



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 15 2017

Mr. Timothy Berry,
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 Mr. Berry:

As a result of the Department of Human Services' annual licensing inspection on July 11, 2017 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

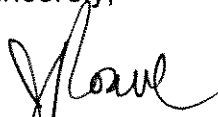
In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

Mr. Timothy Berry

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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, appearing to read "J. Rowe", written over a vertical line.

Jacqueline L. Rowe
Director

Enclosures
License
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: Margo Weaver Zur		Region: CENTRAL
Legal Entity Name: BROOKE GROVE FOUNDATION INC		
Legal Entity Address: 18100 SLADE SCHOOL ROAD, SANDY SPRING, MD 20886		
Certificate(s) of Occupancy		
C-2 LP	1-2	
04/18/2007	03/03/2014	
Labor and Industry	Commonwealth Code Inspect.	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 54	Waking Staff: 41
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspection Dates and Department Representatives On-Site		
07/11/2017: O'Pake, Hope; Springs, Israel		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUL 24 2017</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 33 Number of Residents Served: 27 Secured Dementia Care Unit in Home: Yes Area: Entire Building Secured Dementia Unit Capacity, if Applicable: 33 Number of Residents Served in Secured Dementia Care Unit, if applicable: 27 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 27 Have a Physical Disability: 0	

Violation Report: 32132 - 07/11/2017 - OPake, Hope
 PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

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 #1 was admitted to the home on [redacted] 2016. The initial assessment was not completed until [redacted] 2017.

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.

Resident admission was [redacted] 2013. Initial assessment was completed prior to SOU. [redacted] Last support plan was completed on [redacted] 2016 with this plan being completed on [redacted] /17.

Corrective action:

- 1) Staff doing RASP/DME to utilize evaluation dates and a list has been completed. (see attached).
DON does RASP/DME.
- 2) Administrator to follow-up on completion and ensure DON doing on time.
- 3) Chart Audits to be completed every 2 months for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Marion Weaver RN MSTRCHA

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

Marion Weaver RN

Date *July 24, 2017*

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

The above plan of correction is approved as of 7-26-17
 (Date)

Plan of correction implementation status as of 7-26-17
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

Violation Report: 32132 - 07/11/2017 - O'Pake, Hope
 PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident #2 was admitted to the SDCU on [redacted], 2017. The initial support plan was not completed until [redacted] 2017.

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.

All Admissions will follow regulatory guidelines with a systematic check list to ensure completion of required paperwork is done in timely fashion. See attached for compliance of these concerns.

The Administrator will ensure that all support plans are completed within the time frames required by this chapter. -EE

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Margo Weaver B.S.R.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Margo Weaver B.S.R.* Date *July 24, 2017*

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The above plan of correction is approved as of 7-26-17
 (Date)

Plan of correction implementation status as of 7-26-17
 (Date)

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

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