

Department of Human Services
Bureau of Human Service Licensing

November 3, 2022

[REDACTED]
MARS HOLDING INC
[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 09/01/2022, 09/06/2022, 09/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

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: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 52 Waking Staff: 39

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 09/08/2022

Inspection Dates and Department Representative

09/01/2022 - On-Site: [REDACTED]
09/06/2022 - Off-Site: [REDACTED]
09/08/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30 Residents Served: 26

Special Care Unit

In Home: Yes Area: entire building Capacity: 30 Residents Served: 26

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26
Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 26 Have Physical Disability: 0

Inspections / Reviews

09/01/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/26/2022*

09/30/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/02/2022*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/07/2022*

10/05/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/02/2022*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/03/2022*

11/03/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: *11/02/2022*
Reviewer: [REDACTED] Follow-Up Type: *Not Required*

224a5 Written initial assessment

1. Requirements

2800.

224.a.5. The written initial assessment must, at a minimum include the following:

Description of Violation

On 9/1/22, the assessment, dated [REDACTED] 22, for resident #1, was blank in the following sections:

The resident ability to administer medications

Dental need section

Dietary need section

Sensory section

POC Submission**Accept (JW - 10/05/2022)**

Staff were referred to the resident Kardex in the facility for ADLS until the new careplan was completed. . Resident 1's care plan was updated on [REDACTED] 2022 with all the information filled out entirely by the HealthCare Coordinator. The Administrator will audit all new care plans as they are completed, starting 9/26/2022. The Health Care staff involved with this process will receive an education on properly filling out the whole care plan on 10/3/2022 by the Administrator.

Licensee's Plan Completion Date: 10/07/2022

Implemented (JW - 11/03/2022)

227c Final support plan - revision

2. Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

On 9/1/22, the support plan, dated [REDACTED] /22, for resident #1, did not include a description of service need, plan to meet the service need, frequency, nor the responsible party for the following needs in the behavioral/cognitive section:

Orientation to time place and person

Irritability

Judgement

Aggression

Hallucinations

Understanding instructions

Short term memory

Ability to avoid poisons

Ability to safely use key locking device

POC Submission**Accept (JW - 10/05/2022)**

Staff were referred to the resident Kardex in the facility for ADLS until the new careplan was completed. Resident 1's care plan was updated on [REDACTED] 2022 by the HealthCare Coordinator with all the information filled out entirely.

227c Final support plan - revision (continued)

The Administrator will audit all new care plans, annual, quarterly as they are completed, starting 9/26/2022. The Health Care staff involved with this process will receive an education on properly filling out the whole care plan on 10/3/2022 by the administrator.

Licensee's Plan Completion Date: 10/07/2022

Implemented (JW - 11/03/2022)