

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# 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 12921 REDSTONE DRIVE, NORTH HUNTINGDON, PA 15642

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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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 44  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20

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

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 12, 2012 until April 12, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 443370

*Robert E. Robinson*

ISSUING OFFICER

*R C King*

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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

APR 12 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  
12921 Redstone Drive  
North Huntingdon, Pennsylvania 15642

Dear Mr. Thornton:

As a result of the Department of Public Welfare's licensing inspection on April 10, 2012, and the corrections you have made after our inspection, we have found the above personal care home 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,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a long horizontal flourish extending to the right.

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 PERSONAL CARE HOME, 12921 REDSTONE DRIVE NORTH HUNTINGDON, PA 15642		CURRENT LICENSE NUMBER 428060	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Jan Cutter, Lisa Flinner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Sheryl Gibson</i>			
SIGNATURE OF LEGAL ENTITY <i>Sheryl Gibson</i>	DATE <i>2-24-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. [Signature]</i>	DATE <i>2-27-12</i>

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
85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	There were two uncovered trash cans in the kitchen.	<i>2-24-12</i>	Trash cans without lids have been removed. Supervisors have been instructed to re educate staff on the need to replace lids on trash cans when not in use. See memo 85d exhibit 1. Campus Director or designee will monitor daily for the next 30 days to ensure sustained compliance. See 85d exhibit 2.	<i>[Signature]</i> <i>2-27-12</i>
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The water temperature at the sink in room #2218 measured 123.7 degrees Fahrenheit.	<i>2-24-12</i>	The water temperature in #2218 has been adjusted to be in compliance with the DPW regulation standard so as not to exceed 120 degrees. The maintenance supervisor or designee will record water temperature 2 times daily in #2218 for the next six weeks, see 89b exhibit 1.	<i>[Signature]</i> <i>2-27-12</i>

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FEB 24 2012

Western Field Office  
Adult Residential Licensing

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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.	There was not a source of light that can be turned on/off from bedside in room #3303 and room #3310.	<i>2-24-12</i>	Bedside lamp in room 3303 was missing a light bulb. The light bulb has been replaced and is in good working order. Room 3310 will have a push pad light switch [redacted] will need to push the pad and the light will turn on) installed above [redacted] bed to operate the light that is above [redacted] bed.	<i>[Signature]</i> <i>2-27-12</i>
<p style="font-size: 24pt; font-weight: bold;">RECEIVED</p> <p style="font-size: 18pt;">FEB 24 2012</p> <p>Western Field Office Adult Residential Licensing</p>				

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102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	There is no grab bar, hand rail or assist bar next to the toilet in the bathroom adjacent to room #4407.	<i>2-24-12</i>	Due to the distance of the toilet from the wall, see 102d1 exhibit 1, assist bars installed on the toilet were determined to be the safest addition to afford the resident protection from fall injury and ability to engage in self care as desired. Please see 102d1 exhibit 2 for the assist bars that have been ordered.	<i>4-11-12</i> <i>[Signature]</i>
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">FEB 24 2012</div> <div style="font-size: 0.8em;">Western Field Office Adult Residential Licensing</div>		<div style="float: right; text-align: right; font-size: 0.8em;">                 Steps have been taken to correct violation; full compliance is not verifiable                  Date <i>2/27/12</i>                  Initials <i>(DPW)</i> </div>		

