

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 4949 CLINE HOLLOW ROAD, MURRYSVILLE, PA 15668

(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 48

(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 June 20, 2013 until June 20, 2014

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 443380

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 20 2013

Ms. Vicki Loucks, VP of Quality Services
Redstone Presbyterian Senior Care
6 Garden Center Drive
Greensburg, Pennsylvania 15601

RE: Redstone Highlands
4949 Cline Hollow Road
Murrysville, Pennsylvania 15668

Dear Ms. Loucks:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 27, 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 "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: REDSTONE HIGHLANDS		RECEIVED	License Number: 44338
Address: 4949 CLINE HOLLOW ROAD, MURRYSVILLE, PA 15868			County: Westmoreland
Administrator: Bryan Evans		MAY 1 2013	Region: WEST
Legal Entity Name: REDSTONE PRESBYTERIAN SENIORCARE		WEST REGION FIELD OFFICE	
Legal Entity Address: 6 GARDEN CENTER DRIVE, GREENSBURG, PA 15601		Human Services Licensing	
Certificate(s) of Occupancy I-2 06/24/2010 Murrysville			
Staffing Hours			
Resident Support: 0	Total Daily Staff: 54	Waking Staff: 41	
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s)			
Renewal, Incident			
On-Site Inspections Dates and Department Representatives On-Site			
03/27/2013: Whitney, Diane; Orme, Melinda			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details			
Partial or Full Triggers:		Random Indicators:	
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 48 Number of Residents Served: 25 Secured Dementia Care Unit in Home: Yes Area: Terrace Unit Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 29 Have a Physical Disability: 0	

RECEIVED

Violation Report: 44338 - 03/27/2013 - Whitney, Diane
PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600

MAY 1 2013

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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 3-27-2013, a bottle of buffered eye wash with a manufacturer's label indicating "if swallowed, get medical help or call poison control center", was unlocked and accessible to residents in the Greenhouse in the SDCU. Residents of this unit have not been assessed capable 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.

2600.82(c) - On 3/27/13, the Director of Maintenance removed the eyewash bottle in the Greenhouse room in the SDCU. The Director of Maintenance inspected and removed any other eyewash bottles in the SDCU. Staff has been alerted to be aware of unintended hazards to the secured unit residents and directed to report any concerns immediately to the personal care manager or supervisor on duty. See attachment 1a, 1b, 1c, 1d and 6a.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Bryan Evans*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Bryan Evans, Compliance Director* Date *5/1/13*

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

The above plan of correction is approved as of 5/3/13
(Date)

Plan of correction implementation status as of 5/3/13
(Date)

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

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

Violation Report: 44338 - 03/27/2013 - Whitney, Diane
 PCH Name: REDSTONE HIGHLANDS

MAY 1 2013

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap of front-loading clothes dryers after each use.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 3-27-2013, in the first floor laundry, there was approximately an 1/8" accumulation of lint in the lint trap of the dryer on the left, a large accumulation of lint behind the 2 dryers, and an area of approximately 3' x 6" of the floor had clumps of lint and there was a coating of lint on the dryer duct.

On 3-27-2013, the second floor laundry had a layer of lint on the ductwork and cord, and a 3' x 6" solid layer of lint on the floor.

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.

2600.105(g)(1) - On 3/27/13, as overseen by the Director of Maintenance, lint was cleaned from the lint trap of the first floor dryer on the left, behind the 2 dryers, the noted area of the floor and the dryer duct; also lint was cleaned in the second floor laundry from the floor, ductwork and cord. The Director of Maintenance inspected and supervised cleaning as need of all dryers and laundry rooms in the home to ensure they were free from lint build-up. The Maintenance Assistants have been inserviced on proper cleaning of the dryers. The dryers and areas surrounding the dryers are scheduled to be cleaned monthly by the Maintenance Assistants. The Maintenance Director will inspect the dryers monthly to ensure proper cleaning. See attachment 2a, 2b, 2c, 2d, 2e, 2f and 7a.

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) Bryan Evans, Campus Dir Date 5/1/13

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The above plan of correction is approved as of 5/3/13
 (Date)

Plan of correction implementation status as of 5/2/13
 (Date)

The above plan of correction was approved by 
 (Initials)

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

RECEIVED

Violation Report: 44338 - 03/27/2013 - Whitney, Diane
PCH Name: REDSTONE HIGHLANDS

MAY 1 2013

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept in the home.

2a. DESCRIPTION OF VIOLATION

On 3-27-2013, the municipality's emergency procedures were not posted in a conspicuous and public place in 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.

