

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**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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, 2013** until **December 7, 2014**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321320

Robert E. Robinson

ISSUING OFFICER

[Signature]

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

OCT 23 2013

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 August 19, 2013, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 32132 - 08/19/2013 - Pollock, Susan
PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bed on the left hand side up against the wall in bedroom #125 does not have an operable lamp or source of light that can be turned on/off from bedside.

The bed to the left hand side up against the wall in bedroom #203 does not have an operable lamp or source of light that can be turned on/off from bedside.

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.

See Page 2A

Please see attached - JM

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Jodi McClintock, Administrator

Date: 9-3-13

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

The above plan of correction is approved as of 9-4-13
(Date)

Plan of correction implementation status as of 9-4-13
(Date)

The above plan of correction was approved by S
(Initials)

- Fully Implemented 9-4-13 ✓
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Page 2A

RECEIVED

SEP 3 2013

Plan of Correction

WEST REGION FIELD OFFICE
Human Services Licensing

Rest Assured Living Center 321320

101j7 Each resident shall have the following in the bedroom: an operable lamp or other source of lighting that can be turned on at bedside.

Each bed within the facility has both a bedside lamp and a beside battery powered push button light. Upon inspection the battery powered push button light did not work. Batteries were immediately replaced and they operated without fault.

This item has been added to the daily housekeeping chart. The housekeeping personnel will be responsible to check all bedside lighting for proper function on a daily basis. The housekeeping personnel will need to initial, date and sign each light as they are assigned to rooms/residents. Administration will follow through with this and check that it is being done on a regular basis (every week for the first 4 weeks, then every other week thereafter). This will help to ensure that this item is not a repeat violation in the future.

This process will be continual and ongoing.

A meeting with the housekeeping personnel and maintenance was held immediately on August 20, 2013. Discussion of Regulation 101j7 was the topic and education was performed. Both housekeeping and maintenance verbalized understanding of this as well as the lights being added to their daily signoff sheet. A staff meeting with general staff is scheduled for Thursday, September 5, 2013 to also inform them of the importance of findings.

The batteries in the push button lights were replaced immediately on August 19, 2013 upon inspection.

(Please see attached pictures)

J. McIntosh
9-3-13
9-4-13

Jodi McIntosh, Administrator

Violation Report: 32132 - 08/19/2013 - Pollock, Susan
PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the home on 12/19/12. The resident's medical evaluation was not completed until 2/18/13.

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.

See pgs 3A

Please see attached - jmi

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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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

The above plan of correction is approved as of <u>9-4-13</u> (Date)	Plan of correction implementation status as of <u>9-4-13</u> (Date)
The above plan of correction was approved by _____ (Initials)	<input checked="" type="checkbox"/> Fully Implemented <u>9-4-13</u> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 3B

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SEP 3 2013

WEST REGION FIELD OFFICE
Human Services Licensing

141(a)(1) A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Resident was admitted to the home on 12/19/12. A medical evaluation form was sent to the family physician immediately. The physician did not respond to this form until 2/18/13. Many documented attempts were made to get this form completed in a timely fashion.

The Nursing Director (Designee) will be responsible for getting the medical evaluation forms back in a timely manner. This will be done through increased communication with the physician as well as if the resident is coming from the hospital to our facility; the Nursing Director will communicate this need prior to their arrival. This form can even be completed by the attending physician within the hospital stay. Another area that the Nursing Director has been educated in is that the form can be completed prior to the in-person evaluation, except for the Medical Professional Information section. A follow up call can then be made to ask for a signature verifying the information on the form. This will help better ensure that this form is completed within the time frame allotted.

The Nursing Director was informed of the importance of these forms and the consequences of not being completed within the time allowed. The Nursing Director will communicate issues with the Administrator so that together they can communicate with the physician and help to educate him/her on the importance of this if warranted.

This education was done immediately upon findings by the Inspector on August 19, 2013. This process will be continual and ongoing.

A chart of all residents with Medical Evaluation dates, Assessment dates and Support Plan dates has been created and implemented to use immediately by the Nursing Director. This will be submitted at the beginning of each month to the Administrator. This will help to ensure that the violation is not repeated.

