

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REST HAVEN INC

LEGAL ENTITY

To operate REST HAVEN

NAME OF FACILITY OR AGENCY

Located at 166 NORTH GALLATIN AVENUE, UNIONTOWN, PA 15401

(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 18  
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 November 3, 2012 until November 3, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 449410

*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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

DEC 20 2012

Ms. Roma Sarn, Secretary  
Rest Haven, Inc.  
c/o Arthur Sarn  
P.O. Box 123  
Delmont, Pennsylvania 15626

RE: Rest Haven  
166 North Gallatin Avenue  
Uniontown, Pennsylvania 15401

Dear Ms. Sarn:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 12, 2012 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 Human Services 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

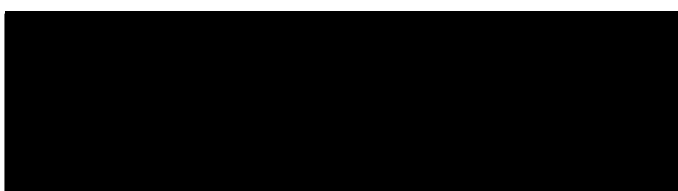
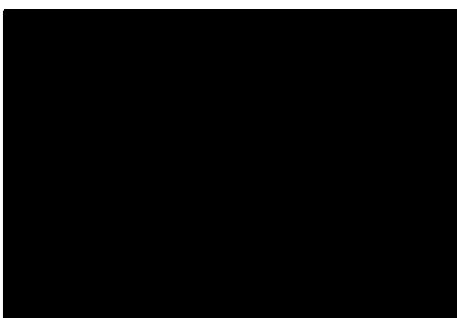
Enclosures  
License  
Violation Report

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

**RECEIVED**

**NOV 17 2012**

Western Field Office  
Adult Residential Services

PCH Name: Rest Haven		License Number: 449410
Address: 166 North Gallatin Avenue, Uniontown, PA 15401		County: Fayette
Administrator: Jamie Thompson		Region: WEST
Legal Entity Name: Rest Haven, Inc.		
Legal Entity Address: P.O. Box 123, Delmont, PA 15626		
<b>Certificate(s) of Occupancy</b> Large PCH 05/11/1981 L&I		
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 18                      Waking Staff: 14		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 09/12/2012: Marini, Michael; Mandock, Nancy; Garrigan, Laurie		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 10/16/2012: Marini, Michael		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 18 Number of Residents Served: 18 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Report: 4494 - 09/12/2012 - Marini, Michael  
to: Rest Haven

NOV 17 2012

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 9-12-2012, at 9:15 AM, a statement from Chestnut Ridge Counseling Services, Inc. (CRCS) that listed resident 1's psychiatric services from 11-17-2011 to 8-23-2012 and a report from CRCS that detailed the results of resident 1's evaluation on 2-9-2012 were unlocked and accessible in a basket by the administrator's desk in the front hall.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Policy of filing was changed - All paperwork will go into front of locked filing cabinet immediately - Residents were handing us any mail they wanted filed or placing it into the basket. Administrator has asked residents to only give to staff members and they will be filed immediately.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Roma Saru*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ROMA SARU*      Date *10/29/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-21-12 (Date)      Plan of correction implementation status as of 11-21-12 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Report: 44940 - 09/12/2012 - Marini, Michael

Name: Rest Haven

NOV 17 2012

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Staff person A did not receive training in fire safety in training year January 2011 to December 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All staff will get the training on 2600.65(g) yearly - Administrator mistake for misunderstanding - will be sure it doesn't happen again

12-21-12 - The administrator will review the annual training plan to ensure all required training topics in 2600.65(g), including fire safety are included.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Roma Saru

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Roma Saru

Date 10/29/12

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature] (Initials)

Violation Report: 44940 - 09/12/2012 - Marini, Michael  
PCH Name: Rest Haven

NOV 17 2012

1. REGULATION 55 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.  
Western Hill Offices  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
There were 3 stained ceiling tiles in bedroom 5. The stains were circular and 4 inches, 8 inches, and 12 inches in diameter.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Leak was fixed - new ceiling tile was put up. picture attached

12-21-12 All staff will be educated in monitoring and keeping all floors, walls, ceilings, windows, doors and other surfaces clean, in good repair and free of hazards. Documentation will be kept.

