Department of Human Services
Bureau of Human Service Licensing

October 21, 2021

[redacted]
MARS HOLDING INC
191 SCHARBERRY LANE
MARS, PA 16046

RE: ROSECREST ASSISTED LIVING RESIDENCE
1000 GRAHAM WAY, P.O.BOX 1285
MARS, PA, 16046
LICENSE/COC#: 44445

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2021, 06/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *ROSECREST ASSISTED LIVING RESIDENCE* **License #:** *44445* **License Expiration Date:** *06/21/2022*
Address: *1000 GRAHAM WAY, P.O.BOX 1285, MARS, PA 16046*
County: *BUTLER* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** *7246251900* **Email:** [redacted]

Legal Entity

Name: *MARS HOLDING INC*
Address: *191 SCHARBERRY LANE, MARS, PA, 16046*
Phone: *7246251900* **Email:** [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *04/11/2021* **Issued By:** *Mars Borough*

Staffing Hours

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

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** *06/23/2021*

Inspection Dates and Department Representative

06/22/2021 - On-Site: [redacted]
06/23/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* **Residents Served:** *24*

Special Care Unit

In Home: *Yes* **Area:** *Entire Home* **Capacity:** *30* **Residents Served:** *24*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *24*
Diagnosed with Mental Illness: *8* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *24* **Have Physical Disability:** *0*

Inspections / Reviews

9/7/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/13/2021*

9/14/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/15/2021*

10/21/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Not Required*

18 Other laws, regs, ordins.

1. Requirements

2800.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 6/22/21, no influenza poster was posted in a public and conspicuous place in accordance with the Influenza Awareness Act, enacted in July 2016.

Plan of Correction **Accept**

The facility had an influenza poster displayed but it was not the current version. Upon identification during the survey the new poster was printed and posted.

The administrator or designee will check monthly for an updated version of the influenza poster and update the posting accordingly.

Completion Date: *10/01/2021*

Document Submission **Implemented**

Upon identification during the survey the new poster was printed and posted. See photo attached

20b1 Financial trans record

1. Requirements

2800.

20.b. If the residence provides assistance with financial management or holds resident funds, the following requirements apply:

1. The residence shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The residence manages the finances for numerous residents to include residents #1, #3 and #5; however, the residence is documenting the financial transactions on individual envelopes and a resident list. The documentation does not include the full dates of the transactions or the current balances.

Plan of Correction **Directed**

The facility began utilizing a new tracking form which contains all the required fields including dates, amounts of deposits, amounts of withdrawals, and current balance.

Activities staff will be educated by 10/1/2021 on the required documentation and proper record keeping of resident funds. (DIRECTED: Documentation of the education shall be kept in accordance with 2800.65l. [redacted] 9/14/21)

Administrator or designee will conduct audits monthly to ensure accuracy. The results of these audits will be discussed in the quarterly QAPI meetings.

Completion Date: *10/01/2021*

Document Submission **Implemented**

Staff education completed. New form initiated. Audits performed. See attached documents

81b Resident equip – good repair

1. Requirements

81b Resident equip – good repair *(continued)*

2800.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1's bed enabler is not secured to the resident's bed and moves approximately 5" in each direction.

Resident #5's bed enabler has 2 openings that are each approximately 5" wide which could allow the resident to become entangled in the enabler.

REPEAT VIOLATION: 5/3/2019

Plan of Correction **Directed**

R1 received a hospital bed with a bed enabler securely attached with a cover from the Hospice Provider.
R5 received a new bed enabler with a cover which was affixed to the bed to prevent entanglement risk.