(Please see attached chart)

J. McIntire 9-3-13

Jodi McIntire, Administrator
9-4-13

SEP 3 2013

Violation Report: 32132 - 08/19/2013 - Pollock, Susan
PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the home on 12/19/12. The initial assessment for resident #3 was not completed until 3/24/13.

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.

See page 4

Please see attached - jm

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Judi McClintock*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Judi McClintock, Administrator* Date *9-3-13*

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

The above plan of correction is approved as of 9-4-13
(Date)

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

Plan of correction implementation status as of 9-4-13
(Date)

- Fully Implemented *9-4-13*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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RECEIVED

SEP 3 2013

**WEST REGION FIELD OFFICE
Human Services Licensing**

225(a) A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The Administrator or Designee, or a human service agency may complete the initial assessment.

Resident was admitted to the home on 12/19/12.

The initial assessment was not completed until after the medical evaluation form was received from the family physician. This was late. Upon inspection and education on August 19, 2013 it was stated that the assessment could have been dated by the Administrator or the Nursing Director (Designee) and then an addendum added when the medical evaluation was received. This education from the inspector was most helpful. This will ensure that those dates are in alignment within the time frame allowed.

Both the Nursing Director and Administrator will continue to monitor this area of concern and communicate the importance of completing the forms timely. It was discussed that these forms can be completed without receipt of the medical evaluation and then additions and comments made when the medical evaluation is received. This will be ongoing and continual to avoid future concerns.

The Nursing Director will be responsible for completing these forms. The Nursing Director was informed of the importance of these forms and the consequences of not being completed within the time allowed. The Nursing Director will communicate issues with the Administrator.

This education was done immediately upon findings by the Inspector on August 19, 2013. This process will be continual and ongoing.

A chart of all residents with Medical Evaluation dates, Assessment Dates, and Support Care Plan dates has been implemented to begin use by the Nursing Director. This will be submitted at the beginning of each month to the Administrator. This will help to ensure that the violation is not repeated.

(Please see attached chart)

J. McIntosh 9-3-13

Jodi McIntosh, Administrator
9-4-13

Violation Report: 32132 - 08/19/2013 - Pollock, Susan
PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on 2/26/13. The home did not complete the resident's initial support plan until 4/8/13.

Resident #3 was admitted to the home on 12/19/12. The home did not complete the resident's initial support plan until 3/24/13.

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.

See page 51

Please see attached - ym

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

Jodi McIntire, Administrator

Date

9-3-13

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

The above plan of correction is approved as of

9-4-13
(Date)

Plan of correction implementation status as of

9-4-13
(Date)

- Fully Implemented *9-4-13*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

PM 54
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SEP 3 2013

227(a) A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Departments support plan form.

WEST REGION FIELD OFFICE
Human Services Licensing

The support plan form(s) was not completed until after the medical evaluation form was received from the family physician(s). This was late. Upon inspection and education on August 19, 2013 it was stated that the support plan could have been dated by the Administrator or the Nursing Director (Designee) within the proper time frame and then an addendum added when the medical evaluation was received. This education from the inspector was most helpful. This will ensure that those dates are in alignment within the time frame allowed.

Both the Nursing Director and Administrator will continue to monitor this area of concern and communicate the importance of completing the forms timely. It was discussed that these forms can be completed without receipt of the medical evaluation and then additions and comments made when the medical evaluation is received. This will be ongoing and continual to avoid future concerns.

The Nursing Director will be responsible for completing these forms. The Nursing Director was informed of the importance of these forms and the consequences of not being completed within the time allowed. The Nursing Director will communicate issues with the Administrator.

This education was done immediately upon findings by the Inspector on August 19, 2013. This process will be continual and ongoing.

A chart of all residents with Medical Evaluation dates, Assessment Dates, and Support Care Plan dates has been created and implemented to use immediately by the Nursing Director. This will be submitted at the beginning of each month to the Administrator. This will help to ensure that the violation is not repeated.

J. Miller 9-3-13

(Please see attached chart)

Jodi McClintock, Administrator
9-4-13