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132e A fire drill shall be held during sleeping hours once every 6 months.	The home did not conduct a fire drill during sleeping hours in 2011.  <table border="1"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>02/15/2012</td><td>01:00 PM</td><td>6 min. 30 sec.</td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td>03/30/2011</td><td>09:42 AM</td><td>5 min.</td><td>No</td></tr> <tr><td>Apr</td><td>04/28/2011</td><td>02:45 PM</td><td>6 min.</td><td>No</td></tr> <tr><td>May</td><td>05/31/2011</td><td>02:03 PM</td><td>5 min. 15 sec.</td><td>No</td></tr> <tr><td>Jun</td><td>06/30/2011</td><td>02:00 PM</td><td>6 min. 20 sec.</td><td>No</td></tr> <tr><td>Jul</td><td>07/30/2011</td><td>07:00 PM</td><td>7 min. 5 sec.</td><td>No</td></tr> <tr><td>Aug</td><td>08/30/2011</td><td>07:00 PM</td><td>7 min. 40 sec.</td><td>No</td></tr> <tr><td>Sep</td><td>09/28/2011</td><td>06:22 PM</td><td>6 min. 30 sec.</td><td>No</td></tr> <tr><td>Oct</td><td>10/31/2011</td><td>01:11 PM</td><td>7 min. 10 sec.</td><td>No</td></tr> <tr><td>Nov</td><td>11/17/2011</td><td>07:30 AM</td><td>9 min. 30 sec.</td><td>No</td></tr> <tr><td>Dec</td><td>12/08/2011</td><td>10:40 AM</td><td>5 min. 11 sec.</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	02/15/2012	01:00 PM	6 min. 30 sec.	No	Feb				No	Mar	03/30/2011	09:42 AM	5 min.	No	Apr	04/28/2011	02:45 PM	6 min.	No	May	05/31/2011	02:03 PM	5 min. 15 sec.	No	Jun	06/30/2011	02:00 PM	6 min. 20 sec.	No	Jul	07/30/2011	07:00 PM	7 min. 5 sec.	No	Aug	08/30/2011	07:00 PM	7 min. 40 sec.	No	Sep	09/28/2011	06:22 PM	6 min. 30 sec.	No	Oct	10/31/2011	01:11 PM	7 min. 10 sec.	No	Nov	11/17/2011	07:30 AM	9 min. 30 sec.	No	Dec	12/08/2011	10:40 AM	5 min. 11 sec.	No	<i>3-30-12</i>	Two sleeping hour fire drills have been scheduled for 2012 by the maintenance supervisor. One will be held in the first 6 months of the year and one in the last six months. The maintenance supervisor will be the only staff member aware of these dates and times mes which will occur between the hours of 11PM and 7AM as directed by DPW regulations.  <div style="border: 1px solid black; padding: 5px;"> <p><i>A sleeping hours fire drill will be held in March 2012 and at least every 6 months thereafter.</i></p> <p align="right"><i>2-27-12 [Signature]</i></p> </div>	<i>4-11-12 [Signature]</i>
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132f Alternate exit routes shall be used during fire drills.	<p>The fire drill record indicates that specific exits were not used during fire drills. According to the record "outside and safe zones" were used for all drills from August 2011 through December 2011.</p> <table border="1"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>02/15/2012</td><td>01:00 PM</td><td>6 min. 30 sec.</td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td>03/30/2011</td><td>09:42 AM</td><td>5 min.</td><td>No</td></tr> <tr><td>Apr</td><td>04/28/2011</td><td>02:45 PM</td><td>6 min.</td><td>No</td></tr> <tr><td>May</td><td>05/31/2011</td><td>02:03 PM</td><td>5 min. 15 sec.</td><td>No</td></tr> <tr><td>Jun</td><td>06/30/2011</td><td>02:00 PM</td><td>6 min. 20 sec.</td><td>No</td></tr> <tr><td>Jul</td><td>07/30/2011</td><td>07:00 PM</td><td>7 min. 5 sec.</td><td>No</td></tr> <tr><td>Aug</td><td>08/30/2011</td><td>07:00 PM</td><td>7 min. 40 sec.</td><td>No</td></tr> <tr><td>Sep</td><td>09/28/2011</td><td>06:22 PM</td><td>6 min. 30 sec.</td><td>No</td></tr> <tr><td>Oct</td><td>10/31/2011</td><td>01:11 PM</td><td>7 min. 10 sec.</td><td>No</td></tr> <tr><td>Nov</td><td>11/17/2011</td><td>07:30 AM</td><td>9 min. 30 sec.</td><td>No</td></tr> <tr><td>Dec</td><td>12/08/2011</td><td>10:40 AM</td><td>5 min. 11 sec.</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	02/15/2012	01:00 PM	6 min. 30 sec.	No	Feb				No	Mar	03/30/2011	09:42 AM	5 min.	No	Apr	04/28/2011	02:45 PM	6 min.	No	May	05/31/2011	02:03 PM	5 min. 15 sec.	No	Jun	06/30/2011	02:00 PM	6 min. 20 sec.	No	Jul	07/30/2011	07:00 PM	7 min. 5 sec.	No	Aug	08/30/2011	07:00 PM	7 min. 40 sec.	No	Sep	09/28/2011	06:22 PM	6 min. 30 sec.	No	Oct	10/31/2011	01:11 PM	7 min. 10 sec.	No	Nov	11/17/2011	07:30 AM	9 min. 30 sec.	No	Dec	12/08/2011	10:40 AM	5 min. 11 sec.	No	2-24-12	The location of the simulated fires will be varied by the maintenance supervisor or designee to ensure the use of different exit routes. Fire safe areas will be used as a source of the simulated fires in accordance with DPW recommendations.	4-11-12
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		3-30-12	The administrator will review the monthly fire check log to ensure alternate exit routes were be used during fire drills 2-27-12 <i>JFP</i>																																																																		

