



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 29, 2014

Ms. Shelly S. Shuman, NHA Associate Administrator
Brooke Grove Foundation, Inc.
18100 Slade School Road
Sandy Spring, MD 20860

RE: Rest Assured Residential Living Center
1137 Shirley's Hollow Road
Meyersdale, PA 15552
#321320

Dear Ms. Shuman:

As a result of the Department of Human Services' licensing inspection on November 4, 2014, 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.

Sincerely,

A handwritten signature in black ink that reads "Larry Mazza" with a stylized flourish at the end.

Larry Mazza
Regional Licensing Administrator

Enclosure
Licensing 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: Betty Tressler		Region: WEST
Legal Entity Name: BROOKE GROVE FOUNDATION INC		RECEIVED DEC 15 2014 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 18100 SLADE SCHOOL ROAD, SANDY SPRING, MD 20860		
Certificate(s) of Occupancy C-2 LP 04/18/2007 Comm.of PA Dept.L&I		
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 31	Waking Staff: 23
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
11/04/2014: Rosol, Jennifer; McConnell, Deb		
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: 23 Number of Residents Served: 22 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: 9 Have a Physical Disability: 0	

Violation Report: 32132 - 11/04/2014 - Rosol, Jennifer
PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 10/15/14 at 2:15 AM, staff person B asked staff person A to help assist resident #1 out of the recliner chair. Staff person A reached down with his/her knuckles and began pushing down on resident #1's chest hard enough to be able to hear staff person A's knuckles cracking over resident #1's chest bone. Staff person A said to staff person B, "this is how you wake him/her". Resident #1 appeared in pain while staff person A was pushing down on his/her chest. Staff person B checked resident #1's chest and noted a red area where staff person A had placed his/her knuckles.

Staff person B did not report the incident to staff person C, the home's administrator, until 10/23/14 at approximately 5:30 PM. The incident was not reported to the Area Agency on Aging until 10/24/14 at 7:40 PM.

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 Documentation (5)

See page 2A of 4

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Betty L. Tressler PCHA LPA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Betty L. Tressler PCHA LPA* Date *12-11-14*

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

The above plan of correction is approved as of <u>12/18/14</u> (Date)	Plan of correction implementation status as of <u>12/18/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>R</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Rest Assured Living Center Violation Report 32132 11/04/2014 [REDACTED]

Regulation 55 PA Code 2600 154

Staff B did not report the incident to Staff C, the home's administrator, until 10/23/2014 at approximately 5:30PM. The incident was not reported to AAA until 10/24/2014 at 7:40PM.

Correction, document attached: This incident was not reported to me until 10/24/14 at 11:59AM, and it was reported to AAA within the 24 hour requirement on the same day at 7:40PM. During our conversation on 10/23/14 there was no indication of abuse made to me.

POC has already been implemented. Direct care staff person was suspended on 10/24/14 pending investigation which began on 10/24/14. Employee was terminated on 10/28/14. Letter of termination attached. *Staff B was given warning / Document attached.*

POC 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 proper authorities, in this case the AAA, will occur within the required 24 hours. All staff did go through training on Policy and Procedure of abuse and what denotes Elder Abuse in a class taught on 10/27/14. Training was performed by the Regional Director of our Corporate Headquarters in Williamsport. In addition, [REDACTED] from AAA conducted training on Resident's Rights. This occurred on 11/04/14.

Continued and ongoing training by outside resources such as AAA, and various Home Health agencies as well as Administration and the Regional Director of our facility. The 2015 annual training calendar for staff will include in-services throughout the year on abuse reporting as well as resident rights. Administration will monitor the trainings and keep a record of staff attendance.

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 staff meetings. This topic will be discussed with various scenarios being used to illustrate the importance of timely reporting of any and all issues concerning abuse.

Respectfully Submitted,

Betty L. Tressler PCHA, LPN

Betty L. Tressler, PCHA, LPN

12/11/14

Violation Report: 32132 - 11/04/2014 - Rosol, Jennifer
PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 10/15/14 at 2:15 AM, staff person B asked staff person A to help assist resident #1 out of the recliner chair. Staff person A reached down with his/her knuckles and began pushing down on resident #1's chest hard enough to be able to hear staff person A's knuckles cracking over resident #1's chest bone. Staff person A said to staff person B, "this is how you wake him/her". Resident #1 appeared in pain while staff person A was pushing down on his/her chest. Staff person B checked resident #1's chest and noted a red area where staff person A had placed his/her knuckles.

This incident was not reported to the Department until 10/24/14 at 7:30 PM.

