

Department of Human Services  
Bureau of Human Service Licensing

September 23, 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 04/20/2022, 04/22/2022, 05/27/2022, 06/07/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Suzy Quinn

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: 724-687-3370 Email: [REDACTED]

**Legal Entity**

Name: MARS HOLDING INC  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

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

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint, Incident Exit Conference Date: 06/07/2022

**Inspection Dates and Department Representative**

04/20/2022 - On-Site: [REDACTED]  
04/22/2022 - Off-Site: [REDACTED]  
05/27/2022 - Off-Site: [REDACTED]  
06/07/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 30 Residents Served: 24

**Special Care Unit**

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

**Hospice**

Current Residents: 8

**Number of Residents Who:**

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

**Inspections / Reviews**

**04/20/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/26/2022

Inspections / Reviews (*continued*)

## 08/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/01/2022*

## 09/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/21/2022*

## 09/23/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b Abuse/Neglect

1. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted]/22 at [redacted] p.m. resident #1 fell while attempting to stand up from [redacted] wheelchair in the residence's common area. Resident #1 was hospitalized and sustained a [redacted]

The residence was aware of and failed to adequately address resident #1's increased mobility needs and increased need for supervision. On [redacted]/22, resident #1 sustained a [redacted] from a fall in the residence, was hospitalized and then [redacted] for rehabilitation. On [redacted]/22, the [redacted] contacted staff person A regarding the resident's discharge and return to the residence. Staff interviews and documentation from the home and [redacted] indicate resident #1 had increased mobility needs (1 person assist), required the use of a wheelchair or wheeled walker for ambulation, and required hands on assistance for transfers and ambulation due to being a high fall risk. On [redacted]/22, resident #1 returned to the residence; however, the residence failed to update [redacted] assessment and support plan, dated [redacted] 21, within 5 calendar days of these significant changes.

Multiple staff interviews indicate resident #1 required significantly increased supervision upon return from the skilled nursing facility due to [redacted] repeated attempts to independently transfer from [redacted] wheelchair to a standing position, causing staff to have to immediately intervene to prevent [redacted] from falling. Staff communicated with each other that resident #1 was non-complaint with waiting for staff assistance with transferring.

Plan of Correction

Accept

A care plan meeting will be held the day before a resident returns from the hospital after a fall. Starting 6/26/22 The people involved will be; The administrator, the facility health care coordinator, the hospital, the resident's family and the resident's doctor. This will be to discuss if it is safe for the resident to return to the facility. This meeting will be documented by the administrator and discussed at the next QAPI meeting. The administrator will audit the support plan of anyone who comes back from the hospital the day after they return from the hospital to ensure that the support plan has been updated appropriately and accurately.

Completion Date: 09/01/2022

Document Submission

Implemented

A care plan meeting will be held the day before a resident returns from the hospital after a fall. Starting 6/26/22 The people involved will be; The administrator, the facility health care coordinator, the hospital, the resident's family and the resident's doctor. This will be to discuss if it is safe for the resident to return to the facility. This meeting will be documented by the administrator and discussed at the next QAPI meeting. The administrator will audit the support plan of anyone who comes back from the hospital the day after they return from the hospital to ensure that the support plan has been updated appropriately and accurately.

225a2 Assessment – significant change

1. Requirements

2800.

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

## 225a2 Assessment – significant change (continued)

**Description of Violation**

On [REDACTED]/22, resident #1 fell and was hospitalized for a [REDACTED] and returned to the residence on [REDACTED]/22. Resident #1 was ordered a wheelchair, a walker and was considered a high fall risk. However, resident #1's assessment, dated [REDACTED]/21, was not updated to reflect these changes and an additional written assessment was not completed.

**Plan of Correction****Accept**

The administrator will do audits of all significant changes/hospital returns on the 3rd day after the incident to ensure the significant change is properly documented. An in service will be done by 7/8/2022 on the ASP and recording significant changes. The results of these audits will be discussed at the next QAPI meeting set for 7/6/2022.

These audits will start 6/26/2022

**Completion Date:** 09/08/2022

**Document Submission****Implemented**

The administrator will do audits of all significant changes/hospital returns on the 3rd day after the incident to ensure the significant change is properly documented. An in service will be done by 7/8/2022 on the ASP and recording significant changes. The results of these audits will be discussed at the next QAPI meeting set for 7/6/2022.

These audits will start 6/26/2022

## 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.
- ii. A geriatric assessment team is a group of multidisciplinary specialists in the care of adults who are older that conducts a multidimensional evaluation of a resident and assists in developing a support plan by working with the resident's physician, designated person and the resident's family to coordinate the resident's care.

**Description of Violation**

Resident #2 was admitted to the residence on [REDACTED]/22, however [REDACTED] written cognitive preadmission screening form is not signed or dated by the screener completing the form, was not completed in collaboration with a physician or a geriatric assessment team, and Part III: Determination is blank.

**Plan of Correction****Accept**

The administrator has been doing audits of the pre admission screens due to earlier inspections. They will complete on 7/8/2022. All pre admission screens will be audited by the administrator the day of admission to ensure they are filled out entirely. A new in service will be completed by the administrator by 7/8/2022 on the pre admission screening, Results will be discussed at the next QAPI meeting set for 7/6/2022

**Completion Date:** 07/08/2022

**Document Submission****Implemented**

The administrator has been doing audits of the pre admission screens due to earlier inspections. They will complete on 7/8/2022. All pre admission screens will be audited by the administrator the day of admission to ensure they are filled out entirely. A new in service will be completed by the administrator by 7/8/2022 on the pre admission screening, Results will be discussed at the next QAPI meeting set for 7/6/2022

## 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.

**Description of Violation**

A medical evaluation was not completed for resident #2, who was admitted to the residence on [REDACTED]/22.

Repeat Violation: 6/22/21

**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 will be done by 6/30/2022*

*A new Inservice will be done on 6/29/2022.*

*Audits began on 5/10/2022 due to an earlier inspection, will conclude on 7/8/2022*

*The Current med audit will conclude on 9/8/2022*

**Completion Date:** 09/08/2022

**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.*

*A new medical evaluation will be done by 6/30/2022*

*A new Inservice will be done on 6/29/2022.*

*Audits began on 5/10/2022 due to an earlier inspection, will conclude on 7/8/2022*

*The Current med audit will conclude on 9/8/2022*