12-21-12 The administrator will check the home weekly to ensure all required areas are clean, in good repair and free of hazards. gyp 11-21-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Roma Sarni

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ROMA SARNI Date 10/29/12

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44940 - 09/12/2012 - Marini, Michael

PCH Name: Rest Haven

NOV 17 2012

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The iron hand rail on the front steps was not securely attached to the steps.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Iron handrail was replaced with new wooden handrails. picture attached

10-21-12 (the administrator will conduct an assessment of the home and the grounds to ensure all ramps, interior stairway and outside steps shall have a well-secured handrail. JJP 11-21-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Roma Saru

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

ROMA SARU

Date

10/28/12

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11-21-12 (Date)

Plan of correction implementation status as of

11-21-12 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

JJP (Initials)

Violation Report: 44940 - 09/12/2012 - Marini, Michael

PCH Name: Rest Haven

NOV 17 2012

**1. REGULATION 55 Pa.Code §2600**

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**2a. DESCRIPTION OF VIOLATION**

The first aid kit did not include gauze pads or eye coverings.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

First Aid kit was restocked and will be signed and checked off monthly or as used. Attached sign off.

on Reverse

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Roma Saru*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

ROMA SARU

Date

10/29/12

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(Date)

Plan of correction implementation status as of

11-21-12  
(Date)

The above plan of correction was approved by

*AS*  
(Initials)

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- Not Implemented

Violation Report: 44940 - 09/12/2012 - Marini, Michael  
 PCH Name: Rest Haven

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

NOV 17 2012

2a. DESCRIPTION OF VIOLATION

On 9/12/2012, 2 bags of Au Gratin Casserole with an expiration date of 12-1-2011 were located in the kitchen.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

~~Au Gratin potatoes were sent expired and was missed. All food orders will be checked upon delivery before signing. Spoke to Romeos - letter attached - date printed was manufacturing date not expiration - letter to verify~~

*Withdrawn*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/03/2011

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Roma SARR*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*ROMA SARR*

Date

*10/29/12*

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 (Date)

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

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- Not Implemented

Violation Report: 44940 - 09/12/2012 - Marini, Michael

PCH Name: Rest Haven

NOV 17 2012

1. REGULATION 55 Pa.Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 9-12-2012, a female cat was present at the home. The home did not have a current certificate of rabies vaccination for the cat.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Bambi (cat) was seen by Vet on 11/8/12 @ 9AM by Blak Veterinary proof attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Roma Saw

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

ROMA SAW

Date 10/29/12

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Violation Report: 44940 - 09/12/2012 - Marini, Michael

PCH Name: Rest Haven

NOV 17 2012

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 9-12-2012 a vial of Novolog belonging to resident #2 was found opened and undated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #2 had to take [redacted] insulin and medications with [redacted] to [redacted] classes. Resident became hard to redirect and went to Torrence State Hospital.

10-21-12 All staff persons administering medication will be reeducated on medication administration and storage practices including dating of insulin. Documentation of training will be kept.

11-21-12 The administrator will check all medications monthly to ensure no medications are expired and insulin vials are dated when opened. JSP 11-21-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Roma Saw

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

ROMA SAW

Date

10/29/12

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JSP (Initials)

Violation Report: 44940 - 09/12/2012 - Marini, Michael

PCH Name: Rest Haven

NOV 17 2012

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Western Field Office  
Adult Residential Licensing

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

There was a vial of Novolog and a vial of Lantus belonging to resident #2 that did not have pharmacy labels.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #2 had to take all medications with [redacted] to classes. Resident got to had to redirect and had to go to Torrence State Hospital

10-21-12 A designated staff member will check all medications to ensure all have a pharmacy label listing all the required elements listed in 2600.184(a).

12-21-12 All staff persons who administer medications will be educated on the requirement for all prescription medications to be labeled with a pharmacy label that includes the 5 elements listed in 2600.184(a). Documentation of the training shall be kept. 11-21-12 JJP

Repeat Violation: No	Date(s) of Previous Violation(s):
----------------------	-----------------------------------

Signature of Legal Entity Representative (Required on EVERY Page) Roma Sara

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Roma Sara Date 10/29/12

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Violation Report: 44940 - 09/12/2012 - Marini, Michael

PCH Name: Rest Haven

NOV 17 2012

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 9-3-2012, at 8:00 PM, resident 2's clonazepam was administered as ordered. Staff failed to document this at the time it was administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff missed signing a box on MAR. However meds are prepackaged in bubble packs so medication was for sure given but staff was re-educated on MAR signing. Administrator will check weekly to make sure there are no errors

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Roma Saen

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Roma Saen Date 10/29/12

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