2600.123(b) -- On 3/27/13, the Campus Director included the municipality's emergency procedures with the facility's emergency plan which is kept in the lobby of the home. The Personal Care Home's emergency plan kept in the personal care home lobby will be reviewed by the Personal Care Manager or designee annually to ensure it contains all required components. Staff has been alerted to the fact that the municipality's emergency plan has been included in the facility's emergency plan in the home's lobby. See attachment 3a,3b and 6a.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bryan Evans

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

Bryan Evans, Campus Dir

Date

5/1/13

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

The above plan of correction is approved as of

5/3/13
(Date)

Plan of correction implementation status as of

5/1/13
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44338 - 03/27/2013 - Whitney, Diane
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Division

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

On 9-28-2012 and 10-25-2012, a fire drill was conducted on the second floor of the personal care unit. There is no record of the number of residents on the unit at the time of the drill.

On 11-6-2012, a fire drill was conducted on Terrace Unit. There is no record of the number of residents on the unit or the number of residents that evacuated at the time of the drill.

On 12-21-2013, a fire drill was conducted on the first floor of the personal care unit. There is no record of the number of residents on the unit or the number of residents that evacuated at the time of the drill.

On 1-31-2013, a fire drill was conducted on the first floor of the personal care unit. There is no record of the number of residents on the unit at the time of the drill.

On 2-26-2012, a fire drill was conducted on the 2nd floor of personal care unit. There is no record of the number of residents on the unit at the time of the drill.

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.

2600.132(c) - On 3/27/13, the Director of Maintenance discontinued the use of the form the facility was using to record fire drills and initiated the PA Department of Public Welfare's form for recording fire drills which includes the number of residents on the unit and the number of residents evacuated at the time of a drill. The Director of Maintenance will review the fire drill form following a fire drill to ensure it is filled out completely and accurately. Staff have been informed that the fire drill form has been replaced with the PADPW approved fire drill. See attachment 4a and 6a.

By 5/31/13 - The administrator will review the fire drill log monthly to ensure fire drills are properly documented. On 5/3/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bryan Evans

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

*Campus Dir
Bryan Evans*

Date

5/1/13

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

The above plan of correction is approved as of

5/3/13
(Date)

Plan of correction implementation status as of

5/3/13
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

MAY 1 2013

Violation Report: 44338 - 03/27/2013 - Whitney, Diane

PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

On 9-28-2012, a fire drill was conducted on the second floor of the personal care unit. The first floor and the Terrace Unit did not participate in the drill.

On 10-25-2012, a fire drill was conducted on the first floor of the personal care unit. The second floor and Terrace Unit did not participate in the drill.

On 11-6-2012, a fire drill was conducted on the Terrace Unit. The first and second floors of the personal care unit did not participate in the drill.

On 12-21-2012, a fire drill was conducted on the first floor of the personal care unit. The second floor and the Terrace Unit did not participate.

On 1-31-2013, a fire drill was conducted on the first floor of the personal care unit. The second floor and the Terrace Unit did not participate.

On 2-26-2013, a fire drill was conducted on the second floor of the personal care unit. The first floor and the Terrace Unit did not participate.

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.

By 5/31/13 - All staff will be reeducated on proper fire drill procedures including that all residents evacuate.

2600.132(h) - On 3/27/13, the Director of Maintenance discontinued use of the form the facility was using to record fire drills and initiated PA Department of Public Welfare's form to record fire drills which includes areas where residents are evacuated to for all units participating in the drill. The Director of Maintenance will review the fire drill form following a fire drill to ensure it is filled out completely and accurately. See attachment 4a and 6a.

5/31/13

By 6/30/13 - The administrator will observe the monthly fire drill for May or June, then observe the July fire drill to ensure all residents are evacuated.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

[Signature]

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

Bryan Swans, Caregiver Dir

Date

5/1/13

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

The above plan of correction is approved as of

5/31/13
(Date)

Plan of correction implementation status as of

5/31/13
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44338 - 03/27/2013 - Whitney, Diane
PCH Name: REDSTONE HIGHLANDS

MAY 1 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the SDCU on 1/23/13. The resident's assessment, dated 1/25/13, is not completed under the supervision needs section.

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.

2600.225(a) - On 4/11/13, the Personal Care Manager reviewed with all nursing staff the importance of all required PADPW documents, the importance of completion of the assessment section of the RASP, completion of this section within 15 days of admission, when there is a significant change, and annually. The Personal Care Manager or designee will review the completed RASP for accuracy and completion prior to placing it in the residents chart or in the CNA RASP binder. The family or resident will review and sign the RASP. See attachment 5a and 5b.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Bryan Evans, Campus Dir

Date

5/1/13

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The above plan of correction is approved as of

5/3/13
(Date)

Plan of correction implementation status as of

5/3/13
(Date)

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

The above plan of correction was approved by

[Handwritten Initials]
(initials)