



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to REDSTONE PRESBYTERIAN SENIORCARE

LEGAL ENTITY

To operate REDSTONE HIGHLANDS

NAME OF FACILITY OR AGENCY

Located at 4 GARDEN CENTER DRIVE, GREENSBURG, PA 15601

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 61

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 22, 2023 until November 22, 2024,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **443360**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Emailing Date: November 22, 2023

[REDACTED]

Redstone Presbyterian Seniorcare

[REDACTED]

Greensburg, Pennsylvania 15601

RE: Redstone Highlands
4 Garden Center Drive
Greensburg, Pennsylvania 15601
License #: 44336

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on September 6, 2023, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *REDSTONE HIGHLANDS* License #: *44336* License Expiration: *11/23/2023*
Address: *4 GARDEN CENTER DRIVE, GREENSBURG, PA 15601*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *REDSTONE PRESBYTERIAN SENIORCARE*
Address: [REDACTED] *GREENSBURG, PA, 15601*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/05/1995* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *81* Waking Staff: *61*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *09/06/2023*

Inspection Dates and Department Representative

09/06/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *61* Residents Served: *47*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *34* Have Physical Disability: *2*

Inspections / Reviews

09/06/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/01/2023*

Inspections / Reviews (*continued*)

10/30/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/16/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/06/2023

11/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/20/2023

11/21/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

17 - Record Confidentiality

1. Requirements

2600.

17. 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

The licensing inspection summary, dated 3/24/23, had the privacy coding document attached that identified residents #1, #2, #3, #4, #5, and #6 and was posted on the bulletin board in the hallway.

Plan of Correction

Accept (████ - 10/02/2023)

Description of the immediate repair: Privacy coding document attached to the license inspection summary was immediately removed from the bulletin board on 9/6/23.

Long Term Plan for the Problem: Staff education regarding regulation 2600.17 was conducted immediately with all staff, and will continue monthly for three months, and then annually thereafter to ensure compliance with regulation 2600.17.

Monitoring Plan:

PCHA or designee will complete weekly audits for 4 weeks, and then monthly audits for 3 months to ensure compliance with regulation 2600.17. PCHA will retain documentation of audits and staff education.

Licensee's Proposed Overall Completion Date: 12/27/2023

Implemented (████ - 11/21/2023)

103f - Refrigerator/Freezer Temps

2. Requirements

2600.

- 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 2:54pm, the Summit freezer in the main kitchen digital outside thermometer read "Hi," and at 4:31pm the thermometer read 6 degrees Fahrenheit.

Repeat violation: 12/13/22.

Plan of Correction

Accept (████ - 10/02/2023)

Description of the immediate repair: All food in this freezer was relocated to the main freezer and will remain there until new freezer is delivered. A new freezer was ordered on 9/25/2023 and is pending delivery.

Long Term Plan for the Problem: Staff education regarding regulation 2600.103(f) was conducted immediately with all staff, and will continue monthly for three months, and then annually thereafter to ensure compliance with regulation 2600.103(f).

103f - Refrigerator/Freezer Temps (continued)

Monitoring Plan: Cura team members will conduct daily temperature checks on the Summit freezer. PCHA or designee will complete weekly audits for 4 weeks, and then monthly audits for 3 months to ensure compliance with regulation 2600.103(f). PCHA will retain documentation of audits and staff education.

Licensee's Proposed Overall Completion Date: 12/27/2023

Implemented [REDACTED] - 11/21/2023)

103g - Storing Food**3. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were multiple foods unsealed in the main kitchen pantry, including:

- 10lb bag of pasta*
- 2lb bag of croutons*
- 50lb box of rice*
- 16oz box of corn starch*

Repeat violation: 12/13/22.

Plan of Correction

Accept [REDACTED] - 10/02/2023)

Description of the immediate repair: On 09/06/23 unsealed food (pasta, croutons, rice and corn starch) were immediately discarded.

Long Term Plan for the Problem: On 09/06/23 Dietary Manager and all staff were immediately re-educated on regulation 2600.103(g). Education regarding regulation 2600.103(g) will continue monthly for three months, and then annually thereafter.

Monitoring Plan: PCHA or designee will conduct weekly audits for 4 weeks and then monthly for 3 months to ensure compliance with regulation 2600.103g. PCHA will retain documentation from all staff education and audits completed.

Licensee's Proposed Overall Completion Date: 12/27/2023

Implemented [REDACTED] - 11/21/2023)

132g - Fire Drills Days/Times**4. Requirements**

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

According to the staff schedule and staff person A, the administrator, three staff persons are routinely scheduled overnight from 10:30 p.m. – 6:00 a.m. There has not been a fire drill during sleeping hours in the past year with the minimum staff participating. The most recent sleeping hours fire drill was conducted on 6/14/23 at 4:08 a.m., with 6 staff participating.

132g - Fire Drills Days/Times (continued)

Plan of Correction**Directed (████ - 11/13/2023)**

Description of the Immediate Repair: The administrator will amend the fire drill record to display accuracy with number of personal care staff person's present as defined by the 2600.4 (staff person definition) and 2600.132(g). Staff education regarding regulation 2600.132(g) was conducted on 9/28/23 with all staff.

Long Term Plan for the Problem: PCHA or designee will continue staff education monthly for three months, and then annually thereafter to ensure compliance with regulation 2600.132(g).

Monitoring Plan: PCHA or designee will ensure that fire drills and fire drill record are being completed according to 2600.132(g) through weekly audits for 4 weeks, and then monthly audits for 3 months and random audits thereafter.

DIRECTED: Within 7 days of receipt of the plan of correction – The administrator will ensure that if direct staff from a nursing facility collocated in the same building or in adjoining buildings assist in drills, that the same staff is available to assist in evacuating residents during an actual fire emergency, even if those staff must also assist residents from the skilled nursing facility. The administrator will ensure the home keeps documentation that nursing facility staff have completed training on the home's evacuation procedures including the residents' evacuation needs.
████ 11/13/23

DIRECTED: Within 15 days of receipt of the plan of correction - The Administrator will monitor the fire drill record monthly to ensure fire drills, including sleeping hours fire drills, are not routinely held when additional staff persons are present. - █████ 11/13/23

DIRECTED: The administrator will observe the next sleeping hours fire drill to ensure all staffing procedures are followed and recorded accurately on the fire drill record. Documentation will be kept. - █████/13/23

Directed Completion Date: 12/31/2023**Implemented (████ - 11/21/2023)**