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

November 18, 2025

[redacted],
MARS HOLDING INC
[redacted]

RE: ROSECREST ASSISTED LIVING RESIDENCE
1000 GRAHAM WAY, P.O.BOX 1285
MARS, PA, 16046
LICENSE/COC#: 44445

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2025, 08/27/2025, 08/28/2025 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: *ROSECREST ASSISTED LIVING RESIDENCE* **License #**: *44445* **License Expiration**: *06/21/2026*

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**: *38* **Waking Staff**: *29*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *08/28/2025*

Inspection Dates and Department Representative

08/27/2025 - On-Site: [redacted]
08/27/2025 - Off-Site:
08/28/2025 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* **Residents Served**: *19*

Special Care Unit

In Home: *Yes* **Area**: *entire building* **Capacity**: *30* **Residents Served**: *19*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *19*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *19* **Have Physical Disability**: *0*

Inspections / Reviews

08/27/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/05/2025*

Inspections / Reviews *(continued)*

10/06/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *11/12/2025*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *10/14/2025*

10/15/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *11/12/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *11/12/2025*

11/18/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/12/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a Resident abuse report

1. Requirements

2800.
15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

An allegation of verbal abuse was made against staff person A and staff person B on [redacted]; however, the allegation was not reported to the Area Agency on Aging until [redacted].

Plan of Correction ***Accept [redacted] 10/06/2025)***

The employee or administrator will notify the local Area Agency on Aging of allegations or suspicion of abuse immediately if there is serious physical harm. The administrator educated facility staff of immediate report the week of 8/18/2025, reeducation will be completed by 10/20/2025. All allegations and of abuse or neglect will be audited within 3 business days by the Administrator to ensure compliance with this regulation. The results of this audit will be presented in the quarterly QAPI meetings by the administrator.

Licensee's Proposed Overall Completion Date: *10/20/2025*

Implemented [redacted] - 11/18/2025)

15b Resident abuse-superv plan

2. Requirements

2800.
15.b. If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

An allegation of verbal abuse was made against staff person A and staff person B on [redacted] at approximately 6:30 p.m.; however, staff person A continued to work in the residence unsupervised around the residents until 7:30 p.m. and staff person B worked providing unsupervised direct care to residents until 10:30 p.m. Additionally, staff person B was never suspended and continued to provide unsupervised direct care to residents.

Plan of Correction ***Accept [redacted] - 10/15/2025)***

Staff Person A was suspended HR via phone by administrator on 8/18/2025 and escorted out of the building by the administrator. Upon on-site investigation with DHS, stated it was not necessary at the time to put staff person B on a suspension based on the witness statements as well as the Area Agency on Aging also provided the statement [redacted] said [redacted] said" and it would be listed as a "no need" investigation. The residence shall immediately put any staff member who was involved in alleged abuse incident on suspension while the incident is being investigated. The administrator will review this regulation with the Nursing Supervisor and Human Resources this by 10/20/2025.

Beginning 8/18/25, the administrator or designee shall ensure any staff member who is involved in an alleged abuse incident is immediately put on suspension while the incident is being investigated.

Licensee's Proposed Overall Completion Date: *10/20/2025*

Implemented [redacted] 11/18/2025)

16c Incident reporting

3. Requirements

2800.
16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

An allegation of verbal abuse was made against staff person A and staff person B on [redacted] however, the allegation of abuse was not reported to the Department until [redacted] Additionally, the allegation of abuse only included staff person A and did not include staff person B.

Plan of Correction ***Accept [redacted] 10/15/2025)***

Internal incident report forms will be used beginning 8/18/2025 to document resident incidents and the MedTech or Nurse in charge each shift will be responsible to contact the HealthCare Coordinator, Administrator or designee to inform them of any resident incidents or reports of alleged abuse. The Healthcare Coordinator, Administrator or designee will be responsible to report the incident/ alleged abuse to the department within 24 hours immediately beginning 8/18/2025. The administrator educated facility staff of immediate report the week of 8/18/2025, reeducation will be completed by 10/20/2025.

