



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: OCT 11/8 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 (Department) licensing inspection on September 10, 2013, 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.

Sincerely,

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

RECEIVED

PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER		License Number: 321320
Address: 1137 SHIRLEY S HOLLOW ROAD, MEYERSDALE, PA 15552		County: Somerset
Administrator: Jodi McClintock	WEST REGION FIELD OFFICE Human Services Licensing	
Region: WEST		
Legal Entity Name: BROOKE GROVE FOUNDATION INC		
Legal Entity Address: 18100 SLADE SCHOOL ROAD, SANDY SPRING, MD 20860		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 36	Waking Staff: 27
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
09/10/2013: Cutler, Jan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 33 Number of Residents Served: 25 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 24 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 0

JM
10-11-13

OCT 11 2013

Violation Report: 32132 - 09/10/2013 - Cutler, Jan
PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - 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.

2a. DESCRIPTION OF VIOLATION

On 8/23/2013, an allegation of abuse was made against Staff Person A regarding Resident #1. The home suspended Staff Person A initially but then allowed the staff to return to work prior to the completion of the Department's investigation.

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.

Please see attached.

*JMK
10-11-13*

See pages 2A, 2B, and 2C

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>Juli McClintock</i>
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Juli McClintock, Administrator</i>	<i>10-11-13</i>

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

The above plan of correction is approved as of 10-15-13
(Date)

Plan of correction implementation status as of 10-15-13
(Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

**Violation Report from 9/10/13
Plan of Correction**

15 (b) 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 8/23/13 an allegation of verbal abuse was made against a staff person. The staff person was immediately suspended from work. Area Agency on Aging was notified immediately and an incident report was filed with DPW both on 8/24/13. An internal investigation started immediately with interviewing staff and residents alike. The family was notified immediately as well.

On Wednesday 9/4/13 a call was received from AAA stating that this was not viewed as an abuse case, certainly not an Act 13, and that it was an incident that should be handled internally. AAA stated that they would not be coming out for an investigation nor coming to ask questions. It was understood that this was not seen as a valid case and we should continue with our internal investigation.

The staff person was suspended during the internal investigation. The internal investigation concluded and it was found to be a he said she said circumstance. After interviewing and watching the surveillance camera located within a common area of the home it was found that the time frames and situation could not have taken place for the length of time nor was it found to be the same story being told. A lengthy interview was held with the staff person being accused. No evidence was found to warrant termination. No evidence was found to suspect abuse.

DPW came to the facility on 9/10/13 at which time their investigation began.

The internal investigation had already been concluded prior to 9/10/13.

JM
10-11-13

The staff person on 9/6/13 was given a written warning to remind them of demonstrating increased tones and/or inappropriate tones when caring for our residents. It was stated in the letter that at no time will this behavior be tolerated. Education was done prior to this letter from the Administrator and also the Nursing Director as to the importance of resident care and caring for people with dementia.

Staff education in general was done with everyone through a staff meeting and a Resident Rights in-service has been scheduled for October 24, 2013 with all staff. The in-service for Resident Rights will be done by the AAA (Somerset, PA).

Administration and Nursing Director will continue to report incidents to the AAA and DPW as they are reported. Documentation and copies of reports will be continued to be kept on file.

Staff training and education will be continual and ongoing. This will be monitored and set up through Administration and Nursing Director.

Resident Rights education for residents will be continual through scheduled calendar activities and resident counsel meetings. The next resident rights activity has been scheduled for October 15th for residents. This will be conducted for residents by staff personnel. This will be overseen by the Nursing Director.

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CMC
10-11-13

It was discussed when DPW came to the facility on 9/10/13 that even though an internal investigation has concluded the staff person should still be suspended until DPW comes to do their investigation. AAA does not dictate how DPW will see a potential circumstance. This was not a reportable case with AAA therefore, when the internal investigation was concluded the written warning letter and education was done with the staff person prior to DPW coming to the facility.

In the future should this occur again with any staff member, the staff member will be suspended and not able to return to work until the investigation has been concluded by DPW.

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YMC
10/11/13