Steps have been taken to correct violation; full compliance is not verifiable  
*JFP*  
 Date Initials (DPW)

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132g 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.	According to the staff schedule, the least amount of staff working during the 11:00 p.m. to 7:00 a.m. shift is 4; however, there has not been a drill conducted with only 4 staff present.  Fire drills were routinely held on the last day of the month from March 2011 through October 2011.	<i>3-30-12</i>	Sleeping hour fire drills will be done once every 6 months during DPW mandated hours of 11PM and 7AM when the fewest staff are scheduled. This will ensure that 2 practice sessions will occur with the fewest scheduled staff. Maintenance supervisor or designee will vary fire drill dates to include early and mid month dates so as not to become predictable to staff. Campus Director will oversee to ensure compliance.  <i>A sleeping hours fire drill was conducted in March 2012 using the least amount of staff and at least every six months thereafter.</i>	<i>4-11-12</i>

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*2-27-12 JJP*



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Oct	10/31/2011	01:11 PM	7 min. 10 sec.	No																																																																	
Nov	11/17/2011	07:30 AM	9 min. 30 sec.	No																																																																	
Dec	12/08/2011	10:40 AM	5 min. 11 sec.	No																																																																	
	RECEIVED																																																																				

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

NAME AND ADDRESS OF PERSONAL CARE HOME REDSTONE HIGHLANDS PERSONAL CARE HOME, 12921 REDSTONE DRIVE NORTH HUNTINGDON, PA 15642		CURRENT LICENSE NUMBER 428060	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Jan Cutter, Lisa Flinner-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Sheryl Gibson</i>			
SIGNATURE OF LEGAL ENTITY <i>Sheryl Gibson</i>	DATE <i>2-24-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>2-27-12</i>

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
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #1 was admitted on 8/25/2011. An initial medical evaluation has not been completed for the resident.  <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div>  Western Field Office Adult Residential Licensing	<i>2-24-12</i>	Resident did have a medical evaluation completed and sent to the physician. The physician office was called and faxed over copy of the original DME which has been placed on the chart. Personal care manage reviewed regulations. Charts will be reviewed quarterly.	<i>[Signature]</i> <i>2-27-12</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<p>Resident #2 had a blister pack with 20 Hydrocodone-APAP 5-500 tablets in the medication cart. This medication had been discontinued on 10/6/2011.</p> <p>Resident #3 had blister packs with Warfarin Sodium 1 mg. tablets, take one tablet every other day, and Warfarin Sodium 2 mg. tablets, take one tablet every other day in the medication cart. Both of these medications had been discontinued.</p> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 20px 0;">RECEIVED</div> <p style="text-align: center;">Western Field Office Adult Residential Licensing</p>	<i>2-24-12</i>	<p>Resident #2 Hydrocodone-APAP has been destroyed. Nurses re-educated that all medication that have been discontinued are destroyed. Nurses will audit medications weekly and personal care manager will review audits.</p> <p>Resident #3 blister packs for Warfarin Sodium 1mg and Warfarin Sodium 2 mg have been destroyed. Nurses re-educated that all medication that have been discontinued are destroyed. Nurses will audit medications weekly and personal care manager will review audits.</p>	<i>[Signature]</i> <i>2-27-12</i>

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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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for Resident #4 indicates that the resident has a prescription for Levothyroxine 50 mcg; however, the label on the bottle indicates that the medication is Levoxyl 0.05 mg. ✓  <b>RECEIVED</b>  Western Field Office Adult Residential Licensing	<i>2-24-12</i>	Levothyroxine 50 mcg and Levoxyl 0.05mg are the same medications. Nurses educated that the names on the bottles and the MARS must match. New MAR printed with correct name. Nurses will audit medications weekly and personal care manager will review audits.	<i>JFP</i> <i>2-27-12</i>

VIOLATION REPORT  
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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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<h1 style="margin: 0;">RECEIVED</h1> <p style="margin: 10px 0 0 0;">Western Field Office Adult Residential Licensing</p>			

