

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 7, 2011 until December 7, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321320

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670

FAX: (717) 783-5662

JAN 12 2012

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 November 22, 2011 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 black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report



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

ADULT RESIDENTIAL LICENSING

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

APR 25 2012

Mr. Timothy Berry, Regional Director
Brooke Grove Foundation, Inc.
18100 Slade School Road
Sandy Spring, Maryland 10860

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

Dear Mr. Berry:

As a result of the Department's reconsideration regarding your Violation Report issued January 12, 2012, a revised Violation Report is being issued under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

The revised report indicates a correction to withdraw the violation for 16c.

Your revised violation report is enclosed.



Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a date "4/25".

Ronald Melusky
Director

Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME REST ASSURED RESIDENTIAL LIVING CENTER, 1137 SHIRLEY S HOLLOW ROAD MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321320	
INSPECTION DATES (Include all dates of the inspection) 11/22/2011		REGIONAL REPRESENTATIVE D. McConnell, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 12-13-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/13/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	On 10/26/11, an allegation of abuse against resident #1 was observed by staff person A. The home did not report the allegation to the local area agency on aging until 11/15/11. Western Region		See attached Page 1A	Steps have been taken to correct violation; full compliance is not verifiable Date: 12/13/11 Initials: (DPW)

Jan 12/13/11

1. A of P

Violations for Rest Assured Living Center - #321320
Inspection Date: 11/22/11

15a: Direct care staff person was suspended on 11/14/11 pending investigation. The investigation began on 11/14/11. Employee was terminated on 11/16/11.

Plan of correction will be ongoing – staff trained on the importance of timely/immediate reporting to Administration. Staff was instructed to notify Administration immediately upon an incident so that reporting to the personal care home regional office or the personal care home complaint hotline can occur within 24 hours. All staff did go through training on Policy and Procedure of abuse and abuse reporting as well as resident rights on November 21, 2011 and November 28, 2011. Training was performed by the Regional Director and Associate Administrator of our Corporate Headquarters in Williamsport.

Continued and ongoing training by outside resources such as Area Agency on Aging, various Home Health agencies as well as Administration and the Regional Director of facility. The 2012 annual training calendar for staff is being developed and will include in-services throughout the year on abuse and abuse reporting as well as resident rights. Administration will monitor the trainings and keep a record of staff attendance.

Administration attended the Resident Rights In-Service hosted by AAA on November 30, 2011. This was 8 hours of training specific to resident rights and the importance of honoring those.

Staff will continue to be trained in the importance of timely reporting to Administration – ongoing in-services will be conducted as well as each month during the staff meeting – this topic will be discussed with various scenarios being used to illustrate the importance of timely reporting and the importance of resident rights.

AAA was contacted for a staff in-service – TBA either January 5 or 12, 2012. [REDACTED] (to confirm)

See Attached

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

NAME AND ADDRESS OF PERSONAL CARE HOME REST ASSURED RESIDENTIAL LIVING CENTER, 1137 SHIRLEY S HOLLOW ROAD MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321320	
INSPECTION DATES (Include all dates of the inspection) 11/22/2011		REGIONAL REPRESENTATIVE D. McConnell, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>J. Accorita, Administrator</i>	DATE 12-13-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M</i>	DATE 12/13/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
15b If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	On 10/31/11, an allegation of abuse was made against staff person B regarding resident #1. The home did not develop and implement a plan of supervision or suspend staff person B until 11/16/11. Western Region Adult Residential Licensing	<i>Immediately</i>	The home shall immediately develop a plan of supervision or suspend a staff person involved in an allegation of abuse. <i>See Page 2A</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>12/13/11</i> Date [Signature] (EPW)

Violations for Rest Assured Living Center - #321320
Inspection Date: 11/22/11

JM
12/13/11

Page 2A of 6

15b: DPW and AAA were notified on 11/15/11. Direct care staff person was suspended on 11/14/11 pending investigation. The investigation began on 11/14/11. Employee was terminated on 11/16/11.

Plan of correction will be ongoing – staff trained on the importance of timely/immediate reporting to Administration. Staff was instructed to notify Administration immediately upon an incident so that reporting to the personal care home regional office or the personal care home complaint hotline can occur within 24 hours. All staff did go through training on Policy and Procedure of abuse and abuse reporting as well as resident rights on November 21, 2011 and November 28, 2011. Training was performed by the Regional Director and Associate Administrator of our Corporate Headquarters in Williamsport.

Continued and ongoing training by outside resources such as Area Agency on Aging, various Home Health agencies as well as Administration and the Regional Director of facility. The 2012 annual training calendar for staff is being developed and will include in-services throughout the year on abuse and abuse reporting as well as resident rights. Administration will monitor the trainings and keep a record of staff attendance.

Administration attended the Resident Rights In-Service hosted by AAA on November 30, 2011. This was 8 hours of training specific to resident rights and the importance of honoring those.

Staff will continue to be trained in the importance of timely reporting to Administration – ongoing in-services will be conducted as well as each month during the staff meeting – this topic will be discussed with various scenarios being used to illustrate the importance of timely reporting and the importance of resident rights.