Enabler bars will be audited monthly by HCC or designee to ensure proper fit and safety assessment. Any new enabler bar will be evaluated to ensure proper fit prior to approval for use. The results of these audits will be discussed in the quarterly QAPI meetings. (DIRECTED: Documentation of the audits shall be kept. [redacted] 9/14/21)

Direct Care Staff will be educated by 10/1/2021 on proper fit, attachment, and use of enabler bars. (DIRECTED: The education shall include procedures for reporting any bed enablers found to be uncovered or unsecured to a resident bed, so repairs can be made. Documentation of the education shall be kept in accordance with 2800.65l . [redacted] 9/14/21)

Completion Date: *10/01/2021*

Document Submission **Implemented**

R1 received a hospital bed with a bed enabler securely attached with a cover from the Hospice Provider. (Resident CTB on [redacted]/21 no photo available of new enabler bars)

R5 received a new bed enabler with a cover which was affixed to the bed to prevent entanglement risk. See photo attached

Staff education completed.. Audits performed. See attached documents

82c Locked poisons

1. **Requirements**

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

82c Locked poisons *(continued)*

Description of Violation

On 6/22/21 at 9:57 am, numerous poisonous materials, with manufacturer's labels indicating to contact poison control or physician immediately if ingested, were unlocked and accessible to residents in the residence salon, to include the following:

- *A box of K-Pak Waves Reconstructive Acid Wave*
- *A box of Reconstructive Extra Body Acid Wave*
- *A box of Reconstructive Alkaline Wave*
- *A 16 oz. bottle of Barbcide, approximately3/4 full*

Not all residents have been assessed to be safe around poisonous materials, to include residents #1, #2, #3, #4 and #5.

Plan of Correction **Directed**

Upon identification during the survey the door was locked. Maintenance department will install a door knob by 10/1/2021 that will always be locked upon door closure to ensure the room remains locked.

Staff will be educated by 10/1/2021 on the importance of ensuring all chemicals are properly secured when unattended. (DIRECTED: Documentation of the education shall be kept in accordance with 2800.65l. [redacted] 9/14/21)

DIRECTED: Within 72 hours of receipt of the plan of correction, then weekly thereafter: A designated staff person shall inspect the home, including the salon, to ensure all poisonous materials are kept in an area that is locked. [redacted] 9/14/21

Completion Date: *10/01/2021*

Document Submission **Implemented**

Lock changed to always be locked when closed. Staff education completed.. Audits performed. See attached documents and photo

89b Hot water temperature

1. **Requirements**

2800.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

89b Hot water temperature *(continued)*

Description of Violation

On 6/22/21 at 10:16 am, the hot water at the dining room kitchenette sink closest to Pebblebrook Cottage was 123.1 degrees Fahrenheit.

On 6/22/21 at 10:27 am, the hot water at the dining room kitchenette sink closest to Monarch Cottage was 123.3 degrees Fahrenheit.

On 6/22/21 at 10:30 am, the hot water in the left food warmer in the residence's dining room was 156.6 degrees Fahrenheit and the hot water in the right food warmer was 160.3 degrees Fahrenheit.

On 6/22/21 at 10:35 am, hot water at the slop sink in kitchenette next to Monarch Cottage was 122.3 degrees Fahrenheit.

Plan of Correction **Directed**

Upon identification during inspection the maintenance department corrected the increased water temperatures and they were rechecked the same day to ensure safety.

Staff will be educated by 10/1/2021 to ensure food warmers are shut off after each meal and that the water is checked for appropriate temperature prior to leaving the dining room. (DIRECTED: The education shall include procedures to ensure any steam table with water exceeding 120 degrees Fahrenheit is not left unattended. Documentation of the education shall be kept in accordance with 2800.65l. [redacted] 9/14/21)

Administrator or designee will audit water temps weekly x4 weeks then monthly in each dining room sinks and food warmers. The results of these audits will be discussed in the quarterly QAPI meetings. (DIRECTED: Documentation of the audits shall be kept, which includes the date and time the water temperature is taken, the source of the hot water, the actual temperature of the hot water and the initials of the staff person testing the hot water. The audits shall also include random hot water sources throughout the residence in areas accessible to residents, including resident bathrooms and resident showers. [redacted] 9/14/21)

Completion Date: *10/01/2021*

Document Submission **Implemented**

Staff education completed. Audits performed. See attached documents

102f Towel/washcloth/soap

1. **Requirements**

2800.

