and two kitchenettes observed (kitchenettes 100 hall and 400 hall). Findings include: Review of facility policy entitled Date marking and Discarding of Food dated 1/5/26, revealed If there is a use by date on a product and the product is unopened this is the date you follow. If you open a food item., the use by date is 3 days from the date that it was open. Leftover food may be saved for 3 days after preparation. Review of the med pass supplement label revealed After open, consume product within 4 days if properly refrigerated. Observations during tour of the main kitchen on 8/4/26, at 11:50 a.m. revealed the following: in the dry storage room a bag of Oreo cookie crumbles with a best buy date of 5/11/26; in the first walk-in refrigerator revealed three metal pans the first pan contained prepared peas with a date of 7/30/26; the second pan contained prepared mixed vegetables with a date of 7/31/26; and the third pan contained prepared chicken with a date of 7/29/26; in the second walk-in refrigerator revealed three cartons of whip cream one opened, all with best buy dates of 7/31/26, an open package of corn beef lunch meat with an open date of 7/21/26, and an open container of horseradish with a best by date of 7/6/26. During an interview at the time of observation with the Dietary Manager, he/she confirmed that the Oreo cookie crumble, the peas, mixed vegetables, chicken, three containers of whip cream, package of corn beef lunch meat, and the container of horseradish were beyond their use by dates and should have been discarded. Observations on 8/5/26, at 9:43 a.m. of the 100-hall kitchenette refrigerator revealed and open container of med pass (a supplement given to residents during medication administration) with an open date of 7/18/26. During an interview on 8/5/26, at the time of observations Licensed Practical Nurse Employee E8 confirmed that the med pass was dated open on 7/18/26, which was beyond its use by date and should have been discarded. Observations on 8/5/26, at 9:50 a.m. of the 400-hall kitchenette refrigerator revealed an open half gallon of lactose free milk with a best buy date of 8/1/26, and a half gallon of regular milk with a best buy date of 8/4/26. During an interview on 8/5/26, at the time of observation Registered Nurse Employee E9 confirmed that the lactose free milk and the regular milk were beyond their use by dates and should have been discarded. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management		

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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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to inform the resident and/or resident representative in advance of the risks and benefits of psychotropic medications (medications that affect the persons mental state, emotions and behavior) and the treatment alternatives prior to initiating the administration of the medication for one of five residents reviewed for unnecessary medications (Resident R11). Findings include: Facility policy entitled Psychotropic Medications dated 1/5/26, indicated that the facility will inform the resident's representative of the need for desired effects and potential side effects of medication. RN (Registered Nurse) will obtain consent either, verbally or in person, and complete Psychotropic Medication Consent form. Resident R11's clinical record revealed an admission date of 2/11/24, with diagnoses that included Diabetes (a health condition caused by the body's inability to produce enough insulin), Dementia (loss of cognitive functioning affecting a person's memory and behaviors), and Congestive Heart Failure (CHF - a long-term condition that happens when your heart can't pump blood well enough to give your body a normal supply causing blood and fluids collect in your lungs and legs over time). Resident R11's physician's orders revealed an order dated 4/21/26, for Diazepam (medication used to treat anxiety) 5 milligram (mg) by mouth twice daily for 90 days and a second order dated 6/17/26, for Diazepam 5 mg by mouth daily and 10 mg by mouth at bedtime. Resident R11's clinical record lacked evidence that he/she and/or his/her representative were informed in advance of the risks, benefits, and alternative treatments prior to the administration of Diazepam. During an interview on 8/7/26, at 9:53 a.m. the Director of Nursing confirmed that Resident R11's clinical record lacked evidence that he/she and/or his/her representative were informed in advance of the risk, benefits, and alternative treatment prior to the administration of Diazepam. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services 28 Pa. Code 201.18(b)(1) Management		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on review of facility policies, clinical records, observations, and staff interviews, it was determined that the facility failed to provide housekeeping services necessary to maintain clean bed linens for one of 27 residents reviewed (Resident R59). Review of facility policy entitled Bed Linen Policy dated 1/5/26, indicated Bed linen will be changed: At least weekly. Whenever clinically indicated or requested by the resident. Review of Resident R59's clinical record revealed an admission date of 4/21/26, with diagnoses that included hypothyroidism (a condition when the thyroid produces low amounts of thyroid hormones), and chronic diastolic heart failure (a condition where the heart cannot supply the body with enough blood). Review of Resident R59's plan of care revealed a care plan dated 4/22/26 for impairment to skin with an intervention to keep bed linen clean. Observations on 8/4/26, at 1:47 p.m. and again on 8/5/26, at 9:27 a.m. revealed Resident R59's pillowcase had several dry areas of a dark brown/red substance. His/her bed sheets had a gray hue (a color or shade of color) and appeared to be unclean. During an interview on 8/4/26, at 1:47 p.m. with Resident R59, he/she said that they cannot remember the last time their sheets were changed. During an interview on 8/5/26, at 2:29 p.m. the Director of Nursing (DON) confirmed that Resident R59's pillowcase had several areas of a dark brown/red substance on it and the sheets appeared unclean. The DON also confirmed that Resident R59's bed linens should have been changed. 