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

April 24, 2024

MARS HOLDING INC

RE: ROSECREST ASSISTED LIVING

RESIDENCE

1000 GRAHAM WAY, P.O.BOX 1285

MARS, PA, 16046

LICENSE/COC#: 44445

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/11/2024, 01/12/2024 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,

cc: Pennsylvania Bureau of Human Service Licensing

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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: Email:

Legal Entity

Name: MARS HOLDING INC

Address:

Phone: Email:

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: 01/11/2024

Inspection Dates and Department Representative

01/11/2024 - On-Site:

01/12/2024 - Off-Site.

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30 Residents Served: 28

Special Care Unit

In Home: Yes Area: Facility Capacity: 30 Residents Served: 28

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28

Diagnosed with Mental Illness: 28 Diagnosed with Intellectual Disability: 0

Have Mobility Need: 28 Have Physical Disability: 0

Inspections / Reviews

01/11/2024 - Partial

Lead Inspector: Follow-Up Type: POC Submission Follow-Up Date: 02/12/2024

02/20/2024 - POC Submission

Submitted By: Date Submitted: 03/18/2024

Reviewer: Follow-Up Type: POC Submission Follow-Up Date: 02/22/2024

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Inspections / Reviews (continued)

Reviewer:

03/04/2024 - POC Submission

Submitted By: Date Submitted: 03/18/2024

Reviewer: Follow-Up Type: Document Submission Follow-Up Date: 03/18/2024

04/24/2024 - Document Submission

Submitted By: Date Submitted: 03/18/2024

Follow-Up Type: Not Required

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5a1 DHS access

1. Requirements

2800.

- 5.a. The administrator, administrator designee or staff person designated under § 2800.56(c) (relating to administrator staffing) shall provide, upon request, immediate access to the residence, the residents and records to:
 - 1. Agents of the Department.

Description of Violation

On an agent of the Department, requested access to staff files and a complete contact list of all staff who work in the home. Staff person A could not provide this information on .

Plan of Correction _____ Accept - 03/04/2024)

The requested documentation was provided to the agent on by Administrator. The Administrator or HealthCare Coordinator will be present for all document requests by DHS and have on call via telephone, Human resources, to provide documents in timely order to meet the requirements of this regulation. In the event the administrator is out of the building the Health Care Coordinator will have immediate access to agency files via the shared drive and provide them to DHS immediately upon request. The Human Resources team and management team will be educated by the administrator by 2/26/2024.

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

- 04/24/2024)

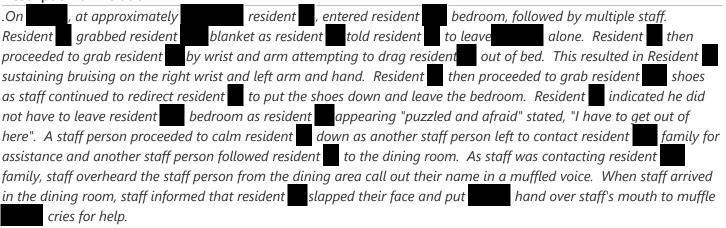
15a Resident abuse report

2. 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



This allegation of abuse was not orally reported to the local Area Agency on Aging until 1/10/24.

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15a Resident abuse report (continued)

Plan of Correction Accept - 03/04/2024)

The Administrator or designee will notify the local Area Agency on Aging of an allegation of abuse immediately of the allegation occurring. The Administrator will educate facility staff on abuse and neglect reporting by 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.

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

- 04/24/2024)

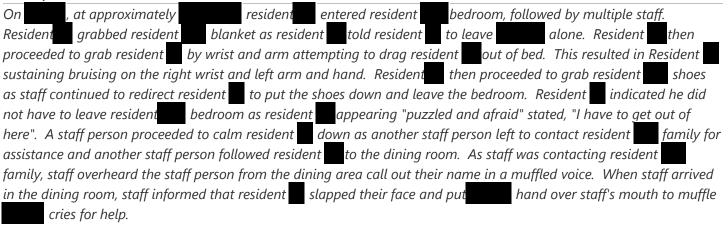
42b Abuse/Neglect

3. 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.

Description of Violation



Repeat Violation: 5/16/23, et all

Plan of Correction

Resident family spent the night of with the resident to ensure behaviors were monitored and managed.

Beginning Resident was monitored during the overnight hours by a family member. On minute checks were conducted on all 3 shifts by the facility staff. On at the family's request.

Accept 03/04/2024)

Resident family spent the night of with the resident to ensure behaviors were monitored and managed.

Accept 03/04/2024)

Resident family spent the night of with the resident to ensure behaviors were monitored and managed.

Accept 03/04/2024)

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42b Abuse/Neglect (continued)

Residents are assessed by a nurse or a MedTech post incident for injuries and an incident report form is completed. The MedTech or nurse is then to notify the Administrator or Healthcare Coordinator of the incident. MedTechs and nurses will be re-educated by the administrator or designee on this process by Staff will re-educated on abuse and neglect and behavior modification by the administrator or designee by Staff will check for residents roaming including in and out of resident rooms and redirect appropriately.

The administrator or designee will begin auditing incidents to ensure that the above process was followed beginning.

The results of this audit will be reported by the administrator or designee in the quarterly QAPI meetings.

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

- 04/24/2024)

51 Criminal background checks

4. Requirements

2800.

- 51.a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).
- 51.b. The hiring policies shall be in accordance with the Department of Aging's Older Adult Protective Services Act policy as posted on the Department of Aging's web site.

Description of Violation

Staff person A's date of hire was completed on . The most recent Pennsylvania criminal history background check was

Plan of Correction _____ Accept 02/20/2024)

The agency for Staff person A ran obtained a new background check on ______. Criminal History checks will be completed prior to hire date, placed in the employee file and signed off on by the Administrator or Designated Person. The administrator will review all current staff person records to ensure a Pennsylvania criminal background check has been completed for each staff person by ______. Copies of the completed background checks will be kept in each staff person's record.

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

- 04/24/2024)

61 Substitute coverage

5. Requirements

2800.

61. Substitute Personnel - When regularly scheduled direct care staff persons are absent, the administrator shall arrange for coverage by substitute personnel who meet the direct care staff qualifications and training requirements as specified in § § 2800.54 and § 2800.65 (relating to qualifications for direct care staff persons; and direct care staff person training and orientation).

Description of Violation

On a substitute staff person A worked providing direct care services from a substitute staff person B worked providing direct care services from a substitute staff persons A and B did not complete the orientation training required by regulation 2800.65e.

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61 Substitute coverage (continued)

Plan of Correction Accept 02/20/2024)

Staff person A completed direct staff person training and orientation on equivalents of the direct staff person training and orientation on equivalents. Direct Care Staff personnel will receive direct care staff training and complete orientation training before the start of their first shift. The administrator will review all current staff person records to ensure direct cares staff person training and orientation has been completed for each staff person by

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

Implemented 04/24/2024)

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