

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

September 10, 2026

[REDACTED], OWNER
CJAJ INC
1137 SHIRLEYS HOLLOW ROAD
MEYERSDALE, PA, 15552

RE: REST ASSURED RESIDENTIAL LIVING
1137 SHIRLEYS HOLLOW ROAD
MEYERSDALE, PA, 15552
LICENSE/COC#: 34036

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2026, 08/13/2026 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

License #: 34036

License Expiration: 11/13/2026

Address: 1137 SHIRLEYS HOLLOW ROAD, MEYERSDALE, PA 15552

County: SOMERSET

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: CJAJ INC

Address: 1137 SHIRLEYS HOLLOW ROAD, MEYERSDALE, PA, 15552

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 04/18/2007

Issued By: Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 42

Waking Staff: 32

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 08/14/2026

Inspection Dates and Department Representative

08/13/2026 - On-Site: [REDACTED]

08/13/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 32

Residents Served: 21

Secured Dementia Care Unit

In Home: Yes

Area: Entire home

Capacity: 32

Residents Served: 21

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 21

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 21

Have Physical Disability: 0

Inspections / Reviews

08/13/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/30/2026

Inspections / Reviews (*continued*)

08/31/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/16/2026

09/10/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/09/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The following residents passed away in the home and the home did not submit an incident report to the Department.

- Resident #1, DOD [REDACTED]
- Resident #2, DOD [REDACTED]
- Resident #3, DOD [REDACTED]
- Resident #4, DOD [REDACTED]
- Resident #5, DOD [REDACTED]
- Resident #6, DOD [REDACTED]
- Resident #7, DOD [REDACTED]
- Resident #8, DOD [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/31/2026)

Administration will submit an incident report for each resident death including those who are on hospice care within 24 hours of resident passing and place submitted report in reporting binder. To ensure compliance incident reporting binder has been updated to display all reportable incidents on the front page per regulation.

Licensee's Proposed Overall Completion Date: 09/01/2026

Implemented [REDACTED] - 09/10/2026)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff Member A, whose first day of work was [REDACTED] did not receive orientation of the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Plan of Correction

Accept [REDACTED] - 08/31/2026)

In order to ensure compliance for staff members hired before [REDACTED] which was under previous ownership.

65a FS Orientation 1st Day (continued)

Administration will conduct a repeat orientation for those staff members to ensure they have received the appropriate training in general fire safety and emergency preparedness areas. This will be documented on orientation checklist.

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented () - 09/10/2026

65b - Rights/Abuse 40 Hours**3. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff Member A did not receive training on any of the training topics within 40 scheduled working hours:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101 10225.5102).
4. Reporting of reportable incidents and conditions.

Plan of Correction

Accept () - 08/31/2026

In order to ensure compliance for staff members hired before () which was under previous ownership. Administration will conduct a repeat orientation for those staff members to ensure they have received the appropriate training in resident rights, Emergency medical plan, mandatory reporting, and reportable incidents. This will be documented on orientation checklist.

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented () - 09/10/2026

65c - Ancillary Staff Orientation**4. Requirements**

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Staff Member A, whose first day of work was () did not have a general orientation to () specific job functions.

Plan of Correction

Accept () - 08/31/2026

In order to ensure compliance for staff members hired before () which was under previous ownership. Administration will conduct a repeat orientation for those staff members to ensure they have received the appropriate training in their specific job functions. This will be documented on a job description and signed by the employee.

Licensee's Proposed Overall Completion Date: 09/15/2026

65c - Ancillary Staff Orientation (*continued*)*Implemented () - 09/10/2026)*

121a - Unobstructed Egress

5. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 8/13/26, the fenced porch off of the main living area, that is used by residents, was observed to be locked from the outside preventing immediate egress.

On 8/13/26, the fenced yard area, that is used by residents, has three exits. The exits cannot be opened or used without a key, preventing immediate egress.

Plan of Correction*Accept () - 08/31/2026)*

In order to correct deficiency, owners will install coded master lock resettable combination padlocks on fenced porch and resident courtyard gates, total of 4, to allow for immediate egress with out the use of a key. All staff will be provided with the combination which will be the same for all 4 for ease of egress.

Licensee's Proposed Overall Completion Date: 09/15/2026

Implemented () - 09/10/2026)

190a - Completion Medication Course

6. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member A does not have current medication administration training and administered medications on the following dates and times to residents:

- *On 8/3/26 at 8:00AM to Resident #9, Resident #10, Resident #11, Resident #12, and Resident #13.*
- *On 8/3/26 at 12:00PM to Resident #11*
- *On 8/3/26 at 2:00PM to Resident #9 and Resident #10*
- *On 8/3/26, 8/10/26 at 5:00PM to Resident #10 and Resident #11*

Staff Member B does not have current medication administration training and administered medications on the following dates and times to residents:

- *On 8/5/26, 8/10/26, 8/13/26 at 8:00AM to Resident #9, Resident #10, Resident #11, Resident #12, and Resident #13.*
- *On 8/12/25 at 12:00PM to Resident #11.*
- *On 8/5/26, 8/10/26 at 2:00PM to Resident #9 and Resident #10.*
- *On 8/5/26 at 5:00PM to Resident #10 and Resident #11.*

190a - Completion Medication Course (continued)**Plan of Correction****Accepted (████ - 08/31/2026)**

Staff member A who is a train the trainer had an observation completed on Wednesday 8-12-26 however the trainer did not document this on the appropriate form at the time it occurred. The documentation was completed on 8-17-26. Staff member B is completing a new med tech training class as the needed documentation was not able to be obtained. In order to ensure compliance the RN who is also now a train the trainer will create a spreadsheet and follow the recommended best practice of completing a Mar review at 3 months, an observation at 6 months, a MAR review at 9 months, and an observation at 12 months to complete annual practicum.

Licensee's Proposed Overall Completion Date: 09/15/2026**Implemented (████ - 09/10/2026)**