AAA was contacted for a staff in-service – TBA either January 5 or 12, 2012. [REDACTED]
[REDACTED] to confirm)

See Attached

T-180 P0007/0040 F-892

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

NAME AND ADDRESS OF PERSONAL CARE HOME REST ASSURED RESIDENTIAL LIVING CENTER, 1137 SHIRLEY S HOLLOW ROAD MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321320	
INSPECTION DATES (Include all dates of the inspection) 11/22/2011		REGIONAL REPRESENTATIVE D. McConnell, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Joy McClinton, Administrator</i>	DATE 12-13-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/13/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
42c A resident shall be treated with dignity and respect.	On 10/26/11 direct care staff person B was heard yelling profanity at resident #1 in a mean and disrespectful manner. Western Region Adult Residential Licensing	12/13/11	See attached Page 3A	Steps have been taken to correct violation; full compliance is not verifiable 12/13/11 Date <i>[Signature]</i> Initials (DPW)

12-13-'11 13:05 FROM-

42c: Direct care staff person was suspended on 11/14/11 pending investigation. The investigation began on 11/14/11. Employee was terminated on 11/16/11.

Jim
12/13/11

Plan of correction will be ongoing – staff trained on the importance of timely/immediate reporting to Administration. Staff was instructed to notify Administration immediately upon an incident so that reporting to the personal care home regional office or the personal care home complaint hotline can occur within 24 hours. All staff did go through training on Policy and Procedure of abuse and abuse reporting as well as resident rights on November 21, 2011 and November 28, 2011. Training was performed by the Regional Director and Associate Administrator of our Corporate Headquarters in Williamsport.

Continued and ongoing training by outside resources such as Area Agency on Aging, various Home Health agencies as well as Administration and the Regional Director of facility. The 2012 annual training calendar for staff is being developed and will include in-services throughout the year on abuse and abuse reporting as well as resident rights. Administration will monitor the trainings and keep a record of staff attendance.

Administration attended the Resident Rights In-Service hosted by AAA on November 30, 2011. This was 8 hours of training specific to resident rights and the importance of honoring those.

Staff will continue to be trained in the importance of timely reporting to Administration – ongoing in-services will be conducted as well as each month during the staff meeting – this topic will be discussed with various scenarios being used to illustrate the importance of timely reporting and the importance of resident rights. AAA was contacted for a staff in-service – TBA either January 5 or 12, 2012. (Kim Trimpey to confirm)

Resident activities are planned for the month of Jan. 2012 to review the rights of the residents with residents. This will be done as a helpful reminder to ensure that residents continue to be aware of their rights. This will be ongoing. This activity will use the book Know Your Rights as a Personal Care Home Resident given by the Pennsylvania Department of Aging Long Term Care Ombudsman Program. The activity will be conducted by the Activities Director. Each individual will be encouraged to participate. Administration will oversee to make sure that this is done during the month of January 2012. This will be ongoing and continuous throughout the year.

SEE ATTACHED

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

Page 7 of 6

NAME AND ADDRESS OF PERSONAL CARE HOME REST ASSURED RESIDENTIAL LIVING CENTER, 1137 SHIRLEY S HOLLOW ROAD MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321320	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>John A. Vintar, Administrator</i>	DATE 12-13-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/13/11

REGULATION 55 Pa.Ccde §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	The home's staff schedule indicates the home routinely schedules two staff persons on the 10pm-6am shift. The home has not done a sleeping hours fire drill with minimum staffing for the past year.	12/16/11	See attached	<i>[Signature]</i> 12/13/11
	Western Region Adult Residential Licensing		See Page 4A	

T-180 P0008/0040 F-892

12-13-'11 13:05 FROM-

JM
12/13/11

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Violations for Rest Assured Living Center - #321320
Inspection Date: 11/22/11

132g: Fire Drill was held on Saturday, December 10, 2011 at 4:00 a.m. Minimum number of staff on night shift (10 pm to 6 am) is two (2). Night drill was held during the past year with 2 and 3 staff. The fire drill on December 10, 2011 was with the minimum number of staff - two.

The night time fire drill will be ongoing and continuous with a minimum number being conducted every 6 months. Regular fire drills will continue to be performed each month.

Administration will conduct, monitor and record all fire drills being held in the facility.

See attached

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

NAME AND ADDRESS OF PERSONAL CARE HOME REST ASSURED RESIDENTIAL LIVING CENTER, 1137 SHIRLEY S HOLLOW ROAD MEYERSDALE, PA 15552		CURRENT LICENSE NUMBER 321320	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Joseph A. McIntosh, Administrator</i>	DATE 12-13-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/13/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	Western Region Adult Residential Licensing		See attached See Page A	

12/13/11

Violations for Rest Assured Living Center - #321320
Inspection Date: 11/22/11

141a: Administration will double check and review all medical evaluations for accuracy and thoroughness upon receipt.

This process will be ongoing and continuous. This will be done each and every time that a new medical evaluation is needed whether for a new resident, a change or annual evaluation.

Regarding resident #2: the physician was contacted regarding the date in question. The med sheet that is attached to the medical evaluation (fax) is not dated 6/10/11 but 5/10/11. On the medical evaluation under medications – it has listed please see attached faxed sheet to Rest Assured. The medical evaluation completed by Dr. [REDACTED] has a date of 6/7/11. He agreed that the listed attached which is dated 5/10/11 was in fact the same list of medications that he agreed the resident was on at the time of 6/7/11.

See Attached

Regarding resident #3: the medical evaluation was faxed to the physician for clarification of resident's diet and body position requirements. This has been completed and initialed by the physician.

See Attached