



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

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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.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 33

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 **September 9, 2016** until **December 7, 2016**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321320

Robert E. Robinson
ISSUING OFFICER

Jay Bank
DEPUTY SECRETARY

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.



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DEPARTMENT OF HUMAN SERVICES

SEP 20 2016

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

As a result of the Department of Human Services' annual licensing inspections on July 19, 2016 and July 20, 2016 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.

As a result of your facilities recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Home Licensing). The revised license indicates a secured dementia care unit licensed capacity of 33 for your facility. The expiration date of the license remains unchanged. Your revised license is enclosed.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 32152 - 07/19/2016 - Gillespie, Denise
PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

1. REGULATION 55 Pa. Code §2806

2600.61 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in the back of the house does not have any of the emergency service numbers posted.

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.

On July 21, 2016 phone numbers were developed, laminated and attached to each phone with an outside line.

See attached phone of attachment, with list.

Monthly checks include a checklist for phone number by Administration

Night shift assigned duty to check for numbers

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

Signature of Legal Entity Representative (Required on EVERY Page) *Marop Weaver Zur*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Marop Weaver Zur* Date *9-6-16*

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

The above plan of correction is approved as of 9-7-16 (Date)

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

Plan of correction implementation status as of 9-7-16 (Date)

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

Violation Report: 32132 - 07/19/2016 - Gillopie, Denise
 PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

1. REGULATION 55 Pa. Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 7/16/16, there was an accumulation of lint in the lint trap of the Maytag Dryer in the laundry room.

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 policy implemented with sign-offs by staff to empty dryer lint each time they use dryer. This was implemented on July 21, 2016. Administrator checks list/sign off on weekly basis for safety. Lint was removed in presence of inspector.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Margo Weaver Zur Date 9-7-16

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The above plan of correction is approved as of 9-7-16
 (Date)

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

Plan of correction implementation status as of 9-7-16
 (Date)

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

Violation Report: 32132 - 07/16/2016 - Gillespie, Denise
 PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The sleeping hours fire drills were conducted by the home on 7/29/15 and then on 4/1/16; more than six months later.

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.

As of July 21, 2016. Maintenance department educated on 6 month night time fire drill.
 Both Administration and Plant Operations manager will monitor to ensure no more than 6 month is between night drills.
 On 8/22/16 a night drill was completed at 6:09 Am. See attached.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Margi Weaver Fur*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Margi Weaver Fur* Date *9-6-16*

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

The above plan of correction is approved as of <u>9-7-16</u> (Date); The above plan of correction was approved by <u><i>SC</i></u> (Initials)	Plan of correction implementation status as of <u>9-7-16</u> (Date). <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 32132 - 07/19/2016 - Gillespie, Denise
 PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

1. REGULATION 25 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #1 does not include the diagnosis or purpose for Sennalax-S.

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.

On July 20, 2016, Thomas Drug Store, [redacted] was called via phone and was reported to him, he needs to contact the PCP and MD's for the purpose of each med given to the residents. These included medications and all over the counter medicines. The purpose is to be applied to all meds listed on the Quik Mar and on all labels of bottles, boxes & pill packets. So this Director of Nursing will check weekly all purposes are on all medications in house, bottles, boxes & pill packets.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Tomalee Watson Director of Nursing

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Tomalee Watson D.O.N.

Date

9-6-2016

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9-7-16
(Date)

Plan of correction implementation status as of

9-7-16
(Date)

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- Not Implemented

The above plan of correction was approved by

BE
(Initials)