

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REDSTONE PRESBYTERIAN SENIORCARE

To operate REDSTONE HIGHLANDS

Located at 4 GARDEN CENTER DRIVE, GREENSBURG, PA 15601

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE
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To provide Personal Care Homes

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.

Restrictions: _____

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

55 Pa.Code Chapter 2600: Personal Care Homes

and shall remain in effect from March 6, 2012 until September 6, 2012, unless sooner revoked for non-compliance with applicable laws and regulations.

No: 443361

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

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.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 07 2012

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Randy E. Thornton, Assistant Secretary
Redstone Presbyterian SeniorCare
6 Garden Center Drive
Greensburg, Pennsylvania 15601

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

Dear Mr. Thornton:

As a result of the Department of Public Welfare's licensing inspection on January 20, 2012, of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed Violation Report were found. All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Your PROVISIONAL license is enclosed, based on substantial but not complete complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" with a stylized flourish at the end.

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME REDSTONE HIGHLANDS, 4 GARDEN CENTER DRIVE GREENSBURG, PA 15601		CURRENT LICENSE NUMBER 428030	
INSPECTION DATES (include all dates of the inspection) 01/20/2012		REGIONAL REPRESENTATIVE Jan Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Kimberly Kelly, MHA, AHA</i>	DATE 2-21-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe L. Perzino (JLP)</i>	DATE 2-23-12

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident #1 had an enabler bar with an opening which measured 19 inches which poses an entrapment hazard for the resident's head or limb.	2/23/12	81b - 19" enabler bar was removed and replaced with an FDA approved bar with less than 4" opening. Physician's order obtained and current support plan updated. Staff educated regarding changes and/or additions of family purchased equipment, to notify PC manager and/or designee in order to verify medical necessity, safety, and appropriate documentation compliance.	<i>JLP</i> 2-23-12
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Resident #2 did not have a source of light that can be turned on/off from bedside.	2/23/12	101j7 - bedside table moved so lamp is within reach from the bed. Staff educated regarding changes and additions of furnishings to apartment, to notify PC manager and/or designee in order to verify safety and regulatory compliance.	<i>JLP</i> 2-23-12

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SIGNATURE OF LEGAL ENTITY <i>Kimberly Lohelly, MHA, WNA</i>	DATE 2-21-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i>	DATE 2-23-12

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	There is a patio door leading to an enclosed courtyard on the garden level of the building. There is no immediate egress from the courtyard. The patio door does not have a sign stating "Not an Exit".	2/20/12	121a - an illuminated exit sign with arrows is located in the hallway prior to the lobby where the patio doors are located. On 02/20/12 a temporary "No Exit" sign has been placed until the permanent sign is delivered and installed.	<i>JYP</i> 2-23-12

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Adult Residential Licensing

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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Resident #3 had two bottles of medicated nasal spray on the bedside table. This resident's medical evaluation, dated 11/23/2011, indicated that the resident cannot self administer medications.	2/23/12	183b – The two bottles of medicated nasal spray were removed from the resident's bedside table. Education was provided to the staff regarding the reporting of OTCs and medications observed in resident rooms to the charge nurse and/or designee. The charge/nurse and/or designee with verify if allowed at bedside per Medical Evaluation and Support Plan, if not, the OTC and/or medication will be immediately removed and resident/family education provided.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: x-small; margin: 0;">DATE <i>2/23/12</i> INITIALS (DPW) <i>JJP</i></p> </div>

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #1 has an enabler bar on the bed which is not addressed in the initial assessment dated 10/31/2011. In addition, on 11/21/2011, Resident #1's physician ordered a foley catheter due to urinary retention which is not addressed on the resident's assessment dated 10/31/2011. RECEIVED FEB 21 2012	2/23/12	225a - Physician's order obtained for enabler and current QSA updated. Staff educated regarding changes and/or additions of family purchased equipment, to notify PC manager and/or designee in order to verify medical necessity, safety, and appropriate documentation compliance. A physician's order for a foley catheter was received on 11/4/11 after the 10/31/11 completion of the resident assessment. The bladder management section of the RASP has been updated. Education provided to charge nurses regarding the writing and updating of the support plans/RASP and how to made additions and corrections. The PC manager and/or designee will conduct random chart audits.	<i>JJP</i> 2-23-12

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident #1 has an enabler bar on the bed which is not addressed on the support plan dated 10/31/2011. In addition, on 11/21/2011, Resident #1's physician ordered a foley catheter due to urinary retention which is not addressed on the support plan dated 10/31/2011. Repeated Violations: 09/29/2011	2/23/12	227d - Physician's order obtained for enabler and current support plan updated. Staff educated regarding changes and/or additions of family purchased equipment, to notify PC manager and/or designee in order to verify medical necessity, safety, and appropriate documentation compliance. A physician's order for a foley catheter was received on 11/4/11 after the 10/31/11 completion of the resident assessment. The bladder management section of the RASP has been updated. Education provided to charge nurses regarding the writing and updating of the support plans/RASP and how to made additions and corrections. The PC manager and/or designee will conduct random chart audits.	<i>[Signature]</i> 2-23-12

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