



October 30, 2019

Mr. Timothy Berry, NHA
Regional Director
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 Mr. Berry:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 10, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

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 "Kevin Hancock", written over a light blue horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *REST ASSURED RESIDENTIAL LIVING CENTER*
Address: *1137 SHIRLEY'S HOLLOW ROAD, MEYERSDALE, PA 15552*
County: *SOMERSET* Region: *CENTRAL*

License Number: 32132

Administrator

Name: *Margo Weaver-Zur* Phone: *8146340567* Email: *KGIBB@BGF.ORG*

Legal Entity

Name: *BROOKE GROVE FOUNDATION INC*
Address: *18100 SLADE SCHOOL ROAD, SANDY SPRING, MD, 20860*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/18/2007* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

07/10/2019 - On-Site: Douglas Hoover, Michael Showers

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *33* Residents Served: *24*

Secured Dementia Care Unit

In Home: *Yes* Area: *Whole facility* Capacity: *33* Residents Served: *24*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *24* Have Physical Disability: *0*

Rec'd
8/5/19
GE

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

There was a Novolog Flex Pen belonging to Resident #1 in the top drawer of the medication cart that was uncapped with an attached insulin needle.

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.)

Needles on flex pens will be placed on device at time of administration and disposed needle at site in a sharps disposal immediately following administration. Staff to be trained on needle safety, universal precautions and safety awareness with unattended needles.

Staff persons administering medications were trained immediately. Administrator or designee will conduct random audits of the medication cart to ensure that contents are stored appropriately. - GE, 9/24/19

Legal Entity Representative

Margot Weaver-Zur US PCAA
Signature

Margot Weaver-Zur
Printed Name and Title

8/15/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/24/19 (Date) Plan of correction implementation status as of 9/24/19 (Date)

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

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

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

The glucometer was not calibrated for the date and time for Resident #2 as follows:

- 7/10/2019 at 10:46 am – The Medication Administration Record (MAR) documents a blood sugar reading of 355 while the glucometer records the same reading at 2301 on 7/11/2019;
 - 7/10/2019 at 8:14 am – The MAR documents a blood sugar reading of 251 while the glucometer records the same reading at 2032 on 7/11/2019;
 - 7/9/2019 at 8:04 pm – The MAR documents a blood sugar reading of 348 while the glucometer records the same reading at 0818 on 7/11/2019;
 - 7/9/2019 at 4:52 pm – The MAR documents a blood sugar reading of 407 while the glucometer records the same reading at 0510 on 7/11/2019;
 - 7/9/2019 at 11:42 am – The MAR documents a blood sugar reading of 359 while the glucometer records the same reading at 0001 on 7/11/2019.
- In addition, there were two blood sugar readings for Resident #2 recorded on the glucometer for 7/5/2019 and 7/8/2019 of 84 and 130 respectively that were not documented on the MAR.

Repeat Violation - 7/18/2018

Plan of Correction (POC)

see attached

Page 3A of 3

(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

Legal Entity Representative

[Signature]
Signature

Nancy Weaver-Zur
Printed Name and Title

8/5/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/24/19 (Date) Plan of correction implementation status as of 9/24/19 (Date)

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

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Plan of correction for Regulation 2600.185a

Calibration of glucometer for each resident and the glucometer readings accuracy and documentation. As per the policy the LPN will monitor and review the log (back up written documentation of blood glucose) to match the QUICKMAR and reading of the glucometer weekly. Accuracy and calibration of all monitoring blood glucose will be obtained on a weekly basis by the Nurse Manager. Nurse Manager to educate on the accuracy of blood glucose monitoring and review numbers for accuracy with staff to ensure that they are documenting accurately. , beginning 8/5/2019. - GE, 9/24/19

The results of the weekly monitoring will be included in the home's next quality management review. GE-9/24/19 (See enclosed policy and procedure).

Margo Weaver-Zur MS