

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 \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

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  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller

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 June 17, 2013 until June 17, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 443370

*Robert E. Robinson*

ISSUING OFFICER

*R. C. [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.

PW 628 - 01/11



JUN 17 2013

Ms. Vicki Loucks, Vice President Quality Services  
Redstone Presbyterian Seniorcare  
6 Garden Center Drive  
Greensburg, Pennsylvania 15601

RE: Redstone Highlands  
12921 Redstone Drive  
North Huntingdon, Pennsylvania 15642

Dear Ms. Loucks:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 26, 2013, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'RM', with a long horizontal line extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 44337 - 03/26/2013 - Whitney, Diane  
 PCH Name: REDSTONE HIGHLANDS

APR 14 2013

1. REGULATION 55 Pa.Code §2600  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Western Pied Office  
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 3-26-2013 the home's Department of Public Welfare Chapter 2600 regulation book was not posted in a conspicuous and public place in the personal care section of the home.

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.*

Root cause analysis indicated past posting of the regulation book in the resident mail room has been removed by an unknown person(s). It is the dedication of Redstone Highlands to provide required information freely accessible to all stakeholders therefore the following action has been taken:

What change has been made-A copy of the Department of Public Welfare Chapter 2600 regulation book has been posted in the resident mail room. (Please see exhibit 5)

Who made the change - Personal Care Manager

When was the change made-4/10/13

How was the change made / system changes / staff training-The addition of "Do Not Remove" to the book will inform stakeholders of the need to make regulatory information accessible to all. The Personal Care Manager will monitor the bulletin board to ensure the book is not removed and replace it if it is removed. All PC staff have been educated as to the importance of the availability of this information. Staff assistance to monitor the location of the book was also requested. (Please see exhibit 6)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Leigh Bach	4-14-13

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

The above plan of correction is approved as of 4/16/13  
 (Date)

Plan of correction implementation status as of 4/16/13  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 44337 - 03/26/2013 - Whitney, Diane  
PCH Name: REDSTONE HIGHLANDS

APR 14 2013

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the office of the residents and records to: Agents of the Department. Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 3-26-2013, at approximately 10:00 AM, agents of the Department requested access to the records of staff persons A, B, C, D, and E. The records were not made available until approximately 11:15 AM.

3. PLAN  
Includ  
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On advice of legal counsel it is the assertion of Redstone Presbyterian SeniorCare that Redstone Highlands Personal Care Home in North Huntingdon is in compliance with regulation 2600.5(a)(1). For the 11 years Redstone Highlands Personal Care Home in North Huntingdon has been in operation staff records have been housed twelve miles away in the Human Resources department in Greensburg as allowed by this regulation. Storage of all employee files in this single location ensures information accuracy, confidentiality and security. Staff files have been provided at the request of Agents of the Department approximately one hour from the time of request; this practice has never resulted in a violation or a stated concern on the part of surveyors until the survey of 3/26/13. The RCG references 10 minutes as a reasonable period of time to produce on-site resident records but does not reference a reasonable period of time to produce off-site staff records. A reasonable conclusion would be that a greater than 10 minute time period would be needed to produce off-site records. It has been the operating understanding based on past surveys and investigations that producing off-site staff records in approximately a one hour time frame has been a reasonable and acceptable practice. To ensure that off-site records continue to be produced in a timely manner the following action has been taken:

What change has been made - A staff records request form has been created to track the delivery of offsite records. (Please see exhibit 3) *Immediately - provision of staff records to the Department shall take no longer than one hour.*  
Who made the change - Campus Director *The administrator or designee shall inform inspectors upon their arrival that it will take up to an hour to provide staff records.*  
When was the change made - 4/13/13 *4/17/13*

How has the change been made / system changes / staff training - The form will be used when requests for staff records are made by Agents of the Department. The Campus Director has provided explanation to the Personal Care Manager on the importance of timely delivery of requested information and the use of this tracking form in the absence of the Director for future surveys and investigations. (Please see exhibit 4)

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*      Date *4-14-13*

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

The above plan of correction is approved as of *4/12/13*  
(Date)

Plan of correction implementation status as of *4/12/13*  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44337 - 03/26/2013 - Whitney, Diane  
PCH Name: REDSTONE HIGHLANDS

APR 14 2013

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Western Field Office  
Adult Protective Services Licensing

2a. DESCRIPTION OF VIOLATION

Eye wash, with a manufacturer's label indicating "contact poison control", was unlocked and accessible to residents in the Greenhouse Room in the Secure Care Dementia Unit. Residents of this unit have been assessed as incapable of recognizing and using poisons safely.

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.

Regarding regulation 2600.82(c) the following action has been taken:

What change was made - The eyewash station has been removed. (Please see exhibit 7)

Who made the change - Maintenance staff at the directive of the Maintenance Supervisor.

When was the change made - 4/8/13

How has the change been made / system changes / staff training - Staff has been alerted to be aware of unintended hazards to the secured unit residents and directed to report any concerns. (Please see exhibit 8)

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

Date 4-14-13

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The above plan of correction is approved as of

*4/14/13*  
(Date)

Plan of correction implementation status as of

*4/14/13*  
(Date)

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 44337 - 03/26/2013 - Whitney, Diane  
PCH Name: REDSTONE HIGHLANDS

APR 14 2013

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, prison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 3-26-2013, the telephones in the conference room and bedrooms #3303 and #4403 did not have the updated personal care home hotline number posted.

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.

Root cause analysis revealed stickers with outdated information had been retained and confused with stickers containing current, accurate information. The following actions have been taken:

What change has been made - New stickers have replaced the old stickers with outdated information.  
(Please see exhibit 9)

Who made the change-Personal Care Manager

When was the change made - 4/10/13

How has the change been made / system changes / staff training - All stickers, other than the current, accurate stickers, have been disposed of. All phones in the personal care home have been inspected and new stickers have replaced any old stickers found. The Personal Care Manager will issue the stickers with correct telephone numbers.

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

Date 4-14-13

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(Date)

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(Date)

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

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

Violation Report: 44337 - 03/26/2013 - Whitney, Diane  
PCH Name: REDSTONE HIGHLANDS

APR 14 2013

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The bed in room #4406 does not have a source of light that can be turned on/off from bedside.

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.

Regarding regulation 2600.101(j)(7) the following action has been taken:

What change has been made - The resident's light bulb was replaced, the light is working properly.

(Please see exhibit 10)

Who made the change - Personal Care Manager

When was the change made - 3/26/13

How was the change made / system changes / staff training - The Personal Care Manager conducted an audit of resident bedside lamps. All were found to be in good working order. Regular bedside lamp checks have been added to staff work sheets. (Please see exhibit 11)

By 5/31/13 - The administrator or designee will monitor the home at least monthly to ensure bedside lamps are operable.

J  
4/16/13

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      Date 4-14-13

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(Date)

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- Not Implemented

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(Initials)

Violation Report: 44337 - 03/26/2013 - Whitney, Diane  
 PCH Name: REDSTONE HIGHLANDS  
 APR 14 2013

1. REGULATION 55 Pa.Code §2600  
 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.

Western Field Office  
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
 On 3-26-2013, the refrigerator/freezer next to the counter in the main kitchen did not have a thermometer in the freezer.

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.

Through a root cause analysis it was learned that a new thermometer had been ordered for this freezer at the time of the survey. Staff had reported the need to replace the thermometer. To correct and prevent a reoccurrence the following action has been taken:

What change has been made – A new thermometer has been put in the referenced freezer.

Who made the change – Dining Services Manager

When was the change made – 3/28/13

How was the change made/ system changes / staff training – The Dining Services Manager has ordered and received a spare thermometer to ensure no units will be without a properly working thermometer. Temperatures will continue to be tracked on a daily basis as has been the practice. (Please see exhibit 12) The discovery of the need for the new thermometer was identified though this practice.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Date 4-14-13

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 (Date)

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

- Fully Implemented *[initials]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44337 - 03/26/2013 - Whitney, Diane  
 PCH Name: REDSTONE HIGHLANDS

APR 14 2013

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

Western Field Office  
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 3-26-2013, the following items in the freezer section of the side by side refrigerator/freezer in the main kitchen were opened and unsealed:

- \* 2 bags of french fries
- \* 1 bag of sweet potato fries
- \* 1 bag of chicken fingers
- \* 1 box of cod filets
- \* 2 bags of breaded green beans

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 food in this freezer, located on the cooking line, is frequently accessed by the cook during meal times which is when the survey took place. Orders are prepared as they come in; every effort to serve freshly prepared food as quickly as possible are made to achieve customer satisfaction. The following action was taken to both meet the needs of the staff and stay in compliance with this regulation:

What change has been made- Zip lock bags are now used to store the food for this freezer. (Please see exhibit 13)

Who made the change- Dining Services Manager

When was the change made - 3/28/13

How was the change made/ system changes / staff training - Zip lock bags were chosen for their quick access by the staff as well as the ease to reseal the bags between use. These bags can also be clearly labeled. This will meet the requirements of the regulation as well as the needs of the staff to effectively serve our residents. The dining services manager or designee is responsible for monitoring this process on a regular basis and reeducation of any staff not following the procedure.

