



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 2 4 2014

Ms. Shelly S. Shuman, NHA Associate Administrator
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
License #: 321320

Dear Ms. Shuman:

As a result of the Department of Human Services' licensing inspection on September 11, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period December 7, 2014 to December 7, 2015 was issued on September 19, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

MS

Enclosure
License Inspection Summary

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

PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER		License Number: 32132
Address: 1137 SHIRLEY S HOLLOW ROAD, MEYERSDALE, PA 15552		County: Somerset
Administrator: Annette Lopley <i>Betty Trester</i>		Region: WEST
Legal Entity Name: BROOKE GROVE FOUNDATION INC		
Legal Entity Address: 18100 SLADE SCHOOL ROAD, SANDY SPRING, MD 20860		RECEIVED
Certificate(s) of Occupancy C-2 LP 04/18/2007 Labor & Industry		NOV 17 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 29	Waking Staff: 22
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/11/2014: Whitney, Diane; Garrigan, Laurie		
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: 21 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: 2 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 20 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 0

Violation Report: 32132 - 09/11/2014 - Whitney, Diane
 PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

NOV 18 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

On 9-11-14, multiple cans of Liquid Wrench and a can of WD-40 were unlocked and accessible to residents in a storage shed behind the home.

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 Attached page 2A of 5

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Betty Thorsloe PCMA, LPW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Betty Thorsloe PCMA, LPW</i>	Date <i>11-14-14</i>
---	----------------------

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

The above plan of correction is approved as of <u>12/2/14</u> (Date)	Plan of correction implementation status as of <u>12/2/14</u> (Date)
The above plan of correction was approved by <u><i>BT</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BT</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

NOV 17 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 55 PA Code 2600.125(b) – Combustible materials shall be inaccessible to residents

Description: On 9-11-14, multiple cans of Liquid Wrench and a can of WD-40 were unlocked and accessible to residents in a storage shed behind the home.

Plan of Correction: A store room lock on the storage shed door behind the home will be installed on November 14, 2014. Staff was educated on keeping this door closed and secured when not supervised directly by an employee of the facility. See attached picture verification of installation.

The Maintenance/Plant Operations staff member is responsible to make sure the door is locked at all times. He has been educated on the importance of this matter. He has verbalized that he understands why the door is to be kept locked at all times and is to report directly to the Administrator that this is being done.

This is a continual and ongoing process.

[Signature] 12/2/14

Rest Assured

11-11-14

Betty L. Tressler, PCHA, LPN

Betty L. Tressler, PCHA, LPN

Violation Report: 32132 - 09/11/2014 - Whitney, Diane
PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

NOV 17 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The fire drill evacuation time for the drill conducted on 6-30-14 at 11:54 P.M. was 3 minutes. The home's maximum evacuation time is 2 minutes and 30 seconds.

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.

Fire Safety expert designated 2 minutes, 55 as safe evacuation time on 11/20/14.

See Attached page 3A of 5

initials

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Betty Turska PCHA LOR

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

Betty Turska PCHA LOR

Date *11-14-14*

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

The above plan of correction is approved as of

12/1/14
(Date)

Plan of correction implementation status as of

12/1/14
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

RECEIVED
NOV 17 2014
WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 55 PA Code 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

Description: The fire drill evacuation time for the drill conducted on 6-30-14 at 11:54 p.m. was 3 minutes. The home's maximum evacuation time is 2 minutes and 30 seconds.

Plan of Correction: The Wellersburg Fire Expert, [REDACTED] is scheduled to come next week, at this time is scheduled for Nov. 20, 2014 to do fire safety training for all the new hires in the evening. He has also agreed to reevaluate the allotted time he had previously issued as the appropriate time it takes to safely evacuate the entire building. At this time he is going to pull the alarm and have the entire Wellersburg Fire Company arrive in full gear and with the fire trucks to simulate an actual alarm for a fire. He will be overseeing and instructing our staff as what to do and how to conduct the evacuation. Upon his findings, we will compile any suggestion and feedback he may have, in order to have our staff retrained and reeducated, so we can pass the fire drills in the allotted time he has set for us.

Besides the fire drill conducted on Nov. 20th, we will add an extra fire drill in December to implement the Fire Expert's findings.

This is a continual and ongoing process.

See page 3B of 5

J 12/2/14

Rest Assured

11-11-14

Betty L. Tressler, PCMA, LPN

Betty L. Tressler, PCMA, LPN

**FIRE DRILL RECORDS
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

Page 3B of 5

PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER	Number: 321320
--	----------------

Date	Time	Evac Time	Supervised by Fire Safety Expert
09/24/2013	01:47 PM	2 min. 2 sec.	
10/01/2013	11:15 AM	2 min. 30 sec.	
11/22/2013	06:40 AM	2 min. 22 sec.	
12/17/2013	01:55 PM	1 min. 53 sec.	
01/20/2014	10:20 AM	1 min. 57 sec.	Fire Safety Expert Supervised
02/11/2014	02:15 PM	2 min. 15 sec.	
04/01/2014	01:36 PM	2 min. 30 sec.	
05/01/2014	01:40 PM	2 min. 13 sec.	
06/30/2014	11:54 PM	3 min.	
07/16/2014	01:45 PM	2 min.	
08/15/2014	03:06 PM	1 min. 57 sec.	
08/13/2013	09:35 AM	2 min. 22 sec.	

