

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 4 GARDEN CENTER DRIVE, GREENSBURG, PA 15601
(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 61
(MAXIMUM CAPACITY)
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
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 28, 2013 until June 28, 2014
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 443360

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.



JUL 01 2013

Ms. Sheryl Shevchik, Personal Care Manager
Redstone Presbyterian Seniorcare
6 Garden Center Drive
Greensburg, Pennsylvania 15601

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

Dear Ms. Shevchik:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 28, 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: 44336 - 03/28/2013 - Whitney, Diane

MAY 17 2013

PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A, hired 8/3/2007, and B, hired 9/14/2009, have no record of annual training in training year 2012.

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.

See attachment

POC

Direct care staff persons A and B will be scheduled to receive 1:1 training to fulfill the 12 hour annual training requirement. The training will be conducted by the Personal Care Manager and/or designee and will be completed by May 21, 2013. All Personal Care Staff and Ancillary Personal Care staff will be required to complete annual training each year. The Personal Care Manager and/or designee will verify completion of annual training competencies for each year through monthly staff sign in sheets.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sheryl Sherchik

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

Sheryl Sherchik, Personal Care Manager

Date 5-15-13

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

The above plan of correction is approved as of 5/19/13
(Date)

Plan of correction implementation status as of 5/17/13
(Date)

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

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

Violation Report: 44336 - 03/28/2013 - Whitney, Diane

PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's staff training plan for 2012 does not include accident and fall prevention.

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.

Staff training plan has been updated by the Personal Care Manager to include accident and fall prevention; to be done annually in the month of June, effective June 2013. All Personal Care staff and Ancillary Personal Care Staff will be required to complete the training, which will be located in the Staff Education binder at the PC nurses station. The Personal Care Manager and/or designee will verify completion through a sign off sheet and completed quizzes that will be turned in by staff members each month upon completion of the training.

RECEIVED

MAY 17 2013

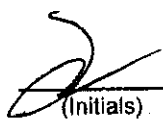
WEST REGION FIELD OFFICE
Human Services Licensing

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sheryl Shevchik, Personal Care Manager* Date *5-15-13*

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

The above plan of correction is approved as of <u>5/17/13</u> (Date)	Plan of correction implementation status as of <u>5/17/13</u> (Date)
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

Violation Report: 44336 - 03/28/2013 - Whitney, Diane

MAY 17 2013

PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services License

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.

2a. DESCRIPTION OF VIOLATION

On 3-28-2013, saline eye wash, with a manufacturer's label indicating "contact poison control", was unlocked and accessible to residents in the level 2 Courtyard laundry room.

On 3-28-2013, a bottle of orange concentrate cleaner with a manufacturer's label indicating "contact poison control" was located in janitor's closet #A211. The closet was locked, however the keys are hanging on the wall near the door and accessible to residents.

On 3-28-2013, three spray bottles of orange concentrate cleaner, with manufacturers' label indicating "contact poison control", were located in janitor's closet #A311. The closet was locked, however the keys are hanging on the wall near the door and accessible to residents.

Resident's of the home, including resident #3, have not been assessed as capable of safely using and avoiding poisons.

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 Personal Care Manager removed the Saline eye wash from unlocked areas on 3/28/13. The Keys that were hung allowing accessibility for residents into janitor's closets were removed by the Personal Care Manager on 3/28/13 and will not be replaced. Janitor closets will remain locked and staff will retrieve key from nurses station if needed. Personal Care Manager and/or designee will monitor for compliance by conducting weekly checks of these areas to ensure doors remain locked and that chemicals are not stored in locations accessible to the residents. Staff notification regarding these changes was conducted during staff meetings on April 4, 2013.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sheryl Shevchik

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

Sheryl Shevchik, Personal Care Manager

Date *5-15-13*

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5/17/13
(Date)

Plan of correction implementation status as of

5/17/13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 44336 - 03/28/2013 - Whitney, Diane
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
On 3-28-2013, the home had 46 residents, but no emergency drinking water. The home has a contract with a company to provide emergency water; however drinking water is only guaranteed to be delivered within 24 hours.

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.

Dining Services Manager ordered 48 gallons of water which is stored in the auxillary storage room. Water was delivered by US Foods on 4/5/2013. 1 gallon per person is now available for all PC residents. Dining Services Supervisor or designee will rotate and replace water annually or as needed. Personal Care Staff will be notified of the emergency water at the monthly staff meetings held by the Personal Care Manager and/or designee.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sheryl Shevchik*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Sheryl Shevchik, Personal Care Manager* *5-15-13*

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(Date)

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(Initials)

Plan of correction implementation status as of 5/17/13
(Date)

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Violation Report: 44336 - 03/28/2013 - Whitney, Diane
PCH Name: REDSTONE HIGHLANDS

MAY 17 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(g) - 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.

2a. DESCRIPTION OF VIOLATION

During the fire drill on 3/22/2013 at 12:15 A.M., seven staff persons participated in the drill. According to the staff schedules from 2/24/2013 through 3/23/2013, the average number of staff scheduled at this time is three.