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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.	<p>Resident #1 is receiving Home Health for physical therapy; however, this care need is not included on the Assessment dated 9/7/2011.</p> <p>Resident #5 had an updated medical evaluation on 11/22/2011 which included the diagnosis of Metastatic Breast Cancer and Home Care for nursing and physical therapy; however, this information was not included on the Assessment dated 11/22/2011.</p> <p>Resident #6 has orders for PT/INR therapy and physical therapy; however, these care needs are not included on the Assessment dated 10/19/2011.</p> <p>Resident #7 is receiving nursing and physical therapy through Heartland; however, these care services are not included on the Assessment dated 12/19/2011.</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p>	<i>2-27-12</i>	<p>Resident #1 has Home Health for physical therapy added to the RASP. This information was included on the addendum. Addendums will no longer be used and all information will be placed on the RASP. Nurses educated that all information to be placed on RASP. Personal care manager will audits charts quarterly.</p> <p>Resident #5 has Home Health for physical therapy added to the RASP. the diagnosis of Breast Cancer is on the RASP. This information was included on the addendum. Addendums will no longer be used and all information will be placed on the RASP. Staff educated to include all information on RASP. Personal care manager will audits charts quarterly.</p>	<i>JHP</i> <i>2-27-12</i>

*See page 12 A*

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**RECEIVED**

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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
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.	<p>Resident #1 is receiving Home Health for physical therapy; however, this care need is not identified on the Support Plan dated 9/7/2011.</p> <p>Resident #5 had an updated medical evaluation on 11/22/2011 which included the diagnosis of Metastatic Breast Cancer and Home Care for nursing and physical therapy; however, this information was not included on the Support Plan dated 11/22/2011.</p> <p>Resident #6 has orders for PT/INR therapy and physical therapy; however, these care needs are not included on the Support Plan dated 10/19/2011.</p> <p>Resident #7 is receiving nursing and physical therapy through Heartland; however, these care services are not identified on the Support Plan dated 12/19/2011.</p> <p style="text-align: center; font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</p>	<i>2-24-12</i>	<p>Resident #1 has Home Health for physical therapy added to the RASP. This information was included on the addendum. Addendums will no longer be used and all information will be placed on the RASP. Nurses educated that all information to be placed on RASP. Personal care manager will audits charts quarterly.</p> <p>Resident #5 has Home Health for physical therapy added to the RASP. the diagnosis of Breast Cancer is on the RASP. This information was included on the addendum. Addendums will no longer be used and all information will be placed on the RASP. Staff educated to include all information on RASP. Personal care manager will audits charts quarterly.</p>	<i>[Signature]</i> <i>2-27-12</i>

*See page 13A*



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

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231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	Resident #8, admitted to the SDCU on 12/14/2011, did not have a Medical Evaluation completed until 1/9/2012, and it did not indicate the need for SDCU care. ✓  <b>RECEIVED</b>	<i>2-24-12</i>	Personal care manager reviewed DME forms on all charts to ensure that SDCU is checked. Personal care manager will audit charts quarterly to ensure DME form is filled out correctly.	<i>JJP</i> <i>2-27-12</i>

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

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231c A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.	Resident #8 was admitted to the SDCU on 12/14/2011. The cognitive screen was not completed until 1/9/2012.  <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div>  Western Field Office Adult Residential Licensing	<i>2-24-12</i>	Personal care manager reviewed all preadmission screens to ensure that cognitive screen was completed prior to admission. Personal care manager will audit charts quarterly to ensure cognitive screen completed. Staff educated on need to obtain within 72 hours prior to admission.	<i>JSP</i> <i>2-27-12</i>

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233c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.	The code to release the magnetic lock on the french doors in the SCDU which open to the courtyard and the code to release the outside courtyard gate are not conspicuously posted near the doors or the gate.	<i>2-24-12</i>	In accordance with DPW regulations the french doors in SCDU now have the code to release the doors posted as seen in 233c exhibit 1. Additionally the code to release the courtyard gate has been posted as seen in 233c exhibit 2.	<i>JJP</i> <i>2-27-12</i>
<b>RECEIVED</b>				
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254a Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.	<p>There were multiple instances of resident's private health information being unsecured in the SCDU nurses station including:</p> <ul style="list-style-type: none"> <li>• A PCH Assessment Updates and Triggers sheet for Resident #1 , dated from 10/29/2011 to 1/14/2012, which listed the resident's adverse behaviors.</li> <li>• A Vitals Sign Flow sheet for Resident #5 , dated 8/12/2011 to 1/22/2012, which listed the resident's temperature, pulse, blood pressure and weight.</li> <li>• Multiple binders containing DNR information, prescription information, specific resident's medical and behavioral concerns , and laboratory orders.</li> </ul>	<i>2-24-12</i>	<p>The nurses' station has been reconfigured as seen in 254a exhibit 1 to ensure protection of confidential resident information. The campus director or Personal Care Manager will inspect the nurses' station 3 times weekly for the next 6 weeks to ensure sustained compliance. Please see 254a exhibit 2.</p>	<i>[Signature]</i> <i>2-27-12</i>
<b>RECEIVED</b>				