



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 18 2018

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  
Certificate #: 321320

Dear Ms. Weaver-Zur:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 18, 2018 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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.

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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 32132 - 07/18/2018 - Gillespie, Denise  
 PCH Name: REST ASSURED RESIDENTIAL LIVING CENTER

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 Resident # 2's Alprazolam 0.5 mg was being removed from it's original packaging and kept in a Ziplock baggie, labeled with the Resident's name and name of the narcotic medication. The information on the baggie did not include the dosage of the medication, the form or instructions for administering.

Nitrostat 0.4 mg, prescribed for Resident # 4, was not available in the home on 7/18/18.

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 all medication will remain in original bottle.  
 Nursing staff to ensure by monthly quality inspections of medications.  
 Inspections of MAR and medications availability will be done monthly by Nursing to ensure availability.

Effective immediately, all medication will remain in original bottle.  
 Nursing staff to ensure by monthly quality inspections of medications.  
 Inspections of MAR and medications availability will be done monthly by Nursing to ensure availability.

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

Signature of Legal Entity Representative (Required on EVERY Page)  
*Margo Weaver - Full MS NCCDP RCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
 Margo Weaver Full      9-11-18

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The above plan of correction is approved as of 9/12/18  
 (Date)

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

Plan of correction implementation status as of 9/12/18  
 (Date)

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