28 Pa. Code 201.14 (a) Responsibility of Licensee		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on a review of clinical records and staff interviews, it was determined that the facility failed to refer residents with newly evident or possible serious mental disorders, intellectual disabilities, or related conditions for a Preadmission Screening and Resident Review (PASRR) level II resident review for one of 27 residents reviewed (Resident R10). Findings include: Preadmission Screening and Resident Review (PASRR) is a federal requirement to help ensure that individuals are not inappropriately placed in nursing facilities for long-term care. The PASRR process requires that all applicants to Medicaid-certified nursing facilities be given a preliminary assessment to determine whether they might have serious mental illness before admission. This is called a PASRR Level I screen. Those individuals who test positive for PASRR Level I are then evaluated in-depth; this is called PASRR Level II. The results of this evaluation result in a determination of need, a determination of an appropriate setting, and a set of recommendations for services for the individual's plan of care. A review of the Pennsylvania Department of Human Services Office of Long-Term Living Bulletin entitled Revised Pennsylvania Preadmission Screening Resident Review (PASRR) Level 1 Identification Form (MA 376), effective July 1, 2024, revealed if the individual has a change in condition that affects program office criteria as found on the PASRR Level I form, a PASRR Level II evaluation form will need to be completed. Nursing facilities will communicate the need to have a PASRR Level II form done by notifying the department's Office of Long-Term Living, Division of Nursing Facility Field Operations Team. Resident R10's clinical record revealed an admission date of 12/26/22 with diagnoses that included Multiple Sclerosis (MS is an autoimmune disease that affects the central nervous system resulting in a range of physical and cognitive symptoms), Dementia (loss of cognitive functioning affecting a person's memory and behaviors), and Depression (characterized by persistent feeling of sadness loss of interest in activities once enjoyed). Resident R10's PASRR completed 12/21/22, under Section III Mental Health indicated that a Serious Mental Illness diagnosis may include Schizophrenia, Schizoaffective Disorder, Delusional Disorder, Psychotic Disorder, Personality Disorder, Panic or Other Severe Anxiety Disorder, Somatic Symptom Disorder, Bipolar Disorder, Depressive Disorder, or another mental disorder that may lead to chronic disability. Section III A for Diagnosis was checked as No with notation dated 12/27/22, that depression was managed with medication. The 12/21/22, PASRR was reviewed and signed off by Pennsylvania Department of Human Services Office Of Long Term Living on 4/11/23. Resident R10's Minimum Data Set (MDS - federally mandated standardized assessment conducted at specific intervals to plan resident care) with an Assessment Reference Date (ARD) of 11/26/24, Section I5900 Bipolar Disorder was checked Yes. Bipolar is defined as a mental health condition where you experience extreme mood swings that include emotional highs and lows. It causes significant shifts in mood, energy, activity levels, and concentration, affecting a person's overall functioning. Resident R10's clinical record lacked evidence that the facility referred him/her for a PASRR level II through the state mental health authority following the new diagnosis of Bipolar on 11/26/25. During an interview on 8/6/26, at 2:28 p.m. Registered Nurse Assessment Coordinator Office Manager Employee E7 confirmed that the facility did not refer to the state mental health authority following the new diagnosis of Bipolar as required. 28 Pa. Code 201.14(a) Responsibility of licensee		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on review of facility policy, clinical records, observation, and staff interview, it was determined that the facility failed to maintain proper care of respiratory equipment according to physician's orders for two of five residents reviewed for respiratory care (Residents R18 and R20). Findings include: Review of facility policy entitled Medication Administration General Guidelines dated 1/5/26, indicated Medications are administered in accordance with written orders of the attending physician. Review of Resident R18's clinical record revealed an admission date of 2/21/25, with diagnoses that included chronic respiratory failure (a condition where your lungs don't exchange air properly), chronic obstructive pulmonary disease (when your lungs do not have adequate air flow), and hypertension (high blood pressure). Review of Resident R18's physician's orders dated 10/20/25, revealed an order to change O2 (oxygen) tubing (a thin tube with two prongs that fit into the resident's nostrils to deliver oxygen), water bottle (used to humidify the oxygen being delivered to prevent drying of the nares), and tubing bag (a zip lock type bag to store the oxygen tubing when not in use) weekly every night shift every Sunday. Observation on 8/4/26, at 2:00 p.m. revealed an oxygen concentrator sitting next to Resident R18's bed and attached to the concentrator was a water bottle and O2 tubing with a date of 7/27/26, written on them. Observation on 8/5/26, at 9:30 a.m. of the water bottle and O2 tubing attached to the oxygen concentrator remained with a date of 7/27/26 (Monday). Review of Resident R20's clinical record revealed an admission date of 8/21/23, with diagnoses that included chronic obstructive pulmonary disease, gastro esophageal reflux disease (a condition when stomach acid repeatedly flows back up into your throat), and hypothyroidism (a condition when the thyroid produces low amounts of thyroid hormones). Review of Resident R20's physician orders revealed an order dated 10/20/25, to change O2 tubing, water bottle, and tubing bag weekly every night shift every Sunday. Observation on 8/4/26, at 2:00 p.m. revealed an oxygen concentrator sitting next to Resident R20's bed and attached to the concentrator was a water bottle and O2 tubing with a date of 7/27/26, written on them. Observation on 8/5/26, at 9:30 a.m. of the water bottle and O2 tubing attached to the oxygen concentrator remained with a date of 7/27/26 (Monday). During an interview on 8/5/26, at 2:29 p.m. the Director of Nursing (DON) confirmed that Resident's R18 and R20's water bottle and oxygen tubing were dated 7/27/26. He/she also confirmed that Resident's R18 and R20's water bottles and oxygen tubing should have been changed per physician orders. 