



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 27, 2018

Ms. Karen Russell
Executive Director
Mars Holding, Inc.
191 Scharberry Lane
Mars, Pennsylvania 16046

RE: Rosecrest Assisted Living Residence
PO Box 1285
1000 Graham Way
Mars, Pennsylvania 16046
Certificate #: 444450

Dear Ms. Russell:

As a result of the Department's Bureau of Human Services Licensing inspection on December 28, 2017, of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: Rosecrest Assisted Living	License Number: 444450
Address: 1000 Graham Way, P.O. Box 1285, Mars, PA 16046	County: Butler
Administrator: Claudia McIntyre	
Legal Entity Name: Mars Holding Inc.	
Legal Entity Address: 191 Scharberry Lane, Mars, PA 16046	
Certificate(s) of Occupancy: I-2, Mars Borough, 5/1/2009	
Type of Inspection: Partial	
Reason(s) for Inspection(s): Incident	
On-Site Inspections Dates and Department Representatives On-Site: 12-28-17; McConnell, Debora	
Off-Site Inspection Dates and Inspectors, if Applicable: 12-29-17; McConnell, Debora	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 30	Number of Residents who:
Number of Residents Served: 28	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: 30	Are 60 Years of Age or Older: 28
Area: Entire Facility	Have Mental Illness: 0
Secured Unit Capacity, if Applicable: 30	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable: 28	Have a Mobility Need: 28
Number of Current Hospice Residents: 1	Have a Physical Disability: 0
Number of Hospice Residents in past year: 3	

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MAR 12 2018

WEST REGION FIELD OFFICE
Human Services Licensing

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Human Services Unit

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

<p>Regulation</p> <p>§ 2800.225 (a) 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:</p> <ol style="list-style-type: none"> (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required
<p>Violation</p> <p>The annual assessment, dated 5/20/17, for resident #1, does not address the resident's fall risk. The resident fell 4 times from 1/15/17 through 11/9/17.</p>
<p>Plan of Correction</p> <p>Please See attached Page 2A</p>

Printed Name and Title of Legal Entity Representative (Required on all pages)	
Deborah Serafin, ALA	
Signature of Legal Entity Representative (Required on all pages)	Date
<i>Deborah Serafin</i> - ALA	3/12/18
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>8/17/18</u> (Date)	Plan of correction implementation status as of <u>8/17/18</u> (Date)
The above plan of correction was approved by <u><i>DS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented


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Human Services Licensing

Regulation 2800.225 (a) states that the Administrator, designee, or LPN under the supervision of an RN, shall complete additional written assessments for each resident. This is important to ensure that any changes in normal behavior, to include falls, are captured in the support plan and are assessed appropriately. This regulation was violated because the annual assessment, dated 5/20/17, for resident #1, did not address the resident's fall risk. The resident fell 4 times from 1/15/17 to 11/9/17. To immediately correct the problem, the Administrator will ensure that all falls have been documented in the residents' support plans and an appropriate plan to help prevent future falls have been identified. If a resident has had multiple falls, the resident will be assessed by a physician to ensure that they are safe to stay at this level of care or if the physician determines that the resident needs a higher level of care to remain safe. All future falls will be documented in the support plan with a plan to prevent future falls. When residents have multiple falls the physician will be asked to assess the resident for safety at this level of care. The Administrator will conduct an initial audit of all support plans of residents that have had falls within the past 12 months to ensure that their support plans have been updated with their fall and a plan has been put into place to help prevent future falls. Moving forward, the Administrator will conduct a weekly audit of all support plans of residents that have fallen for 4 weeks, monthly for 3 months, and then quarterly for one year.

Deborah Serafine, ALA 3/12/18

, ALA



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