



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 14 2017

Ms. Karen Russell
Executive Director
Mars Holding, Inc.
191 Scharberry Lane
Mars, Pennsylvania 16046

RE: Rosecrest Assisted Living Residence
PO Box 1285
1000 Graham Way
Mars, Pennsylvania 16046
Certificate #: 444450

Dear Ms. Russell:

As a result of the Department of Human Services' annual licensing inspection on May 2, 2017 and May 3, 2017, of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) 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. 2800 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

PCH Name: Rosecrest Assisted Living Residence	License Number: 444450
Address: 1000 Graham Way Mars, PA 16046	County: Butler
Administrator: Claudia McIntyre	
Legal Entity Name: Mars Holding, Inc.	
Legal Entity Address: 191 Scharberry Lane Mars, PA 16046	
Certificate(s) of Occupancy: I-1 Mars Borough 4/11/11	
Type of Inspection: Full	
Reason(s) for Inspection(s): Renewal, Incident	
On-Site Inspections Dates and Department Representatives On-Site: 5/2/17, 5/3/17	
Off-Site Inspection Dates and Inspectors, if Applicable: 	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 30 Number of Residents Served: 30 Secured Dementia Care Unit in Home: Yes Area: Entire Licensed Setting Secured Unit Capacity, if Applicable: 30 Number of Residents Served in Secured Dementia Care Unit, if applicable: 30 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 30 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 30 Have a Physical Disability: 0

LICENSING INSPECTION SUMMARY
 Assisted Living Residences – 55 Pa.Code § 2800

REVISED 12/12/10

OCT 27 2017

LICENSING DIVISION OFFICE
 Harrisburg, PA

Regulation

2800.132(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. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

Violation

Four minutes thirty seconds is the maximum safe evacuation time determined by a fire safety expert on 9/13/16. However, the fire drill conducted on 8/25/16 at 2:15 PM took 5 minutes 0 seconds to complete.

Plan of Correction

No resident was harmed by this deficiency. All other fire drills conducted were compliant with the four minute 30 second maximum safe evacuation time determined by a fire safety expert on 9-13-16. 2800.132(d) will continue to be audited monthly by the Administrator and included in the Quarterly Quality Assurance Process Improvement Committee Meeting. *See attached.*

On 9/27/17, a fire safety expert established a safe evacuation time of 8 minutes 40 seconds for the home. JW. 11/9/17

Printed Name and Title of Legal Entity Representative (Required on all pages)

Claudia McIntyre LPN, PCA, ALA

Signature of Legal Entity Representative (Required on all pages)

Claudia McIntyre

Date *10-26-17*

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

The above plan of correction is approved as of *11/9/17*
 (Date)

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

Plan of correction implementation status as of *11/9/17*
 (Date)

- Fully Implemented
- Partially Implemented – Adequate Progress *JW.*
- Partially Implemented – Inadequate Progress
- Not Implemented

REC-1040

OCT 27 2017

7800 E. 30th St. OFFICE
Columbus, Ohio 43223

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

Regulation

2800.225(a) - The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

Violation

Resident #1's assessment, dated 6/2/16, was not completed in its entirety. The following areas of the assessment were blank:

- Securing health care
- Engaging in social and leisure activities
- Obtaining clean, seasonal clothing
- Long-Term memory
- Ability to safely use key-locking devices

Also, resident #1 was prescribed a regular diet on 11/30/16; however, the resident's assessment, dated 6/2/16 indicates that the resident receives a mechanical soft diet.

Plan of Correction

Resident # 1 Support Plan was immediately corrected 5-2-2017. The identified support plan now meets regulation 2800.225(a) Please see attached copies of corrected support plan and subsequent annual support plan. All residents support plans have been audited for completion and accuracy and continue to be in compliance with regulation 2800.225(a). Education was provided for HealthCare Coordinators on appropriate process for support plan updates and completion. See attached memo. Support plans will be reviewed and updated as needed and per support plan quarterly review/annual/significant change schedule.

Resident #1 had a new assessment completed in its entirety on 6/1/17 *JK*.
11/9/17

Printed Name and Title of Legal Entity Representative (Required on all pages)

Claudia McIntyre LPN, RCHA, ALA

Signature of Legal Entity Representative (Required on all pages)

Claudia McIntyre

Date

10-26-17

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The above plan of correction is approved as of *11/9/17*
(Date)

Plan of correction implementation status as of *11/9/17*
(Date)

Fully Implemented

Partially Implemented – Adequate Progress *JK*

Partially Implemented – Inadequate Progress

Not Implemented

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