



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 10, 2016

Ms. Margo Weaver-Zur, 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. Weaver-Zur:

As a result of the Department of Human Services' licensing inspection on October 20, 2015 and October 27, 2015, 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.

Sincerely,

A handwritten signature in cursive script that reads "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

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: Margo Zur		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		APR 14 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 27	Waking Staff: 20
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/20/2015: Park, Beth 10/27/2015: Park, Beth		
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: 7 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 24 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

APR 14 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 32132 - 10/20/2015 - Park, Beth
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 7/27/2015, resident #1 fell out of bed and hit his/her head. Symptoms included slurred speech, staggering, and a blood sugar reading of 89. Resident #1 was sent to the hospital. The home did not report the incident to the Department.

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.

Incident report was completed, however fax transmission did not go through. Future reportable incidents require a fax transmission validation as well as a phone call to verify report was received. All reportable incidents will be confirmed in future validation of receipt.

Within 30 days of receipt of the plan of correction - all staff persons will receive education on the home's policy and procedures for reportable incidents including the requirement that incidents are to be reported to the Department within 24 hours. Documentation of education will be kept.

J.W.
5/9/16

Repeat Violation: YES Date(s) of Previous Violation(s): 11/04/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Margo Weaver Jur MS RCLVA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Margo Weaver Jur* Date *4-12-16*

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

The above plan of correction is approved as of 5/9/16 (Date)

The above plan of correction was approved by J.W. (Initials)

Plan of correction implementation status as of 5/9/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.W.*
- Partially Implemented - Inadequate Progress
- Not Implemented

APR 14 2016

Violation Report: 32132 - 10/20/2015 - Park, Beth
PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 10/15/2015, at approximately 5:30am, direct care staff person A yelled at resident #2 to get back to his/her room when resident #2 was attempting to get behind the nurse's station desk. Resident #2, who has a diagnosis of dementia, became more agitated and angry as a result. Direct care staff person A admitted, when interviewed, that he/she yelled at the resident.

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.

DCS, [redacted], was immediately suspended when reported by Administrator. Administrator reported incident to daughter of resident. Administrator completed Act 13, faxed to [redacted] at Somerset Area on Aging, called to verify receipt. Administrator completed reportable incident, faxed to DHS, spoke to Jessie to validate.
DCS, [redacted] suspended until AAA completed investigation & recommendations. Administrator internally did investigation on 10/15/15 with interviews to residents & employees. AAA recommended [redacted] re-educated on residents rights, abuse & job description of which was completed on 10/29/15. She was closely supervised on 10/30/15 by DON & Administrator. [redacted] since resigned.
Entire staff were provided training on validation therapy and working with behaviors associated with dementia.
Within 30 days of receipt of the plan of correction - all staff persons will receive resident rights training from a Department-approved outside source.
Documentation of the training will be kept. 4/14/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Margot Bauer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Margot Bauer* Date *04-12-16*

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

The above plan of correction is approved as of <u>5/4/16</u> (Date)	Plan of correction implementation status as of <u>5/4/16</u> (Date)
The above plan of correction was approved by <u>J.M.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.M.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32132 - 10/20/2015 - Park, Beth
PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 10/20/2015, there were three cameras present in the home that record and were located in the following resident common areas:

- One in the small back living room area
- One on the ceiling of the dining room in the corner nearest the conference room
- One over the piano in the grand room

On 10/20/15, there were no signs posted in the home, and no documentation that the residents or their families were informed that cameras were in use.

On 10/15/15, a video recording was made from the camera located at the nurse's station showing resident #2.

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.

Camera's are all located in common areas. Signs were posted on all doors of building on 10/21/15. Families were informed of camera's.

Upon admission video camera's are discussed.

Immediately - The only areas inside the home which may be video recorded are entrances and exits and the interior corridors leading to entrances & exits or areas where residents have no access - gw. 5/9/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Margo Weaver Zur MS RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Margo Weaver Zur* Date *4-7-16*

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The above plan of correction is approved as of 5/9/16 (Date)

Plan of correction implementation status as of 5/9/16 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *GW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32132 - 10/20/2015 - Park, Beth
 PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The photographs in resident #1's and resident #3's records were both dated 5/14/13.

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.

New photo's were obtained and placed on ALL charts. (10/26/15).
 Yearly photo's will be obtained and updated by staff.
 Within 30 days of receipt of the plan of correction, a designated staff person will review all resident records to ensure that all items required by regulation 2600.252 are present in each resident's record. *J.W.*
 5/9/16

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Margo Weaver RN MSRN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Margo Weaver RN</i>	Date <i>5-12-16</i>
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The above plan of correction is approved as of 5/9/16
 (Date)

Plan of correction implementation status as of 5/9/16
 (Date)

The above plan of correction was approved by J.W.
 (Initials)

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