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 Documentation (5)

See page 3A of 4

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Betty L. Trussler, RN*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Betty L. Trussler, RN* Date *12-11-14*

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DEC 15 2014
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Human Services Licensing

Rest Assured Living Center Violation Report 32132 11/04/2014 [REDACTED]

Regulation 55 PA Code 2600 16C

The incident was not reported to DPW until 10/24/2014 at 7:30PM.

Correction, document attached: This incident was not reported to me until 10/24/14 at 11:59AM, and it was reported to DPW within the 24 hour requirement on the same day at 7:30PM.

I do acknowledge that staff B did not report the incident to me in a timely manner.

POC has already been implemented. Direct care staff person was suspended on 10/24/14 pending investigation which began on 10/24/14. Employee was terminated on 10/28/14. Letter of termination attached. *Staff C was given written warning / Document attached.*

POC 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 proper authorities, in this case the DPW, will occur within the required 24 hours. All staff did go through training on Policy and Procedure of abuse and what denotes Elder Abuse in a class taught on 10/27/14. Training was performed by the Regional Director of our Corporate Headquarters in Williamsport. In addition, [REDACTED] from AAA conducted training on Resident's Rights. This occurred on 11/04/14.

Continued and ongoing training by outside resources such as AAA, and various Home Health agencies as well as Administration and the Regional Director of our facility. The 2015 annual training calendar for staff will include in-services throughout the year on abuse reporting as well as resident rights. Administration will monitor the trainings and keep a record of staff attendance.

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 staff meetings. This topic will be discussed with various scenarios being used to illustrate the importance of timely reporting of any and all issues concerning abuse.

Respectfully Submitted,

Betty L. Tressler, PCHA, LPN

Betty L. Tressler, PCHA, LPN

12/11/14

Violation Report: 32132 - 11/04/2014 - Rosol, Jennifer
PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 10/15/14 at 2:15 AM, staff person B asked staff person A to help assist resident #1 out of the recliner chair. Staff person A reached down with his/her knuckles and began pushing down on resident #1's chest hard enough to be able to hear staff person A's knuckles cracking over resident #1's chest bone. Staff person A said to staff person B, "this is how you wake him/her". Resident #1 appeared in pain while staff person A was pushing down on his/her chest. Staff person B checked resident #1's chest and noted a red area where staff person A had placed his/her knuckles.

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See Attached Documentation (4)

See page 4A of 4

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Betty L. Tressler PCNA, LPA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Betty L. Tressler PCNA, LPA* Date *12-11-14*

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(Date)

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

Plan of correction implementation status as of 12/18/14
(Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Rest assured Living Center Violation Report 32132 11/04/14 [REDACTED]

Regulation 55 PA Code 2600 42 (b)

POC has already been implemented. Direct care staff person was suspended on 10/24/14 pending investigation which began on 10/24/14. Employee was terminated on 10/28/14. Letter of termination attached *staff B was given written warning / Document attached.*

POC 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 proper authorities, will occur within the required 24 hours. All staff did go through training on Policy and Procedure of abuse and what denotes Elder Abuse in a class taught on 10/27/14. Training was performed by the Regional Director of our Corporate Headquarters in Williamsport. In addition, [REDACTED] [REDACTED] from AAA conducted training on Resident's Rights. This occurred on 11/04/14.

Continued and ongoing training by outside resources such as AAA, and various Home Health agencies as well as Administration and the Regional Director of our facility. The 2015 annual training calendar for staff will include in-services throughout the year on abuse reporting as well as resident rights. Administration will monitor the trainings and keep a record of staff attendance.

Staff will continue to be trained in the importance of timely reporting and abuse to Administration. Ongoing in-services will be conducted as well as each month during staff meetings. This topic will be discussed with various scenarios being used to illustrate the importance of timely reporting of any and all issues concerning abuse.

In addition we have implemented a Resident Abuse and / or Mistreatment Reporting Expectation Form, to be signed by each staff member and our Administration that they acknowledge and understand their responsibility in communicating and reporting any alleged resident abuse and/or mistreatment of any resident. This document list administration and their phone numbers as designated people to contact if they need to report any issues concerning abuse. Document attached.

We also posted the Residents Rights and Campaign Zero Tolerance Pledge by the Nurses Station.

Staff training and education will be continual and ongoing. This will be monitored and set up though Administration. Documentation and copies of education being taught will continue to be kept on file.

Respectfully Submitted,

Betty L. Tressler, PCHA, LPN

Betty L. Tressler, PCHA, LPN