Licensee's Proposed Overall Completion Date: *10/20/2025*

Implemented [redacted] 11/18/2025)

23a ADL assistance

4. Requirements

2800.
23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On [redacted], at approximately 6:30 p.m., staff person B took resident [redacted] in the common use bathroom, near the activity room, and attempted to transfer resident [redacted] from [redacted] wheelchair to the toilet. Staff person B had resident [redacted] in a standing, yet unstable position and shouted for Staff person A, who came and assisted to complete the transfer. Staff person A left the bathroom to get assistance from another staff person; however, upon their return staff person B transferred resident [redacted] independently from the toilet into the wheelchair. According to the assessment and support plan, dated [redacted] resident [redacted] required a 2 person assist for transfers.

Plan of Correction ***Accept ([redacted] - 10/06/2025)***

Staff person B was educated on proper lifting and 2 person assist transfers on 8/20/2025, all staff to be educated on 2 person assist transfers by 10/20/2025. Healthcare Coordinator will audit care plans of residents who are 2 person assist and reeducate staff of any changes made to care plans ongoing when resident needs change. Results of audit will be reviewed in the next QAPI meeting 11/24/2025.

Licensee's Proposed Overall Completion Date: *10/20/2025*

Implemented [redacted] - 11/18/2025)

65g Initial direct care training

5. Requirements

2800.
65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:
1. Training that includes a demonstration of job duties, followed by supervised practice.

65g Initial direct care training *(continued)*

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
   - i. Safe management techniques.
   - ii. ADLs and IADLs
   - iii. Personal hygiene.
   - iv. Care of residents with mental illness, neurological impairments, an intellectual disability and other mental disabilities.
   - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
   - vi. Implementation of the initial assessment, annual assessment and support plan.
   - vii. Nutrition, food handling and sanitation.
   - viii. Recreation, socialization, community resources, social services and activities in the community.
   - ix. Gerontology.
   - x. Staff person supervision, if applicable.
   - xi. Care and needs of residents with special emphasis on the residents being served in the residence.
   - xii. Safety management and hazard prevention.
   - xiii. Universal precautions.
   - xiv. The requirements of this chapter.
   - xv. The signs and symptoms of infections and infection control.
   - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the residence.
   - xvii. Behavioral management techniques.
   - xviii. Understanding of the resident's assessment and how to implement the resident's support plan.

Description of Violation

Direct care staff person A, hired [redacted], did not complete the required 18 hours of training in the following topics:
(iii) Personal hygiene.
(iv) Care of residents with mental illness, neurological impairments, mental retardation and other mental disabilities.
(vi) Implementation of the initial assessment, annual assessment and support plan.
(vii) Nutrition, food handling and sanitation.
(viii) Recreation, socialization, community resources, social services and activities in the community.
(ix) Gerontology.
(xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the residence.
(xviii)Understanding of the resident's assessment and how to implement the resident's support plan.
(xix)Person-centered care and aging in place.

Plan of Correction ***Accept[redacted] - 10/06/2025)***

Staff Person A is no longer employed at RoseCrest as of 8/19/2025. The administrator or designee will complete an audit of all staff training by 10/31/2025. All staff out of compliance for training will have training completed by 11/7/2025. Results of audit will be reviewed in the next QAPI meeting 11/24/2025 until substantial compliance is obtained or ongoing, as needed, beginning immediately.

Licensee's Proposed Overall Completion Date: *10/31/2025*

Implemented[redacted] - 11/18/2025)

236a Staff training

6. Requirements

2800.

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Direct care staff person A, hired [redacted], did not have 8 hours of initial training within the first 30 days of the date of hire related to dementia care and services.

Plan of Correction ***Accept [redacted] - 10/06/2025)***

Staff Person A is no longer employed at RoseCrest as of 8/19/2025. The administrator or designee will complete an audit of all special care unit training by 10/31/2025. All staff out of compliance for training will have training completed by 11/7/2025. Results of audit will be reviewed in the next QAPI meeting 11/24/2025 until substantial compliance is obtained or ongoing, as needed, beginning immediately. New employees will complete special care unit training to be in compliance with this regulation after initial orientation is completed before supervised floor training begins.

Licensee's Proposed Overall Completion Date: *10/31/2025*

Implemented ([redacted] 11/18/2025)