RECEIVED
NOV 17 2014
WEST REGION FIELD OFFICE
Human Services Licensing

*Rest Assured
Betty Truesler RCHA LPN
Betty Truesler RCHA LPN
11-17-14*

NOV 17 2014

Violation Report: 32132 - 09/11/2014 - Whitney, Diane
PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

There were no eye coverings in the first aid kit in the gray Subaru that is used to transport residents.

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 Attached page 4A of 5

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Betty Tressler PCHA, JAM*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Betty Tressler PCHA, JAM* Date *11-14-14*

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

The above plan of correction is approved as of 12/2/14
(Date)

The above plan of correction was approved by *BT*
(Initials)

Plan of correction implementation status as of 12/2/14
(Date)

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

RECEIVED

NOV 14 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 55 Code PA.Code 2600

Description: There were no eye coverings in the first aid kit in the gray Subaru that is used to transport residents.

Plan of Correction: The first aid kit in the Subaru was checked by DPW on 9/11/2014, and did not have eye coverings in it. A second pair of eye coverings was found in a first aid kit in another vehicle and was immediately placed in the first aid kit in the Subaru.

The Maintenance/Plant Operations staff member will be responsible for stocking and maintain the first aid kit in the Subaru.

A list has been compiled of what items should be in this first aid kit.

A monthly schedule has been established to ensure the first aid kit contains the proper supplies, equipment and items are within the expiration dates.

The Maintenance/Plant Operation staff member was educated on the importance of stocking and maintaining a first aid kit with the proper supplies in any vehicle used to transport residents and/or staff, including the Subaru.

The Maintenance/Plant Operation staff member verbalized understanding the importance of the monthly inspection to ensure a proper first aid kit and has agreed to report directly to the Administrator on a monthly basis. This will ensure there is not a repeat of this violation.

The eye coverings were placed in the first aid kit for the Subaru immediately upon inspection on 9/11/2014.

This is a continual and ongoing process.

Handwritten signature and date: 12/2/14

Rest Assured

11-11-14

Betty L. Tressler, PCMA, LPN

Betty L. Tressler, PCMA, LPN

NOV 17 2014

Violation Report: 32132 - 09/11/2014 - Whitney, Diane
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 #2, admitted on 8-21-14, did not have an assessment completed.

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 Attached page 5A of 5

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/19/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Betty Truesler PCHM, LPA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Betty Truesler PCHM, LPA* Date *11-14-14*

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

The above plan of correction is approved as of 12/2/14 (Date)

Plan of correction implementation status as of 12/2/14 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED
NOV 17 2014
WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 55 PA.Code 2600

Description: Resident #2, admitted on 8/21/2014, did not have an assessment completed.

Plan of Correction: Resident was admitted on 8/21/2014 for respite care. The assessment had been started but not totally done. On 9/11/2014, the inspectors explained that all residents including respite care residents have to have the assessment part completed within 15 days on the RASP Form. They also showed what the assessment portion on the RASP consist of, which was very helpful. This will certainly ensure the assessment portion will be completed in its' entirety in the future, within the 15 day period.

The Nurse Manager (Designee) will be responsible for completing the assessment on the RASP Form within 15 days of admission.

The Nurse Manager has been made aware of the importance of completely the assessment within the allotted time of 15 days. She has verbalized she understands how important it is.

An increased effort will be made to gather information prior to admission from the resident, their formal and informal supports, and the PCP, in advance and/or at the time of admission. Any information not gathered in advance will promptly be obtained at the time of admission and added to the assessment, in order to meet the time allotment of 15 days.

The Nurse Manager has agreed to inform the Administrator of any issues and/or concerns. They will work together to ensure all assessments are completed in a timely manner.

The Nurse Manager has been educated as to what the assessment portion of the RASP consists of and how to complete each section. The education was done immediately upon the findings by DPW on 9/11/201. This process will be continual and ongoing.

A list of all residents with their admission dates, DME dates, assessment dates, and support plan has been compiled and implanted for immediate use by the Nurse Manager. In addition a pre-admission and an admission check list has been added to track the activity of the assessment and the support plan.

The Nurse Manager will report monthly to the Administrator to ensure there are no repeat violations.

Rest Assured

11-14-14

Betty L. Trussler, PCHA, LPN

Betty L. Trussler, PCHA, LPN

B 12/2/14