



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 26 2014

Ms. Nicole Patton, Director
Mars Holding, Inc.
191 Scharberry Lane
Mars, Pennsylvania 16046

RE: Rosecrest Assisted Living Residence
1000 Graham Way, P.O. Box 1285
Mars, Pennsylvania 16046
License #: 444450

Dear Ms. Patton:

As a result of the Department of Public Welfare's licensing inspection on April 29, 2014, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2800 (relating to assisted living residences).

Your regular license for the period June 21, 2014 to June 21, 2015 was issued on March 25, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
Licensing Inspection Summary

LICENSING INSPECTION SUMMARY
Assisted Living Residences - 55 Pa.Code § 2800

Name of Residence: Rosecrest Assisted Living Residence

Address: 1000 Graham Way Mars, Pa. 16046

License Number: 444450

Type of Inspection: Full

Reason(s) for Inspection: Renewal

Notice: Unannounced

On-site Inspection Dates and Department Representatives On-site:
4/29/14 – Israel Springs, Doug Hoover

Off-site Inspection Dates and Department Representatives, if Applicable:

LIS – [Rosecrest Assisted Living Residence] – [4/29/14] – [Israel Springs]

Regulation
 § 2800.121 (a) Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Violation
 The exit door by the conference room had yellow cloth-like tape held in place by Velcro across the door, with a sign saying "Stop – Not an exit". The door is clearly marked with an exit sign opening into a walkway leading to the parking lot.

Plan of Correction

No resident was harmed by this deficiency. No other doors were non-compliant. The identified door now meets regulation 2800.121 (a). Completion date 4/29/14. Velcro barrier and signage have been removed (see attached photo). Velcro barriers and "not an exit" signs will no longer be utilized on doors labeled for exit. Staff were informed of this via memo (see attached) and staff do not have access to install barriers. Therefore, it is not necessary to monitor through our quality assurance program.

Printed Name and Title of Legal Entity Representative (Required on all pages)	
NICOLE PATTON, RN, PHA, ALA Director of Residential Living	
Signature of Legal Entity Representative (Required on all pages)	Date
<i>Nicole Patton RN</i>	6/16/14
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>6/16/14</u> (Date)	Plan of correction implementation status as of <u>6/16/14</u> (Date)
The above plan of correction was approved by <u>NSC</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented

LIS - [Rosecrest Assisted Living Residence] - [4/29/14] - [Israel Springs]

Regulation

2800.187 (a) A medication record shall be kept to include the resident's name, drug allergies, name of medication, strength, dosage form, dose, route of administration, frequency of administration, administration times, duration of therapy, if applicable, special precautions, if applicable, diagnosis or purpose for the medication, including pro re nata (PRN), date and time of medication administration, and name and initials of the staff person administering the medication.

Violation

The MAR for Resident #1 did not have a purpose or diagnosis for the medications Namenda and Neurontin.

Plan of Correction

Violation Withdrawn per Neil Cody. 6/3/14

WITHDRAWN
6/3/14 - NSC

Printed Name and Title of Legal Entity Representative (Required on all pages)

NICOLE PATTON, RN, RCHA, NHA Director of Residential Living

Signature of Legal Entity Representative (Required on all pages)

Nicole Patton RN

Date 6/6/14

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The above plan of correction is approved as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of _____ (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented