



Mailing Date: FEB 25 2013

Mr. Randy E. Thornton, Assistant Secretary
Redstone Presbyterian Senior Care
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 (Department) licensing inspection on November 20, 2012 and December 5, 2012, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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 Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Jill Pezzino" followed by a stylized flourish.

Jill Pezzino
Regional Licensing Administrator

Enclosure(s)

RECEIVED

Violation Report: 44337 - 11/20/2012 - Marini, Michael
PCH Name: REDSTONE HIGHLANDS

FEB 4 2013

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

At approximately 9:40 AM on 11-20-12, staff person A left resident 1 on the toilet unattended for 15 minutes. Resident 1 fell off the toilet and fractured his/her nose and received lacerations of his/her forehead, nose, and lip that required sutures. Staff person A was aware resident 1 tended to lean and was unsteady.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Daily assignment sheets have been revised to address all care and safety needs of each resident. All information will come from the RASP which is updated by the third shift nursing staff. Third shift nursing staff will generate the next day's daily assignment sheet to reflect any changes in safety and care needs. The daily assignment sheet will be turned in after the last shift of the day and will be reviewed by the PC Manager or designee to ensure the continuity of the information over the next three months.

Additionally mandatory two hour abuse and neglect training has been scheduled for all nursing staff. Sessions are scheduled for 2/11/13, 2/14/13 and 2/15.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leigh Bach

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Leigh Bach Campus Director

Date 2-4-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-6-13
(Date)

Plan of correction implementation status as of 2-6-13
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *AMP*
(Initials)

RECEIVED

FEB 4 2013

Violation Report: 44337 - 11/20/2012 - Marini, Michael
PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons, including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person B, whose first day of work was 11-19-12, did not receive orientation on the emergency medical plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The administrative assistant is now tracking all new employees listed in attendance at the required first day education session at corporate headquarters. The administrative assistant sends an e mail to the supervisor along with a check list of the required orientation that must be done the first day in the department (exhibit 1). The administrative assistant then follows up with any supervisor who has not returned the completed checklist within one week. If it has not been completed or there is any further delay this will be reported to the director.

W144000000
2613

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leigh Bach

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Leigh Bach, Campus Director

Date 2-4-13

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(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

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Violation Report: 44337 - 11/20/2012 - Marini, Michael
PCH Name: REDSTONE HIGHLANDS

FEB 4 2013

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

Western Piedmont
Accidental Licensing

2a. DESCRIPTION OF VIOLATION

For approximately 2 months, from September 2012 to October 2012, staff Person C had an ongoing arrangement with staff person D in which staff person D administered resident 3's, 4's, and 5's 8PM medications before 6PM. At 8PM, staff person C would initial the medication administration record as if the medications were administered at that time.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

An investigation was conducted in which the nurse manager reviewed medical records for any evidence of other related arrangements among nurses; none was found. The nurse manager and director interviewed each nurse individually and found no indication that this practice was occurring among any other nursing staff. The two nurses involved were discharged and their actions were reported to the state nursing board for further disciplinary action. Remaining nursing staff received education via review of medication administration policy. A pharmacy consulting service was employed to review all charting, medication carts and med room procedures. Their findings did not indicate this to be a wide spread practice. As of 2/11/13 electronic medical records will replace paper records; this technology has built in a number of failsafe mechanisms to increase the accuracy of documentation as well as alerts to call attention to medications that are in danger of becoming late in their administration.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Leigh Bach*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leigh Bach, Campus Director* Date *2-4-13*

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(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 2-6-13
(Date)

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FEB 4 2013

Western Field Office
Adult Residential Unit

Violation Report: 44337 - 11/20/2012 - Marini, Michael
PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident 2 had an order for cephalexin 500 mg 1 tablet by mouth 3 times daily. Staff failed to administer this medication at 8AM on 11-26-12. According to staff person C, the medication was not available to administer at that time.

Resident 6 had an order for levothyroxine 50 mcg 1 tablet by mouth in the morning. On 11-26-12 staff failed to administer the medication until 12PM.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

After an investigation it was learned that this staff nurse had the opportunity to obtain the cephalexin so that it could be administered in a timely fashion but she intentionally choose not to do so because she was not willing to correct the pharmacy's mistake, according to her statement. The nurse did not provide a reason for the late administration of the levothyroxine other than she was busy. This nurse was also involved in the previous violation and was one of the two discharged and reported to the state nursing board for further disciplinary action. After interviewing all remaining nursing staff and educating all on medication administration policies a pharmacy consultant was contracted to work with each nurse on their medication pass. As a result of recommendations improvements have been made in the medication pass which included adopting an increased resident centered approach which allows residents to wake and eat at will resulting in a more staggered demand on the nursing administration tasks. All changes have been made in conjunction with the resident, physician and family and documented appropriately.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Leigh Bach*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leigh Bach, Campus Director* Date *2-4-13*

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The above plan of correction is approved as of 2-6-13
(Date)

The above plan of correction was approved by *JSP*
(Initials)

Plan of correction implementation status as of 2-6-13
(Date)

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- Not Implemented