28 Pa. Code 211.12(d)(1)(5) Nursing services 28 Pa. Code 211.10(c) Resident care policies		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of facility policy, manufacturer's recommendations, observations, and staff interviews, it was determined that the facility failed to ensure that medications and stock supplements were properly dated when opened and discarded in a timely manner two of five medication carts reviewed (Unit 100 and Unit 700). Findings include: Review of a facility policy entitled Medication Administration General Guidelines dated 1/05/26, revealed it is the policy to administer medications as prescribed, in accordance with good nursing principles and practices and only by persons legally authorized to do so. Always check manufacturer's expiration date prior to administration and discard expired medications per policy. Review of a facility policy entitled House-Supplied (Floor Stock) Medications dated 1/05/26, revealed the facility will use the manufacturer's expiration date to determine when the medication is to be disposed of due to expired date. Manufacturer's recommendations for Insulin Lispro Kwikpen (a type of fast-acting insulin), revealed to throw away the Insulin Lispro pen you are using after 28 days, even if it still has insulin left in it. Manufacturer's recommendations for UTI-Stat (a supplement to prevent a urinary tract infection) 30 fl oz (fluid ounces) revealed discard three months after opening and record date opened on bottom of container. Observations of the 100 Unit's medication cart on 8/04/26, at 12:30 p.m. revealed an opened Kwikpen of Insulin Lispro without an open date, therefore the staff were unable to determine the discard date. Licensed Practical Nurse (LPN) Employee E5 confirmed at that time, that the opened Insulin Kwikpen lacked an open date, and staff were unable to determine the discard date for safety of use of the insulin. Observations of the 700 Unit's medication cart on 8/04/26, at 2:50 p.m. revealed an opened bottle of UTI-Stat with no open date, therefore the staff were unable to determine the discard date. The manufacturer instructions noted on the bottle revealed to discard 3 months after opening. LPN Employee E6 confirmed at that time, that there was no open date documented on the bottle, and staff were unable to determine the discard date for safety of use of the UTI-Stat supplement. Interview with the Director of Nursing on 8/05/26, at approximately 2 p.m. revealed it is the facility policy to always date insulin and supplements when opened to ensure safety when administering to a resident. 28 Pa. Code 211.9(a)(1) Pharmacy services 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on review of facility policy and clinical record, observations, and staff interview, it was determined that the facility failed to follow acceptable infection control practices regarding enhanced barrier precautions (EBP) for one of 27 residents reviewed (Resident R76) on the 400 unit (memory care unit.) Findings include: Review of a facility policy entitled, Isolation Precautions (Contact, Droplet, Airborne), dated 1/01/26, revealed it is the policy of this facility to prevent and limit the spread of infection within the facility through the use of isolation precautions while providing care to those that require isolation precautions. The policy further stated that An orange sign instructing visitors to report to the nursing station before entering should be placed at the doorway of the resident's room. Isolation precautions refer to the use of gown and gloves for certain residents during specific high-contact resident care activities that have been found to increase risk for transmission of multidrug-resistant organisms. Clear signage will be posted on the door or wall outside of the resident room indicating the type of precautions, required personal protective equipment (PPE), and the high-contact resident care activities that require the use of gown and gloves. An order for enhanced barrier precautions will be obtained for residents with any of the following: Wounds and/or indwelling medical devices (e.g., central line, urinary catheter [a tube inserted into the bladder to drain urine], feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status. Resident R76's clinical record revealed an admission date of 1/12/26 with diagnoses of dysphagia (difficulty swallowing), difficulty in walking, abnormal posture and hypertension (high blood pressure). The clinical record also revealed an alert that the resident was on isolation precautions due to an eye inflammation which had been cultured with results pending. Observations on 8/04/26, 8/05/26, and 8/06/26, revealed no educational alert signage or PPE maintained for Resident R76 at the doorway of the resident room on the memory care unit, identified as being on contact precautions to alert nursing staff and visitors of potential infectious exposure. During an interview on 8/06/26, at 11:30 a.m. Licensed Practical Nurse Employee E4 confirmed the facility lacked signage for a resident with contact precautions who should have isolation precautions maintained. ^ 28 Pa. Code 211.10(c) Resident care policies ^ 28 Pa. Code 211.12(d)(1)(5) Nursing services^		