Repeat Violation: No	Date(s) of Previous Violation(s)	
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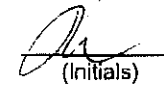
Signature of Legal Entity Representative  
 (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Leigh Bach	Date 4-14-13
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 (Date)

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 (Date)

The above plan of correction was approved by   
 (Initials)

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Violation Report: 44337 - 03/26/2013 - Whitney, Diane

PCH Name: REDSTONE HIGHLANDS

APR 14 2013

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 3-26-2013, there was not an exit sign over the Courtyard patio exit doors in the dining room. The home currently serves 38 residents.

On 3-26-2013, there was not an exit sign over the french doors leading from the dining room to the courtyard in the SDCU. The home currently serves 19 residents.

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.

Correction to the description of the violation - On 3/26/13 thirty eight residents were served by Redstone Highlands Personal Care Home in North Huntingdon; 18 residents in the Courtyard Community and 20 residents in the Terrace Community (secured unit).

After consulting with the Fire Protection Engineer for Redstone Highlands the following actions have been taken in regards to regulation 2600.133(a)(1):

What change has been made- "NOT A FIRE EXIT" signs have been posted at both the Courtyard patio exit and Terrace (secured unit) patio exits. Please see exhibit 1 for rationale of the action taken.

Who made the change- Maintenance staff at the directive of the Campus Director.

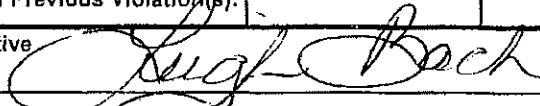
When was the change made - 4/11/13

How was the change made/ system changes / staff training- The signs posted are readily visible to staff, residents and visitors alerting them to the fact that these exits are not emergency egress exits. Education has been provided to staff clarifying that doors identified as "NOT A FIRE EXIT" are not to be used as egress in fire drills. (Please see exhibit 2)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)



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


Leigh Bach


Date 4-14-13

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(Date)

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(Date)

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(initials)

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- Not Implemented

Violation Report: 44337 - 03/26/2013 - Whitney, Diane  
PCH Name: REDSTONE HIGHLANDS

14-2013

1. REGULATION 55 Pa.Code §2600  
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
The pre-admission screening form for resident #1, admitted 3-14-2013, does not include a determination that the home can meet the resident's needs.

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.

Regarding regulation 2600.224(a) the following action has been taken:

What change has been made- The pre admission screen for resident #1 has been corrected to reflect that the home can meet the resident's needs. (Please see exhibit 14)

Who made the change- The Personal Care Manager

When was the change made - 3/26/13

How has the change been made/ system changes/ staff training - The Personal Care Manager or designee will review all new pre admission screens to ensure they are completed correctly.

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      Date 4-14-13

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(Date)

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(Initials)

Plan of correction implementation status as of 4/16/13  
(Date)

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

Violation Report: 44337 - 03/26/2013 - Whitney, Diane  
 PCH Name: REDSTONE HIGHLANDS

1 4 2013

**1. REGULATION 55 Pa.Code §2600**  
 2600.231(g) - An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.  
 (1) The individual 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 residence or 30 days after residence.  
 (2) If the medical evaluation shows that personal care services are needed, the requirements of this chapter apply.  
 (3) The individual shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2 resides in the SDCU, but does not need secure care. The resident was not educated on how to independently operate the locking mechanism to exit the secure dementia unit.

**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.

Regarding regulation 2600.231(g) the following action has been taken:

What change has been made- Resident #2 was moved from the secured dementia unit to an apartment recently made available in the Courtyard community, a non secured unit. A new procedure has been developed to ensure future residents will receive exit instruction.


Who made the change - Campus Director

When was the change made - 4/9/13

How has the change been made/ system changes/ staff training - A form has been developed to provide exit information to any resident admitted to the secured unit but not in need of secured care. (Please see exhibit 15) This form has been incorporated into the admission packet used on all secured unit admissions. The Corporate Director of Marketing and Sales has educated the admission staff of the purpose and the circumstances in which to use this form.

Repeat Violation: No	Date(s) of Previous Violation(s)	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Leigh Bach		4-14-13

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The above plan of correction was approved by	 (Initials)	<input checked="" type="checkbox"/> Fully Implemented	
		<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	