

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

October 30, 2023

[REDACTED], DIRECTOR OF RESIDENT LIVING
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 08/02/2023 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

Facility Information

Name: ROSECREST ASSISTED LIVING RESIDENCE License #: 44445 License Expiration: 06/21/2024
 Address: 1000 GRAHAM WAY, P.O.BOX 1285, MARS, PA 16046
 County: BUTLER Region: WESTERN

Administrator

Phone: Email:

Legal Entity

Name: MARS HOLDING INC
 Address: Phone: Email:

Certificate(s) of Occupancy

Type: I-2 Date: 04/11/2011 Issued By: Mars Boro

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 56 Waking Staff: 42

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #: Reason: Incident Exit Conference Date: 08/02/2023

Inspection Dates and Department Representative

08/02/2023 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 30 Residents Served: 28
 Special Care Unit
 In Home: Yes Area: RoseCrest Capacity: 30 Residents Served: 28
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28
 Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 28 Have Physical Disability: 0

Inspections / Reviews

08/02/2023 Partial
 Lead Inspector: Follow-Up Type: POC Submission Follow-Up Date: 08/21/2023
 09/22/2023 - POC Submission
 Submitted By: Date Submitted: 10/27/2023
 Reviewer: Follow-Up Type: Document Submission Follow-Up Date: 10/27/2023

Inspections / Reviews *(continued)*

10/30/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/27/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

225a1 Assessment – annually

1. Requirements

2800.

225.a.1. 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: Annually.

Description of Violation

Resident # 1’s most recent assessment was completed on [REDACTED]. The resident’s previous assessment was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/22/2023)

The administrator or designee will perform an audit to identify any missing assessments for the current residents in the facility by 10/6/2023.

The administrator or designee will audit current assessments to ensure that all are up to date. Any assessments needing updated will be completed by 10/20/2023.

The administrator will maintain a spreadsheet of all residents with date of last assessment and date next assessment is due and will be completed by 10/6/2023. The spreadsheet will be monitored the first business day of each month so assessments can be completed timely starting November 2023 and continuing ongoing.

The administrator will educate all nurses on the importance of timely completion of assessments and on proper storage to ensure that no assessment will be misplaced before 10/1/2023.

All audits will be reviewed at the quarterly QAPI meeting beginning on 10/18/2023.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented ([REDACTED] - 10/30/2023)