

Department of Human Services
Bureau of Human Service Licensing

July 5, 2022

[REDACTED]
MARS HOLDING INC
[REDACTED]
[REDACTED]

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 03/14/2022, 03/15/2022, 03/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Amy Duncan

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: 06/21/2023
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: [REDACTED]
Phone: 7246251900 Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 04/11/2011 Issued By: Borough of Mars

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 03/24/2022

Inspection Dates and Department Representative

03/14/2022 - On-Site: [REDACTED]
03/15/2022 - On-Site: [REDACTED]
03/24/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30 Residents Served: 22

Special Care Unit

In Home: Yes Area: entire building Capacity: 30 Residents Served: 22

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 22 Have Physical Disability: 0

Inspections / Reviews

03/14/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/01/2022

Inspections / Reviews (*continued*)

05/02/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2022*

05/10/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/13/2022*

05/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/26/2022*

07/05/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 3/14/22 at approximately 10:30 a.m., a binder in the sitting area to the left of the main entrance contained multiple licensing inspection summaries (LISs) with resident privacy coding documents attached, including the following:

- LIS dated 12/3/21, containing the name of resident #1
- LIS dated 6/22/21, containing names of multiple residents, including resident #2 and resident #3

Plan of Correction

Accept

On 3/14/2022 the inspection summary privacy coding sections were removed from the binder. The administrator will audit the binder beginning on 5/10/2022 to ensure the privacy coding is not included with the survey reports. The Administrator will ensure that all new inspection summaries placed into the binder do not include the privacy coding. These audits will be reviewed in the QAPI meeting.

Completion Date: 05/27/2022

Document Submission

Implemented

On 3/14/2022 the inspection summary privacy coding sections were removed from the binder. The administrator will audit the binder beginning on 5/10/2022 to ensure the privacy coding is not included with the survey reports. The Administrator will ensure that all new inspection summaries placed into the binder do not include the privacy coding. These audits will be reviewed in the QAPI meeting.

69 Dementia training

1. Requirements

2800.

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Direct care staff person A, hired [REDACTED]/22, did not receive 4 hours of dementia-specific training within 30 days of hire.

Plan of Correction

Accept

Dementia training was loaded to the staff's training account and was completed on 2/3/2022. The Administrator will audit all new hire's training accounts to ensure that the required trainings are completed within the appropriate time. The results of the audits will be reviewed during the QAPI meetings. Attached is a copy of the training we have for the staff. Audits will start on 5/10/2022 and be done by the administrator

Completion Date: 05/27/2022

Document Submission

Implemented

Dementia training was loaded to the staff's training account and was completed on 2/3/2022. The Administrator will audit all new hire's training accounts to ensure that the required trainings are completed within the appropriate time. The results of the audits will be reviewed during the QAPI meetings. Attached is a copy of the training we have for the staff. Audits will start on 5/10/2022 and be done by the administrator

100b Removal snow/obstructions

1. Requirements

2800.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 3/14/22, approximately 1" of snow was present in the following areas:

- on the walkway leading from the emergency exit door near living unit 103, at approximately 10:05 a.m.
- on the 3' x 3' landing on the exterior metal ramp along the walkway of the emergency exit route near living unit 203, at approximately 10:20 a.m.
- on the walkway leading from the emergency exit door in the creative arts room, at approximately 10:30 a.m.

Plan of Correction

Accept

On 3/14/2022 at 10:30am, maintenance was called to the facility, at that time the snow was cleared from the emergency exit areas. Staff will be educated on 5/9/2022 that walkways and emergency exit routes must be kept clear of snow and that if maintenance is unavailable a staff member shall clear the snow. Any time it snows, the health care coordinator or the administrator will clear the walk ways & emergency exit routes, if maintenance is unavailable. The Health care coordinator will check the emergency exits, walk ways, and then notify the maintenance supervisor if any snow needs to be removed.

Completion Date: 05/27/2022

Document Submission

Implemented

On 3/14/2022 at 10:30am, maintenance was called to the facility, at that time the snow was cleared from the emergency exit areas. Staff will be educated on 5/9/2022 that walkways and emergency exit routes must be kept clear of snow and that if maintenance is unavailable a staff member shall clear the snow. Any time it snows, the health care coordinator or the administrator will clear the walk ways & emergency exit routes, if maintenance is unavailable. The Health care coordinator will check the emergency exits, walk ways, and then notify the maintenance supervisor if any snow needs to be removed.

132b Safety inspection/fire drill

1. Requirements

2800.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 2/15/22; however, the previous fire safety inspection and fire drill conducted by a fire safety expert was conducted on 9/21/20.

