

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

April 24, 2024

[REDACTED]
MARS HOLDING INC
[REDACTED]
[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 10/10/2023 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: 06/21/2024
 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: 56 Waking Staff: 42

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 10/10/2023

Inspection Dates and Department Representative

10/10/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 30 Residents Served: 28
 Special Care Unit
 In Home: Yes Area: Rose Crest Capacity: 30 Residents Served: 28
 Hospice
 Current Residents: 7
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28
 Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 28 Have Physical Disability: 0

Inspections / Reviews

10/10/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/31/2023

02/23/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/20/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/27/2024

Inspections / Reviews (*continued*)

03/13/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/20/2024

04/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2024

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

Resident [REDACTED] who weighs [REDACTED], requires assistance to transfer, according to staff interviews.

On [REDACTED] between 6:00 AM and 10:00 PM, staff person A provided care to resident [REDACTED], resulting in a 4" x 3" bruise on the right anterior upper arm, 3 dime size bruises on the right posterior upper arm, a 5" x 3 ½" bruise on the left anterior upper left arm, 3 dime size bruises on the left posterior upper arm, a 4" x 2" bruise on the left lower forearm, 2 dime size bruises on the left lower posterior arm, 2 dime size bruises on the right collar bone, and a dime size bruise on the right lateral shoulder. On [REDACTED] at approximately 6:00 AM, staff person B observed these bruises while providing care to resident [REDACTED].

Staff person C, who worked from 10:00 PM on [REDACTED] to 6:30 AM on 9/23/23, indicates resident [REDACTED] had no bruising present when [REDACTED] provided care. The residence's incident report submitted to the Department and completed by staff person D, indicates "Bruising on arms appear to be hand prints from trying to lift resident." However, this incident was not reported to the local Area Agency on Aging until [REDACTED] at 10:50 AM.

Plan of Correction

Directed [REDACTED] - 03/13/2024)

The employee or administrator will notify the local Area Agency on Aging an allegations or suspicion of abuse immediately if there is serious physical harm. The Administrator will educate facility staff on abuse and neglect reporting by [REDACTED]. All allegations of abuse or neglect and the investigations will be audited within 3 business days by the Executive Director to ensure compliance with this regulation. The results of these audits will be presented in the quarterly QAPI meetings by the administrator

Proposed Overall Completion Date: 03/15/2024

Directed:

Beginning 3/14/24, the administrator or designee will notify the local Area Agency on Aging of an allegation of abuse immediately upon receiving a report of abuse.

SQ 3/13/24

Directed Completion Date: 03/15/2024

Implemented [REDACTED] - 04/24/2024)

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.

15b Resident abuse-superv plan (continued)

Description of Violation

Resident [REDACTED], who weighs 81 pounds, requires assistance to transfer, according to staff interviews.

On [REDACTED] between 6:00 AM and 10:00 PM, staff person A provided care to resident [REDACTED], resulting in a 4" x 3" bruise on the right anterior upper arm, 3 dime size bruises on the right posterior upper arm, a 5" x 3 1/2" bruise on the left anterior upper left arm, 3 dime size bruises on the left posterior upper arm, a 4" x 2" bruise on the left lower forearm, 2 dime size bruises on the left lower posterior arm, 2 dime size bruises on the right collar bone, and a dime size bruise on the right lateral shoulder. On [REDACTED] at approximately [REDACTED], staff person B observed these bruises while providing care to resident [REDACTED].

Staff person C, who worked from [REDACTED] on [REDACTED] to [REDACTED] on [REDACTED], indicates resident [REDACTED] had no bruising present when [REDACTED] provided care. The residence's incident report submitted to the Department and completed by staff person D, indicates "Bruising on arms appear to be hand prints from trying to lift resident." However, staff person A continued to work on [REDACTED] from 6 AM to 10 PM.

Plan of Correction**Directed [REDACTED] - 03/13/2024)**

The residence shall immediately put any staff member who was involved in an alleged abuse incident on suspension while the incident is being investigated. The Administrator will review with Nursing Supervisor and Human Resources this regulation by [REDACTED].

Staff person A was suspended on [REDACTED] at [REDACTED] by the Nursing Supervisor, at the direction of the Administrator and HR. When Area Agency on Aging arrived, abuse was sustained and the employee was terminated on [REDACTED] in the afternoon.

Proposed Overall Completion Date: 03/15/2024

Directed:

Beginning 3/14/24, 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.

SQ 3/13/24

Directed Completion Date: 03/15/2024

Implemented [REDACTED] 04/24/2024)

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

Resident [REDACTED], who weighs [REDACTED], requires assistance to transfer, according to staff interviews.