102.f. An individual towel, washcloth and soap shall be provided for each resident unless the resident provides his own supplies of these items.

102f Towel/washcloth/soap *(continued)*

Description of Violation

On 6/22/21 at 10:38 am, there was an unlabeled bar of soap in the common bathroom cabinet above the toilet in Monarch Cottage.

Plan of Correction **Directed**

Upon identification during the inspection the bar of soap was removed and disposed of.

Staff will be educated by 10/1/2021 that personal items cannot be left in shared spaces. (DIRECTED: Documentation of the education shall be kept in accordance with 2800.65l . [redacted] 9/14/21

Administrator or designee will audit shared bathrooms daily x2 weeks, weekly x2 weeks, then monthly to ensure no unlabeled personal items are present. The results of these audits will be discussed in the quarterly QAPI meetings.

Completion Date: *10/01/2021*

Document Submission **Implemented**

Staff education completed.. Audits performed. See attached documents

141a Medical evaluation

1. **Requirements**

2800.

141.a. 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, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.
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.
12. Information about a resident's day-to-day assisted living service needs.

141a Medical evaluation *(continued)*

Description of Violation

Resident #3's most recent tuberculin skin test was administered on 5/13/19.

Resident #4 was admitted to the residence on [redacted]/21; however, the resident has not had a tuberculin skin test administered with negative results within the last 2 years.

Resident #4's most recent medical evaluation, dated 9/4/20, does not include an assessment of the resident's ability to self administer medications. This section of the form is blank.

Resident #4 was admitted to the residence on [redacted]/21; however, the resident's medical evaluation was completed on 9/4/20.

Resident #5's most recent tuberculin skin test was administered on 5/16/19.

Plan of Correction **Directed**

All residents will receive a TB test annually by 10/1/2021. Orders will be entered into the electronic medical record for annual TB tests and new admissions will have an annual TB test order entered upon admission. (DIRECTED: Documentation of the results of the tuberculin tests shall be kept in the resident's record. [redacted] 9/14/21)

R4 will have a new medical evaluation completed and placed in the resident record by 10/1/2021.

Nurses will be educated by 10/1/2021 on the requirements for medical evaluations prior to admission and annually and for the TB testing. (DIRECTED: Documentation of the education shall be kept in accordance with 2800.65l . [redacted] 9/14/21)

Administrator or designee will audit all admission and annual medical evaluations completed. The results of these audits will be discussed in the quarterly QAPI meetings. (DIRECTED: By 10/1/21: A designated staff person shall review the records of all current residents to ensure each resident has a medical evaluation is completed in its entirety in accordance with 2800.141a and 2800.22, and ensuring each resident has had a tuberculin skin test has been administered with negative results within 2 years in accordance with 2800.141a(11). [redacted] 9/14/21)

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a medical evaluation is completed in its entirety in accordance with 2800.141a and 2800.22. The new admission checklist shall also include ensuring an indication that a tuberculin skin test has been administered with negative results within 2 years in accordance with 2800.141a(11). Documentation of the new admission checklist shall be kept in each resident's record. By 10/1/21, all staff persons involved in the admissions process shall be educated on the new checklist. Documentation of the education shall be kept in accordance with 2800.65l . [redacted] 9/14/21

Completion Date: *10/01/2021*

141a Medical evaluation *(continued)*

Document Submission **Implemented**

All residents received annual TB test on 9/13/2021. R4 received a corrected ADME form from the physician. Staff education completed.. Audits performed. See attached documents

185a Storage procedures

1. **Requirements**

2800.

185.a. The residence 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

Resident #3 is prescribed Morphine Sulf 100 mg/5ml-Take 0.5ml (10 mg) under the tongue every 2 hours as needed for moderate pain or shortness of breathe. The pharmacy dispenses the medication in 0.5 ml single-use syringes; however, 6 syringes stored in residence's medication room had less than 0.5 ml present in the syringe.