Plan of Correction

Accept

The Administrator will coordinate with the Maintenance Director to ensure that the fire safety inspection and drill conducted by a fire safety expert is done annually as required. Safety Inspections will be scheduled at least one month prior to the annual due date. Next Safety inspection will be schedule in January 2023

Completion Date: 05/27/2022

Document Submission

Implemented

The Administrator will coordinate with the Maintenance Director to ensure that the fire safety inspection and drill conducted by a fire safety expert is done annually as required. Safety Inspections will be scheduled at least one month prior to the annual due date. Next Safety inspection will be schedule in January 2023

132c Fire drill records

1. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The residence's fire drill records do not include multiple items for the following fire drills:

- *12/16/21 at 8:33 p.m., does not include the amount of evacuation time*
- *1/22/22 at 5:46 a.m., does not include the amount of evacuation time, exit route used, number of residents in the residence, number of residents evacuated, and problems encountered*
- *2/15/22 at 10:55 a.m., does not include the amount of evacuation time and problems encountered*

Plan of Correction

Accept

The Administrator will coordinate with the Maintenance director to ensure that the maintenance staff are educated on fire drill records so that they are completed in their entirety. The Administrator will audit these fire drill records monthly for the first 3 months then semi-annually. The results will be discussed at the quarterly quality assurance meeting. Maintenance In-service will be completed by 5/13/2022. The first Audit will be completed by the administrator on 5/16/2022.

Completion Date: 05/27/2022

Document Submission

Implemented

The Administrator will coordinate with the Maintenance director to ensure that the maintenance staff are educated on fire drill records so that they are completed in their entirety. The Administrator will audit these fire drill records monthly for the first 3 months then semi-annually. The results will be discussed at the quarterly quality assurance meeting. Maintenance In-service will be completed by 5/13/2022. The first Audit will be completed by the administrator on 5/16/2022.

132d Evacuation

1. Requirements

2800.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

Description of Violation

None of the residents in the home during the fire drill on 12/16/21 at 8:33 p.m. evacuated to a fire safe area or designated meeting place away from the building.

Plan of Correction

Accept

The Administrator will coordinate with the Maintenance director to ensure that the maintenance staff are educated on fire drill records so that they are completed in accurately and in their entirety. The Administrator will audit these fire drill records monthly for the first 3 months then semi-annually. The results will be discussed at the quarterly quality assurance meeting.

The evacuation form was filled out incorrectly, a new fire drill was performed on 5/12/2022 Maintenance In-service will be completed by 5/12/2022. The first Audit will be completed by the administrator on 5/16/2022.

Completion Date: 05/27/2022

132d Evacuation (*continued*)**Document Submission****Implemented**

The Administrator will coordinate with the Maintenance director to ensure that the maintenance staff are educated on fire drill records so that they are completed accurately and in their entirety.

The Administrator will audit these fire drill records monthly for the first 3 months then semi-annually. The results will be discussed at the quarterly quality assurance meeting.

The evacuation form was filled out incorrectly, a new fire drill was performed on 5/12/2022 Maintenance In-service will be completed by 5/12/2022. The first Audit will be completed by the administrator on 5/16/2022.

141b1 Annual medical evaluation

1. Requirements

2800.

141.b. A resident shall have a medical evaluation:

1. At least annually.

Description of Violation

Resident #4's most recent medical evaluation, signed by a certified registered nurse practitioner on [REDACTED]/22, is blank in the areas of date of in-person evaluation and date ADME completed. Therefore, it is unable to be determined if the medical evaluation was completed timely.

Plan of Correction**Accept**

Resident 4 is no longer a resident to follow up with. The administrator will audit admission & annual medical evaluations as they are completed beginning 5/10/2022, as well as review all current medical evaluations to ensure they are completed entirely. The Staff involved with this process will be educated on 5/9/2022 on the proper procedures of completing the evaluations. The results of the audits will be reviewed in the QAPI meetings.

Completion Date: 05/27/2022

Document Submission**Implemented**

Resident 4 is no longer a resident to follow up with. The administrator will audit admission & annual medical evaluations as they are completed beginning 5/10/2022, as well as review all current medical evaluations to ensure they are completed entirely. The Staff involved with this process will be educated on 5/9/2022 on the proper procedures of completing the evaluations. The results of the audits will be reviewed in the QAPI meetings.

183d Current medications

1. Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

Resident #4 was prescribed loratadine 10mg-Take one tablet by mouth daily. The medication was discontinued on 3/2/22; however, this medication was stored in the medication cart on 3/15/22.

Resident #5's albuterol sulfate HFA inhalation aerosol 90mcg, filled 5/9/21, was discontinued; however, the medication was stored in the medication cart on 3/15/22.

Plan of Correction**Accept**

On 3/15/2022, all discontinued medications were removed from the cart. The Nurses & Med Techs will be educated

183d Current medications (continued)

on 5/9/2022 on the importance of making sure that discontinued medications are removed from the carts immediately after they are discontinued. The administrator will perform cart audits beginning 5/10/2022 to ensure that there are no discontinued medications in the cart weekly for the first 3 months then monthly after. Results of these audits will be discussed at the quarterly quality assurance meeting.

Completion Date: 05/27/2022

Document Submission**Implemented**

On 3/15/2022, all discontinued medications were removed from the cart. The Nurses & Med Techs will be educated on 5/9/2022 on the importance of making sure that discontinued medications are removed from the carts immediately after they are discontinued. The administrator will perform cart audits beginning 5/10/2022 to ensure that there are no discontinued medications in the cart weekly for the first 3 months then monthly after. Results of these audits will be discussed at the quarterly quality assurance meeting.