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 Maintenance Supervisor and/or designee will conduct 3rd shift fire drills at least every six months to include average number of PC staff scheduled as well as routinely scheduled 3rd shift maintenance personnel. The Personal Care Manager and/or designee will monitor for compliance by reviewing the fire drill log/sign in sheet to be completed during each drill. Item will be reviewed quarterly at the Quality Assurance Meeting. Staff will be notified of the proper fire drill procedure through annual inservice/training.

First fire drill 3rd shift
To be completed by 6/30/13
J
5/17/13

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MAY 17 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sheryl Shevchik

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

Sheryl Shevchik, Personal Care Manager

Date 5-15-13

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5/17/13
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5/17/13
(Date)

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J
(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44336 - 03/28/2013 - Whitney, Diane

PCH Name: REDSTONE HIGHLANDS

MAY 17 2013

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

WEST REGION FIELD OFFICE

Human Services Inc.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for resident #2, admitted 1/3/2013, does not include a determination that the home can meet the service needs of the resident.

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.

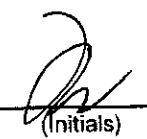
Pre-admission screening form for resident #2 was updated by the Personal Care Manager on 3/29/13 to include the determination that the home can meet the service needs of the resident. Monthly audits will be conducted by the Personal Care Manager and/or designee to ensure completion of pre-admission screenings. PC staff will be trained bi-annually on proper completion of the pre-admission screenings. Item will be reviewed quarterly at the Quality Assurance Meeting facilitated by the Personal Care Manager and/or designee.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sheryl Shevchik, Personal Care Manager* Date *5-15-13*

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Violation Report: 44336 - 03/28/2013 - Whitney, Diane

PCH Name: REDSTONE HIGHLANDS

MAY 17 2013

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

WEST REGION FIELD OFFICE
Human Services Lic. ...

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #3, dated 3/25/2013, was not updated to include resident's diet of thin liquids as indicated on the medical evaluation, dated 3/21/2013, or the resident's falls on 12/28/12, 1/25/13, and 3/21/13.

The assessment for resident #4, dated 1/7/13, was not updated to address the resident's falls on 10/14/2012, 11/1/2012, 11/3/2012, 12/19/2012, and 3/23/2013. The fall on 3/23/13 resulted in a left wrist fracture that required a splint.

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.

Assessment for resident #3, dated 3/25/13, was updated by LPN #1 on 3/29/13 to include resident's diet of thin liquids as indicated on the medical evaluation, dated 3/21/13. Assessment for resident #3 was updated by the Personal Care Manager on 3/29/13 to include the resident's falls on 12/28/12, 1/25/13 and 3/21/13. Assessment for resident #4, dated 1/7/13 was updated by LPN #2 and the Personal Care Manager on 3/29/13 to address resident's falls on 10/14/12, 11/1/12, 11/3/12, 12/19/12 and 3/23/13 including the need for a splint due to a wrist fracture that occurred from the fall on 3/23/13. Monthly audits will be conducted by the Personal Care Manager and/or designee to ensure updates to the assessment are completed for residents. Staff will be trained bi-annually on proper completion of the assessments. Item will be reviewed quarterly at the Quality Assurance Meeting facilitated by the Personal Care Manager and/or designee.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sheryl Shevchik, Personal Care Manager* Date *5-15-13*

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Violation Report: 44336 - 03/28/2013 - Whitney, Diane

PCH Name: REDSTONE HIGHLANDS

MAY 17 2013

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, behavioral, hearing, or other health or other behavioral care services that will be made available to the resident, or referral to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #3, dated 3/25/2013, was not updated to address how the home will meet the resident's needs for a diet of thin liquids as indicated on the medical evaluation, dated 3/21/2013, or needs related to falls on 12/28/12, 1/25/13, and 3/21/13.

The support plan for resident #4, dated 1/7/13, was not updated to address how the home will meet the resident's needs relating to resident's falls on 10/14/2012, 11/1/2012, 11/3/2012, 12/19/2012, and 3/23/2013. The fall on 3/23/13 resulted in a left wrist fracture that required a splint.

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.

Support plan for resident #3, dated 3/25/13 was updated by LPN #1 on 3/29/13 to address how the home will meet the resident's needs for a diet of thin liquids as indicated on the medical evaluation dated 3/21/13 and was updated by the Personal Care Manager addressing the needs and interventions related to falls on 12/28/12, 1/25/13 and 3/21/13. Support plan for resident #4, dated 1/7/13, was updated by LPN #2 and Personal Care Manager on 3/29/13 to address how the home will meet the resident's needs relating to falls on 10/14/12, 11/1/12, 11/13/12, 12/19/12 and 3/23/13. Monthly audits will be done by the Personal Care Manager and/or designee to ensure support plans are complete and that each support plan addresses how the home will meet each residents' needs. Staff will be trained bi-annually on proper completion of the support plan forms. Item will be reviewed quarterly at the Quality Assurance Meeting facilitated by the Personal Care Manager and/or designee.

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

Signature of Legal Entity Representative (Required on EVERY Page) Sheryl Shevchik

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sheryl Shevchik, Personal Care Manager Date 5-15-13

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