

Department of Human Services
Bureau of Human Service Licensing

October 1, 2021

[REDACTED]
MARS HOLDING INC
191 SCHARBERRY LANE
MARS, PA 16046

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/15/2021 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,
Amy Duncan

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *ROSECREST ASSISTED LIVING RESIDENCE* License #: *44445* License Expiration Date: *06/21/2022*
Address: *1000 GRAHAM WAY, P.O.BOX 1285, MARS, PA 16046*
County: *BUTLER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7246251900* Email: [REDACTED]

Legal Entity

Name: *MARS HOLDING INC*
Address: *191 SCHARBERRY LANE, MARS, PA, 16046*
Phone: *7246251900* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *04/11/2011* Issued By: *Mars Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *09/15/2021*

Inspection Dates and Department Representative

09/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *23*

Special Care Unit

In Home: *Yes* Area: Capacity: *30* Residents Served: *23*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *23*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *23* Have Physical Disability: *0*

Inspections / Reviews

09/15/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

No Deficiencies Identified