



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE:** OCT 8 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 July 24, 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.

Sincerely,

Jon Kimberland  
Regional Licensing Administrator

Enclosure(s)



Violation Report: 44336 - 07/24/2013 - Miller-Linhart, Alden

PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 6/20/13, was not updated to include the resident's suicidal ideation expressed to staff on 6/23/13 including the care and services and supervision to protect the resident. On 7/21/13 the resident attempted suicide.

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 Attached Document Page 2A

10-30-13 - The Administrator or designated staff person will ensure that resident #1's support plan includes the proper level of supervision related to the resident's mental health diagnosis, behavioral problems and suicidal ideation. 10-7-13

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, PCHA

Date

10/1/13

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

The above plan of correction is approved as of

10-7-13  
(Date)

Plan of correction implementation status as of

10-7-13  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress 10-7-13

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

SS  
(Initials)

Redstone Highlands License #443360

Regulatory Code	Violation	POC
2600.227 (d)	Resident #1's support plan, dated 6/20/13, was not updated to include the resident's suicidal ideation expressed to staff on 6/23/13 including the care and services and supervision to protect the resident. On 7/21/13 the resident attempted suicide	Resident #1's support plan dated 6/20/13 and support plan dated 8/12/13 have been updated to include the resident's suicidal ideation expressed to staff on 6/23/13. Following the resident's suicidal ideation on 6/23/13, resident was admitted to the hospital for increased anxiety and returned to the PCH on 7/17/13 after a stay in the skilled care unit. Following the resident's suicide attempt on 7/21/13, resident was admitted to the hospital and all sharp objects were removed from the resident's room by staff and family. Following a psychiatric stay at the hospital, resident returned to PCH on 8/10/13. 1 hour checks were implemented and conducted from 8/10/13 through 8/23/13. Resident attended a follow up appointment on 8/12/13 with Dr. [REDACTED] in which the findings stated that the resident denies any recurrent suicidal ideation, resident is to follow up with in house doctor, no new orders and continue current medications. In house doctor, Dr. [REDACTED] started resident on olanzapine on 8/12/13. Staff continue to monitor resident on a daily basis and ensure resident does not have any sharp objects in her room. Staff also continue to encourage resident to attend activities of interest and assist her with ADL's.

Resident #1= Hope Gettemy

Signature of Legal Entity Representative: <i>Sheryl Shevchik</i>
Printed Name and Title of Legal Entity Representative: <i>Sheryl Shevchik, PCHA</i>
Date: <i>10/1/13</i>

*8/10-7-13*

RECEIVED

OCT 01 2013

WEST REGION FIELD OFFICE  
Human Services Licensing