



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: August 8, 2017

Ms. Margo Weaver-Zur,
Administrator
Brook 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
Certificate #: 321320

Dear Ms. Weaver-Zur:

As a result of the Department of Human Services' licensing inspection on July 19, 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brett Swanger', written over a horizontal line.

Brett Swanger
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 Weaver-Zur		Region: CENTRAL
Legal Entity Name: BROOKE GROVE FOUNDATION INC		
Legal Entity Address: 18100 SLADE SCHOOL ROAD, SANDY SPRING, MD 20860		
Certificate(s) of Occupancy		
I-2	C-2 LP	
03/05/2014	04/18/2007	
Other	L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 52	Waking Staff: 39
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
07/19/2017: Bomberger, Cybil		
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: 26 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: 26 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 26 Have a Physical Disability: 0	

Violation Report: 32132 - 07/19/2017 - Bomberger, Cybil
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 7/15/2017 at approximately 10:30am, Resident #1 was transported to a hospital in response to an incident that occurred on 7/14/2017 where Resident #1 fell down an exterior flight of steps and sustained injuries. The home's report of this incident, submitted to the Department on 7/16/2017, did not include details about the fall, including the resident exiting through a door operated with a magnetic locking system, the fall occurring down a flight of 17 exterior steps, and the resultant injuries.

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.

Effective immediately, only Administrator or designee will complete incident reports. All incident reporting will reflect facts and relate to reasons for care needs. Administrator to review reportable incidents and educate designee.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Margo Weaver-Zur</i>	Date <i>8/3/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/8/17</u> (Date)	Plan of correction implementation status as of <u>8/8/17</u> (Date)
The above plan of correction was approved by <u>RAAS</u> (Initials)	<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

Violation Report: 32132 - 07/19/2017 - Bomberger, Cybil
PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 On 7/14/17 at approximately 7:45pm, Resident #1 fell down an exterior flight of steps and sustained injuries including a bloody nose, swelling to the forehead and right eye, and abrasions to the face and right knee. The resident is prescribed a medication regimen that includes the administration of blood thinning medications. The home did not send Resident #1 to the hospital for evaluation and treatment of the injuries. The resident was later taken to the hospital by a family member on 7/15/17 at 10:30am.

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 7/14/17 Resident's Power of attorney wanted to not send resident out for treatment. Per policy the residents will receive emergency care based on information obtained by Administrator when an injury occurs. See attached. Policy and procedure revised by Administrator

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Margo Weaver</i>	Date <i>8-3-17</i>
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The above plan of correction is approved as of <u>8/8/17</u> (Date) The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>8/8/17</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 - 07/19/2017 - Bomberger, Cybil
 PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

1. REGULATION 55 Pa.Code §2800
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 The most recent medical evaluation for Resident #1, dated 3/30/2017, does not indicate the need for a secured dementia care unit and does not list a diagnosis of Alzheimer's disease or other dementia.

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 documents will follow a 2 step procedure for compliance. The individuals who completes admissions will review forms for accuracy, and complete check off list. Second step the Administrator will review forms for accuracy & compliance prior to admission for admission to secured unit; ensuring sou is appropriately marked on form.

* All current resident records will be reviewed to assure that the most recent medical evaluation contains the required documentation. Medical evaluations without proper documentation shall be sent back to the physician for remedy. BWS 8/8/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Marjorie Weaver	Date 8-3-17
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Violation Report: 32132 - 07/19/2017 - Bomberger, Cybil
 PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

All doors in the facility are locked through the use of a magnetic locking system that will open after 15 seconds of pressure is applied to the panic bar on the door. There are no directions for the operation of the locking system conspicuously posted near any door.

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 19, 2017, in presence of inspector photo's with numbers ^{Code} conspicuously placed near all doors in home. See attached photo. Administrator will check pictures consistently for placement at each door.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Margo Weaver-Furness</i>	Date <i>8-3-17</i>
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