Plan of Correction **Directed**

Nurse checked all prefilled syringes upon identification and wasted any that were not properly filled per facility policy at the time of the inspection.

Med techs and nurses will be educated by 10/1/2021 on the proper methods of accounting for narcotics and that during narcotic counts each prefilled item must be visualized to ensure proper fill level. (DIRECTED: Documentation of the education shall be kept in accordance with 2800.65l. [redacted] 9/14/21)

HCC or designee will perform random audits of narcotics weekly x4 weeks, then monthly. The results of these audits will be discussed in the quarterly QAPI meetings. (DIRECTED: Documentation of the audits shall be kept. [redacted] 9/14/21)

Completion Date: *10/01/2021*

Document Submission **Implemented**

Staff education completed.. Audits performed. See attached documents

187a Medication record

1. **Requirements**

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.

187a Medication record *(continued)*

11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed Zyrtec-D 5 mg-Take 1 tablet by mouth twice a day; however, the amount of tablets to be administered is not on the resident's June 2021 medication administration record (MAR).

Resident #3 is prescribed Phenazopyridine 100 mg-Take 1 tablet by mouth 3 times a day as needed for burning urination; however, this medication is not on the resident's June 2021 MAR.

Resident #3 is prescribed C-DiazePAM 5mg/ml to cream-Apply 1 syringe every 6 hours as needed; however, this medication is not on the resident's June 2021 MAR.

Resident #4 is prescribed Haloperidol 2 mg/ml-Take 0.5 ml (1mg) by mouth or under tongue every 6 hours as needed for agitation or nausea and vomiting; however, this medication is not on the resident's June 2021 MAR.

Plan of Correction **Directed**

Identified orders for R1, R3, and R4 will be corrected in the electronic medical record by 10/1/2021.

HCC or designee will audit all resident orders to identify any other orders not properly entered by 10/15/2021.

Nurses will be educated by 10/1/2021 on the required items for a medication order when entered in the electronic medical record. Med techs will be educated by 10/1/2021 on the required items for a medication order and that if an order does not appear properly to notify the nurse so the order entry can be corrected. (DIRECTED: Documentation of the education shall be kept in accordance with 2800.65l . [redacted] 9/14/21)

HCC or designee will randomly audit 2 residents orders weekly x4 weeks then monthly to ensure proper documentation and order entry. The results of these audits will be discussed in the quarterly QAPI meetings. (DIRECTED; Documentation of the audits shall be kept. [redacted] 9/14/21)

Completion Date: *10/15/2021*

Document Submission **Implemented**

R1 CTB on [redacted]/21 order could not be corrected.
R3 Phenazopyridine was discontinued on 5/25/21 see attached.
R3 C-DiazePAM order appears on TAR not MAR due to being an ointment see attached.
R4 Haloperidol was never ordered for the resident see attached.

Staff education completed.. Audits performed. See attached documents

224a2 30 days prior to admission

1. **Requirements**
2800.

224a2 30 days prior to admission *(continued)*

224.a.2. An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

Resident #2 was admitted on [redacted]/21; however, the resident's initial assessment was not completed until [redacted]/21.

Resident #4 was admitted on [redacted]/21; however, the resident's initial assessment was not completed until [redacted]/21.

Plan of Correction **Directed**

Nurses will be educated by 10/1/2021 on the requirement of assessments being completed prior to the residents admission. (DIRECTED: Documentation of the education shall be kept in accordance with 2800.65l . [redacted] 9/14/21)

The facility began completing the initial assessment as part of the pre-assessment and evaluation of the resident after the inspection. The form will be completed prior to admission but not earlier than 30 days prior to admission.

Administrator or designee will verify the assessment is completed prior to admission date for all new admissions. The results of these audits will be discussed in the quarterly QAPI meetings.

