



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 05 2018

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's Bureau of Human Services Licensing annual inspection on April 27, 2018 and May 2, 2018, of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) 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](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

ALR Name: Rosecrest Assisted Living Residence		License Number: 444450
Address: 1000 Graham Way, P.O. Box 1285, Mars, PA 16046		County: Butler
Administrator: Debbie Serafine		
Legal Entity Name: Mars Holding, INC.		
Legal Entity Address: 191 Scharsberry Lane, Mars, PA 16046		
Certificate(s) of Occupancy: I-2, Mars Borough 5/1/09		
Type of Inspection: Full		
Reason(s) for Inspection(s): Renewal		
On-Site Inspections Dates and Department Representatives On-Site: 4/27/18, 5/2/18 Courtney Barry, Jody Garvey		
Off-Site Inspection Dates and Inspectors, if Applicable:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 30  Number of Residents Served: 29  Secured Dementia Care Unit in Home: Yes  Area: Entire Facility Secured Unit Capacity, if Applicable  Number of Residents Served in Secured Dementia Care Unit, if applicable:  Number of Current Hospice Residents: 1  Number of Hospice Residents in past year: 5	Number of Residents who:  Receive Supplemental Security Income: 0  Are 60 Years of Age or Older: 29  Have Mental Illness: 0  Have an Intellectual Disability: 0  Have a Mobility Need: 29  Have a Physical Disability: 0	RECEIVED OCTOBER 12 2018 WEST REGION FIELD OFFICE Human Services Licensing

VIOLATION REPORT: 444450 – 4/27/18 – Barry, Courtney  
FACILITY NAME: ROSECREST ASSISTED LIVING RESIDENCE

**Regulation 2800.92.** - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**Violation**

On 4/27/18, there were no screens in the following windows:  
- The right side window across from room 207  
- The window across from room 213  
- Three windows in the family room

**Plan of Correction**

Please see attached POC

See Page 10B of 10

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Printed Name and Title of Legal Entity Representative (Required on all pages) <u>Deborah Serafine</u>	
Signature of Legal Entity Representative (Required on all pages) <u>[Signature]</u>	Date <u>10/12/18</u>
<b>DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>10/23/18</u> (Date)	Plan of correction implementation status as of <u>10/23/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress Not Implemented

VIOLATION REPORT: 444450 – 4/27/18 – Barry, Courtney  
FACILITY NAME: ROSECREST ASSISTED LIVING RESIDENCE

**Regulation 2800.102(i)** - Bar soap or a dispenser with soap shall be provided within reach of each bathroom sink. Bar soap, however, is not permitted when a living unit is shared unless there is a separate bar clearly labeled for each resident sharing the living unit.

**Violation**

On 4/27/18, there was no soap for the sink in the bathrooms in rooms 108, 114 and 213.

**Plan of Correction**

Please see attached POC.

See Page 10B of 10

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VIOLATION REPORT: 444450 – 4/27/18 – Barry, Courtney  
FACILITY NAME: ROSECREST ASSISTED LIVING RESIDENCE

**Regulation 2800.103(f)** - Food requiring refrigeration shall be stored at or below 40° F. Frozen food shall be kept at or below 0° F. Thermometers are required in refrigerators and freezers.

**Violation**

On 4/27/18 at 10:05 a.m., the temperature in the refrigerator on the right side of the dining area measured 50°F.

On 4/27/18 at 10:05 a.m., there was no thermometer in the refrigerator on the left side of the dining area.

**Plan of Correction**

Please see attached DOC

See Pages 10B and 10C of 10

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VIOLATION REPORT: 444450 – 4/27/18 – Barry, Courtney  
 FACILITY NAME: ROSECREST ASSISTED LIVING RESIDENCE

**Regulation 2800.141(a)11** - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, subject to the provisions of §2800.22 (relating to application and admission). The evaluation must include the following:  
 (11) An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

**Violation**

The medical evaluation, dated 1/17/18, for resident #3 indicates a tuberculin skin test was conducted on 1/17/18 and to "See sheet." However, the attached sheet does not indicate the results of the tuberculin skin test.

**Plan of Correction**

Please see attached POC

See Page 10B of 10

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

Signature of Legal Entity Representative (Required on all pages)

Date

Deborah Serafini

10/12/18

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 (Initials)

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VIOLATION REPORT: 444450 – 4/27/18 – Barry, Courtney  
FACILITY NAME: ROSECREST ASSISTED LIVING RESIDENCE

**Regulation 2800.184(a)** - The original container for prescription medications must be labeled with a pharmacy label that includes the following:  
(1) The resident's name.  
(2) The name of the medication.  
(3) The date the prescription was issued.

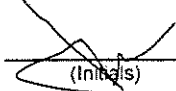
**Violation**  
Resident #3 is ordered Lasix 20mg, ½ tablet daily, however, the label indicates take 1 tablet on Monday, Wednesday and Friday.

**Plan of Correction**

Please see attached POC

See Page 10B of 10

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VIOLATION REPORT: 444450 – 4/27/18 – Barry, Courtney  
FACILITY NAME: ROSECREST ASSISTED LIVING RESIDENCE

**Regulation 2800.225(b)** - The assessment must, at a minimum include the following:

- (1) The resident's need for assistance with ADLs and IADLs.
- (2) The mobility needs of the resident.
- (3) The ability of the resident to self-administer medication.
- (4) The resident's medical history, medical conditions, and current medical status and how these impact or interact with the individual's service needs.
- (5) The resident's need for supplemental health care services.
- (6) The resident's need for special diet or meal requirements.
- (7) The resident's ability to safely operate key-locking devices.