On [REDACTED] between [REDACTED] and [REDACTED], staff person A provided care to resident [REDACTED], resulting in a 4" x 3" bruise on the right anterior upper arm, 3 dime size bruises on the right posterior upper arm, a 5" x 3 1/2" bruise on the left anterior upper left arm, 3 dime size bruises on the left posterior upper arm, a 4" x 2" bruise on the left lower forearm,

16c Incident reporting (continued)

2 dime size bruises on the left lower posterior arm, 2 dime size bruises on the right collar bone, and a dime size bruise on the right lateral shoulder. On [REDACTED] at approximately [REDACTED] staff person B observed these bruises while providing care to resident [REDACTED]

Staff person C, who worked from [REDACTED] on [REDACTED] to [REDACTED] on [REDACTED], indicates resident [REDACTED] had no bruising present when [REDACTED] provided care. The residence's incident report submitted to the Department and completed by staff person D, indicates "Bruising on arms appear to be hand prints from trying to lift resident." However, this incident was not reported to the Department until [REDACTED] at [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/23/2024)

Internal incident report forms will be used to document a resident incident 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. The HealthCare Coordinator, Administrator or Designee will be responsible to report the incident to the department within 24 hours. All staff will be educated on this plan of correction and responsibilities by 02/16/2024.

Licensee's Proposed Overall Completion Date: 02/26/2024

Implemented [REDACTED] 04/24/2024)

17 Record confidentiality

4. Requirements

2800.

- 17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At [REDACTED] resident [REDACTED] order for bloodwork was unlocked, unattended and accessible on the day room counter in the hallway across from the medication room in the Monarch Meadows section of the residence.

Plan of Correction

Accept [REDACTED] - 03/13/2024)

Audits of the residence will be conducted weekly by the HealthCare Coordinator or Designated Person to ensure all resident records and information are stored in a manner that maintains confidentiality in accordance with this regulation. The administrator will educate all staff on this plan of correction and responsibilities by [REDACTED]. Weekly audits will began on [REDACTED] and will be checked every Friday by the administrator. The results of this audit will be reported by the administrator or designee in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 04/24/2024)

42b Abuse/Neglect

5. Requirements

2800.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b Abuse/Neglect (continued)

Description of Violation

Resident [REDACTED] who weighs [REDACTED], requires assistance to transfer, according to staff interviews.

On [REDACTED] between [REDACTED] and [REDACTED], staff person A provided care to resident [REDACTED], resulting in a 4" x 3" bruise on the right anterior upper arm, 3 dime size bruises on the right posterior upper arm, a 5" x 3 1/2" bruise on the left anterior upper left arm, 3 dime size bruises on the left posterior upper arm, a 4" x 2" bruise on the left lower forearm, 2 dime size bruises on the left lower posterior arm, 2 dime size bruises on the right collar bone, and a dime size bruise on the right lateral shoulder. On [REDACTED] at approximately [REDACTED], staff person B observed these bruises while providing care to resident [REDACTED].

Staff person C, who worked from [REDACTED] on [REDACTED] to [REDACTED] on [REDACTED], indicates resident [REDACTED] had no bruising present when [REDACTED] provided care. The residence's incident report submitted to the Department and completed by staff person D, indicates "Bruising on arms appear to be hand prints from trying to lift resident."

Plan of Correction**Directed [REDACTED] - 03/13/2024)**

All residents will be assessed by a MedTech or nurse on duty post incident for injuries. The MedTech or nurse on duty will complete an incident report form and notify the Healthcare Coordinator, Administrator or Designee of the incident. The administrator will educate all staff on Abuse under this regulation and the responsibilities of this plan of correction by 02/26/2024. MedTech and Nurses will be re-educated by the Healthcare Coordinator as to the requirements related to assessing residents' post-injury. The administrator will begin auditing incidents to ensure that the above process was followed beginning 02/16/2024. The results of this audit will be reported by the administrator or designee in the quarterly QAPI meetings.

Resident [REDACTED] was initially assessed by HealthCare Coordinator on the morning of [REDACTED], on the same day, staff was educated on how to properly assess a resident and fill out an incident report. Audits began on 2/26/2024 by the administrator and will be checked on the last Wednesday of every month and will continue to be reviewed at quarterly QAPI meetings beginning in March 2024. Staff will be educated by the Healthcare Coordinator on safe lifting techniques and transfers by 3/18/2024.

Proposed Overall Completion Date: 03/18/2024

Directed:

Beginning 3/14/24, all residents will immediately be assessed for injuries by a med tech or nurse on duty following any incident.

[REDACTED] 3/13/24

Directed:

By 3/18/24, MedTech and Nurses will be re-educated by the Healthcare Coordinator as to the requirements related to assessing residents' post-injury.

[REDACTED] 3/13/24

Directed Completion Date: 03/18/2024

Implemented [REDACTED] 04/24/2024)

225a1 Assessment – annually

6. Requirements

2800.

225.a.1. 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: Annually.

Description of Violation

Resident [redacted] most recent assessment was completed on [redacted]

Plan of Correction

Accept [redacted] - 03/13/2024)

Resident [redacted] assessment was completed on [redacted]. Assessments will be conducted on each resident on an annual basis and kept in each resident's file. An audit of all assessments shall be completed by the HealthCare Coordinator and signed off by the Administrator by [redacted]. Ongoing review of assessments will begin on [redacted] and be reviewed by the HealthCare Coordinator every 30 days. The results of this audit will be reported by the administrator or designee in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [redacted] - 04/24/2024)