DIRECTED: By 10/1/21: A designated staff person shall review the records of all current residents to ensure each resident has an assessment completed in its entirety in accordance with 2800.224a. [redacted] 9/14/21)

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure an assessment is completed in its entirety in accordance with 2800.224a. Documentation of the new admission checklist shall be kept in each resident's record. By 10/1/21, all staff persons involved in the admissions process shall be educated on the new checklist. Documentation of the education shall be kept in accordance with 2800.65l. [redacted] 9/14/21

Completion Date: *10/01/2021*

Document Submission **Implemented**

Staff education completed.. Audits performed. See attached documents

225b Assessment content

1. Requirements

2800.

225.b. The assessment must, at a minimum include the following:

1. The resident's need for assistance with ADLs and IADLs.

225b Assessment content *(continued)*

Description of Violation

Resident #3's most recent assessment, dated 10/3/20, indicates the resident requires prompting/cueing assistance with drinking; however, the resident's support plan, which was updated on 5/18/21, indicates the resident needs total assistance when drinking.

Resident #5's most recent assessment, dated 2/15/21, indicates the resident is independent with bowel management; however, the resident's support plan, which was updated on 3/19/21, indicates the resident is incontinent, uses pull-ups and to "please see that [redacted] change them when needed."

Plan of Correction **Directed**

R1 and R5's assessments were corrected by initiating a new assessment for each resident.

Nurses will be re-educated by 10/1/2021 on performing assessments, when an assessment can be amended versus when a new assessment needs completed. (DIRECTED: Documentation of the education shall be kept in accordance with 2800.65l. [redacted] 9/14/21)

Administrator or designee will audit all resident assessments for accuracy by 10/15/2021, then 20% of resident assessments will be audited monthly to ensure ongoing accuracy. The results of these audits will be discussed in the quarterly QAPI meetings.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a system to ensure resident assessments are updated as resident care needs change. By 10/1/21, all staff persons involved in the completion of resident assessments shall be educated on the new system. Documentation of the education shall be kept in accordance with 2800.65l. [redacted] 9/14/21

Completion Date: *10/15/2021*

Document Submission **Implemented**

Staff education completed.. Audits performed. See attached documents

251b Record entries - legible

1. **Requirements**

2800.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was present in numerous areas of resident #5's most recent assessment and support plan, dated 2/15/21, to include the bladder and bowel management sections.

251b Record entries - legible *(continued)*

Plan of Correction **Directed**

Staff will be educated by 10/1/2021 that correction fluid cannot be used in the resident record and this includes the resident assessment and support plans. They will be instructed to place a single line through the entry write error and initial. (DIRECTED: Documentation of the education shall be kept in accordance with 2800.65l. [redacted] 9/14/21

Administrator or designee will Audit 20% of resident records monthly to ensure no correction fluid is used. The results of these audits will be discussed in the quarterly QAPI meetings.

Completion Date: *10/01/2021*

Document Submission **Implemented**

Staff education completed.. Audits performed. See attached documents

252 Records – content

1. **Requirements**

2800.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #2 was admitted to the residence on [redacted]/21; however, the resident's record does not contain a photograph of the resident that is no more than 2 years old.

Plan of Correction **Accept**

R2 had a photo taken upon admission and the photo was present in the electronic medical record and in the emergency binder. The photo was then placed in the front of the residents chart additionally.

Administrator or designee will perform an audit to ensure that photos in the residents charts, E-Mar, and emergency binder are present and not older than 2 years by 10/1/2021. The results of this audits will be discussed in the quarterly QAPI meeting.

An excel spreadsheet will be created by 10/1/2021 and monitored by the administrator or designee to track expiration dates for all photos so they can be updated prior to expiration.

Completion Date: *10/01/2021*

Document Submission **Implemented**

Staff education performed. All photos audited for compliance. All photos are within 2 years and are present in the medical record. Excel file created to monitor accuracy going forward. See attached document