**Violation**


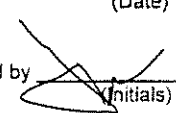
Resident #4's assessment, dated 4/24/18, indicates the resident's mobility needs are minimal, however, the resident resides in the special care unit.

**Plan of Correction**

Please see attached POC

See Pages 10B and 10C of 10

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VIOLATION REPORT: 444450 – 4/27/18 – Barry, Courtney  
FACILITY NAME: ROSECREST ASSISTED LIVING RESIDENCE

**Regulation 2800.227(c)** - The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

**Violation**

The most recent quarterly support plan, dated 4/10/18, for resident #3 does not address the resident's need to wear gloves at night that is indicated in documentation in the resident's record, dated 1/18/18.

**Plan of Correction**

Please see attached POC

See Page 10C of 10

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VIOLATION REPORT: 444450 – 4/27/18 – Barry, Courtney  
FACILITY NAME: ROSECREST ASSISTED LIVING RESIDENCE

**Regulation 2800.227(d)** - Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

**Violation**

The most recent quarterly support plan, dated 4/10/18, for resident #3 does not include the resident's special dietary needs of no chocolate or caffeinated drinks, as indicated on the medical evaluation, dated 1/17/18.

**Plan of Correction**

Please see attached POC

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RoseCrest Assisted Living  
Plan of Correction  
April 27, 2018 & May 2, 2018  
Certificate # 444450

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Regulation 2800.92

Violation: On 4/27/18, there were no screens in the following windows:

- The right side window across from room 207
- The window across from room 213
- Three windows in the family room

As soon as it was discovered that these screens were missing from these windows, maintenance was notified and they installed new screens immediately. This was corrected prior to the conclusion of this survey. Beginning immediately, all windows will be audited monthly by a resident coordinator to ensure that there are screens in place and that they are in good repair and all staff will be educated to the importance of this and that they should notify either the Health Care Coordinator or the Administrator immediately if they see one missing or broken.

Regulation 2800.102(i)

Violation: On 4/27/2018, there was no soap for the sink in the bathrooms in rooms 108, 114, and 213.

Soap was immediately placed in the rooms that were found to be missing soap and all other resident rooms were immediately checked to ensure that soap was available. A weekly audit was put into place to check all rooms for compliance by the Abundant Life Coordinator. All staff will be educated on the importance of ensuring soap is available to the residents in their bathrooms at all times.

Regulation 2800.103(f)

Violation: On 4/27/18 at 10:05am, the temperature in the refrigerator on the right side of the dining area measured 50°F. On 4/27/18 at 10:05am, there was no thermometer in the refrigerator on the left side of the dining area.



10/23/18

Deborah Serafini, ALA

Maintenance was immediately notified and the refrigerator on the right side of the dining area was repaired. A new thermometer was immediately placed in the refrigerator on the left side of the dining area. Audits will be done daily by the dietary service assistant to ensure that temperatures are accurate and within required measurements. Maintenance will be notified of any discrepancies. Staff will be educated on the importance of maintaining proper refrigerator temperatures and ensuring that there is a thermometer in each refrigerator.

Regulation 2800.141(a)11

Violation: The medical evaluation, dated 1/17/18, for resident #3 indicates a tuberculin test was conducted on 1/17/18 and to "see sheet." However, the attached sheet does not indicate the results of the tuberculin skin test.

The house Dr was immediately notified and we received an order for a chest x-ray. Results were negative. An updated ADME was completed and the ASP was updated. Upon admission, all ADME's will be thoroughly checked by the Health Care Coordinator to ensure TB skin test results are recorded properly and completely. A copy of the chest x-ray results are attached.

Regulation 2800.184 (a)

Violation: Resident #3 is ordered Lasix 20mg, ½ tablet daily, however, the label indicates take 1 tablet on Monday, Wednesday, and Friday.

The house Dr was immediately notified and this was corrected before the surveyors exited. The orders were updated in the electronic health record and the medication label was updated to reflect the correct dosage. Resident's ASP was also updated. These are meds that the family brings in from another pharmacy. They are to be given to the health care coordinators who then check that it is the correct medication, dosage, and order. Once it has been decided that it is completely correct, the HCC initials the bottom of the bottle. Once staff sees the initials they know it has been checked and it is able to administered.

Regulation 2800.225(b)

Violation: Resident #4's assessment, dated 4/24/18, indicates the resident's mobility needs are minimal, however, the resident resides in the special care unit.

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10/23/18

Deborah Sarafie, ALA

Resident #4's assessment was immediately corrected to state that the resident is immobile. All ADME's and care plans were audited to ensure compliance. Upon admission, assessments are checked by the health care coordinator to ensure that they are properly filled out with the correct information and care plans are completed accordingly.

Regulation 2800.227 (c)

Violation: The most recent quarterly support plan, dated 4/10/18, for resident #3 does not address the resident's need to wear gloves at night that is indicated in documentation in the resident's record, dated 1/18/18.

Resident #3's support plan was immediately corrected to reflect the need for gloves to be worn at night. Staff will be educated that gloves are to be removed when toileting resident at night and then put back on when finished.

Regulation 2800.227 (d)

Violation: The most recent support plan, dated 4/10/18, for resident #3 does not include the resident's special dietary needs of no chocolate or caffeinated drinks, as indicated on the medical evaluation, dated 1/17/18.

Resident #3's support plan was immediately corrected to reflect the special diet. All support plans were audited by the health care coordinator to ensure that all special diets were correctly notated in the residents' support plans and that all allergies to foods were also notated correctly. This was completed prior to the end of the inspection.



10/23/18

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Deborah Serafini, ALA