

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

April 11, 2025

[REDACTED]
BROOKE GROVE FOUNDATION INC
[REDACTED]

RE: REST ASSURED RESIDENTIAL LIVING
CENTER
1137 SHIRLEY'S HOLLOW ROAD
MEYERSDALE, PA, 15552
LICENSE/COC#: 32132

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/14/2025 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: REST ASSURED RESIDENTIAL LIVING CENTER License #: 32132 License Expiration: 12/07/2025
 Address: 1137 SHIRLEY'S HOLLOW ROAD, MEYERSDALE, PA 15552
 County: SOMERSET Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: BROOKE GROVE FOUNDATION INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/08/2007 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 43 Waking Staff: 32

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 01/14/2025

Inspection Dates and Department Representative

01/14/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 33 Residents Served: 25
 Secured Dementia Care Unit
 In Home: Yes Area: Entire Capacity: 33 Residents Served: 25
 Hospice
 Current Residents: 9
 Number of Residents Who:
 Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 26
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 18 Have Physical Disability: 0

Inspections / Reviews

01/14/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/01/2025

04/11/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/28/2025
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

04/11/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On [redacted] and [redacted] at 9:00 AM staff member A administered medication to resident [redacted] which included the following: [redacted]. Staff member A is not a licensed staff member, and the home does not have a current waiver for this staff member to administer these medications.

Plan of Correction

Accept [redacted] - 01/31/2025)

On 1/22/24, All staff was notified that only [redacted] LPN.PCHA is the only one that is able to give Residents any [redacted] injection. [redacted] reviewed all medications and there is only one Resident that is taking a GLP-1. On 1/27/25 a policy and procedure was written and put in place. All GLP-1 agonist will be placed on the same set day and time. [redacted] will administer and monitor. A wavier will be filed after the plan ok corrections is finalized.

Licensee's Proposed Overall Completion Date: 01/28/2025

Implemented [redacted] - 04/11/2025)

187d - Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted], [redacted], and [redacted]. However, on [redacted] at 8:00 AM and 8:00 PM [redacted] was not administered, on [redacted] at 9:00 AM [redacted] was not administered and on [redacted] at 6:00 PM [redacted] was not administered. The nursing notes for each of these dates and times stated the medications were not available in the home.

Plan of Correction

Accept [redacted] - 01/31/2025)

VA medication is ordered by phone and is received by mail. Medication did not arrive in a timely manner. On 1/27/25 [redacted] LPN, PCHA wrote policy and procedures for VA Medications. All VA Medications will be monitored by [redacted] and B. Hoffman BI-WEEKLY and will be ordered when a month of medications is left. If medication only has 2 weeks left and new orders has not arrived, VA will be called and notified of medications not arriving and will request for an emergency Script sent to Diamond Pharmacy, which delivers twice a day to Rest Assured and this will ensure that no medication doses will be missed. On 1/23/25, It was determined by [redacted] and [redacted] that there are two that receive VA medications. On 1/27/25 A policy and procedure was put in place and staff was educated on the new policy.

Licensee's Proposed Overall Completion Date: 01/28/2025

Implemented [redacted] 04/11/2025)