

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BROOKE GROVE FOUNDATION, INC.

LEGAL ENTITY

To operate REST ASSURED RESIDENTIAL LIVING CENTER

NAME OF FACILITY OR AGENCY

Located at 1137 SHIRLEY'S HOLLOW ROAD, MEYERSDALE, PA. 15552

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 33  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 6, 2010 until December 6, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321320

*Robert E. Robinson*

ISSUING OFFICER

*Kim T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

DEC 17 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Timothy Berry, Regional Director  
Brooke Grove Foundation, Inc.  
18100 Slade School Road  
Sandy Spring, Maryland 20860

RE: Rest Assured Residential Living Center  
1137 Shirley's Hollow Road  
Meyersdale, Pennsylvania 15552

Dear Mr. Berry:

As a result of the Department of Public Welfare's licensing inspection on October 6, 2010 and October 7, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> REST ASSURED RESIDENTIAL LIVING CENTER, 1137 SHIRLEY S HOLLOW ROAD MEYERSDALE, PA		<b>CURRENT LICENSE NUMBER</b> 321320
15552 <b>INSPECTION DATES (Include all dates of the inspection)</b> 10/06/2010, 10/7/2010	<b>REGIONAL REPRESENTATIVE</b> Doug Hoover, Steve Snyder	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> <p align="center" style="font-size: 1.2em;"><i>Jodi McClintock, Administrator</i></p>		
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 11/29/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
		<b>DATE</b> 11/30/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<b>187a</b> A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Resident #1's October 2010 medication administration record did not have the diagnosis or purpose for <i>Furosemide, 20 mg., Gentral mild eyedrops or Loratadine, 10 mg. tab.</i>  <p align="center">PCH Division Central Region Field Office</p> <p align="center">NOV 30 2010</p>	10-6-10/ 10-7-10/ and ongoing	Adm. will review all areas of the MAR to ensure compliance with items listed under Reg. 187a. Adm. will audit and continue to audit all MAR's.  Adm. & DON were educated on this reg. at the time of inspection.  This will be an ongoing process.  Please see attachment 1.	Steps have been taken to correct violation; full compliance is not verified. Date: 11/30/10 Initials: (SPM)

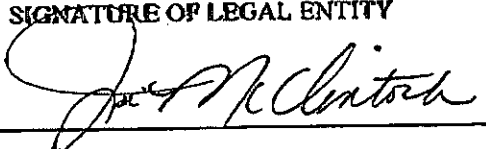
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11-29-'10 16:00 FROM-  
BY: 47, CIVIL J.VZIM

CIVIL DIVISION

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> REST ASSURED RESIDENTIAL LIVING CENTER, 1137 SHIRLEY S HOLLOW ROAD MEYERSDALE, PA 15552		<b>CURRENT LICENSE NUMBER</b> 321320	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

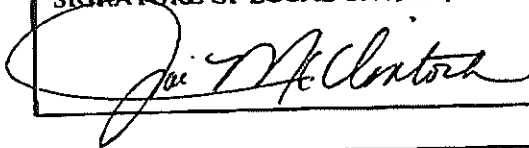
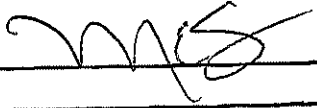
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NOV 29 2010

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NOV 29 2010 3:02 PM

ALL VERMONT ALUMINUM

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

T-505 P0004/0011 F-860

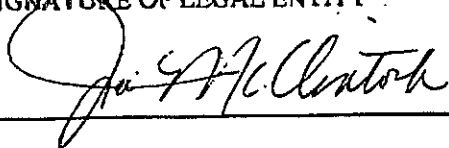
NAME AND ADDRESS OF PERSONAL CARE HOME REST ASSURED RESIDENTIAL LIVING CENTER, 1137 SHIRLEY S HOLLOW ROAD MEYERSDALE, PA		CURRENT LICENSE NUMBER 321320	
INSPECTION DATES (Include all dates of the inspection) 10/06/2010	REGIONAL REPRESENTATIVE Doug Hoover, Steve Snyder		
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SIGNATURE OF LEGAL ENTITY 	DATE 11/29/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/30/10

MSL ORIGINAL RECEIVED

11-29-10 16:01 FROM-  
NOV, 29, 2010 2:12 PM

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	Resident #2 has a PRN (as needed) order for <b>Trazodone, 50 mg.</b> to be used every six hours as needed for agitation. The use of this medication to treat agitation as needed is a chemical restraint.	10-6-10 / 10-7-19 and ongoing	Admn. will review all orders for clarification as well as all MAP's.  Physician communication will be continued and this will be held to importance ensuring compliance with Reg. 202.  Admn. and DON were educated on this reg at the time of inspection.  This process will be ongoing.  Please see attachment 2.	Steps have been taken to correct violation; full compliance is not verified. Date: 11/29/10 Initials: [Signature] [Signature]

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

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compliance, is prohibited. (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or				

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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

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reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				

11-29-'10 16:01 FROM-  
 NOV. 23. 2010 2:02PM

MAIL VERMONT DIVISION