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.
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 #4's March 2022 medication administration record (MAR) indicates GenTeal Tears Severe 0.3% eye gel; however, this medication was not prescribed for the resident.

Plan of Correction**Accept**

On 3/15/2022, the medication was removed from the cart. Staff will be educated on 5/9/2022 on the importance of having an order for a medication from the resident's physician before placing it in the cart. The administrator will conduct an audit of the medication carts monthly beginning on 5/10/2022 to ensure that the medications in the carts and the MARs match. The results of these audits will be discussed in the quarterly QAPI meetings.

Completion Date: 05/27/2022

Document Submission**Implemented**

On 3/15/2022, the medication was removed from the cart. Staff will be educated on 5/9/2022 on the importance of having an order for a medication from the resident's physician before placing it in the cart. The administrator will conduct an audit of the medication carts monthly beginning on 5/10/2022 to ensure that the medications in the carts and the MARs match. The results of these audits will be discussed in the quarterly QAPI meetings.

227g Support plan - signatures

1. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4's support plan, dated [REDACTED] 22, is not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction**Accept**

Resident 4 is no longer a resident to allow a follow up. The staff involved with this process will be educated on 5/9/2022 on the proper procedures related to this process. The Administrator will audit all current support plans and new and updated support plans as they are due beginning 5/10/2022. The results of these audits will be discussed in the quarterly quality assurance meeting.

Completion Date: 05/27/2022

Document Submission**Implemented**

Resident 4 is no longer a resident to allow a follow up. The staff involved with this process will be educated on 5/9/2022 on the proper procedures related to this process. The Administrator will audit all current support plans and new and updated support plans as they are due beginning 5/10/2022. The results of these audits will be discussed in the quarterly quality assurance meeting.

231b Medical evaluation

1. Requirements

2800.

231.b. Medical evaluation. A resident or potential 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.

1. Documentation for a special care unit for residents with Alzheimer's disease or dementia must include the resident's diagnosis of Alzheimer's disease or dementia and the need for the resident to be served in a special care unit.
2. Documentation for a special care unit for INRBI must include the resident's or potential resident's diagnosis of brain injury and need for residential services to be provided in a special care unit for INRBI. The evaluation must include visual function, hearing, swallowing, mobility and hand function.

Description of Violation

The initial medical evaluation for resident #5, dated [REDACTED] /21, indicates that the resident does not require dementia-related care in a secured area.

Plan of Correction**Accept**

The Administrator will audit all current medical evaluations to ensure they are properly completed & signed. The Administrator will continue to audit new medical evaluations as they are due. The results of these audits will be discussed at the quarterly quality assurance meeting.

A new medical evaluation was done on 5/25/2022

Inservice done on 5/9/2022.

Audits will begin on 5/10/2022

Completion Date: 05/27/2022

Document Submission**Implemented**

The Administrator will audit all current medical evaluations to ensure they are properly completed & signed. The Administrator will continue to audit new medical evaluations as they are due. The results of these audits will be discussed at the quarterly quality assurance meeting.

231b Medical evaluation (continued)

A new medical evaluation was done on 5/25/2022
Inservice done on 5/9/2022.
Audits will begin on 5/10/2022

231c1 Preadmit screening

1. Requirements

- 2800.
- 231.c.1. Special care unit for residents with Alzheimer’s disease or dementia.
 - i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department’s cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

Resident #4 was admitted [redacted]/21; however, the preadmission screening was completed on [redacted] 21.

Plan of Correction **Accept**

The administrator will audit all pre admission screenings to ensure they are completed properly and timely.
The results of these audits will be discussed at the quarterly quality assurance meeting.
Inservice done on 5/9/2022.
Audits will begin on 5/10/2022

Completion Date: 05/27/2022

Document Submission **Implemented**

The administrator will audit all pre admission screenings to ensure they are completed properly and timely.
The results of these audits will be discussed at the quarterly quality assurance meeting.
Inservice done on 5/9/2022.
Audits will begin on 5/10/2022

233a Lock approval

1. Requirements

- 2800.
- 233.a. Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Description of Violation

The residence does not have written approval from the Department of Labor and Industry, the Department of Health, or the local building authority for the exit doors installed in 2021 and equipped with a keypad, located in the special care unit (SCU).

Plan of Correction **Accept**

An inspection will be completed for the building by 5/13/2022. A policy will be written to set a process for any future lock changes.
The administrator and maintenance will be educated on the policy and process.
Education will be completed by 5/13/2022
A pull station will be installed on 5/26/2022 by Johnson controls. After the pull station is complete, we will be able to schedule an appointment with our local AHJ inspector to approve our locks.

Completion Date: 06/24/2022

233a Lock approval (continued)**Document Submission****Implemented**

An inspection will be completed for the building by 5/13/2022. A policy will be written to set a process for any future lock changes.

The administrator and maintenance will be educated on the policy and process.

Education will be completed by 5/13/2022

A pull station will be installed on 5/26/2022 by Johnson controls. After the pull station is complete, we will be able to schedule an appointment with our local AHJ inspector to approve our locks.