



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOV 19 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 June 27, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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,

Jill Pezzino
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

NOV 11 2013

Violation Report: 44338 - 06/27/2013 - Marini, Michael
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 6-21-13, an allegation of abuse against staff person A was reported to staff person B. The home failed to report this allegation to Westmoreland County Protective Services until 6-25-13.

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.

2600.15(a) – Employees involved in the communication process for this incident will be re-educated and instructed to report alleged/suspected abuse immediately to the Charge Nurse, Personal Care Manager or Campus Director so that regulatory reporting requirements can be met. All employees have been trained by Hand-in-Hand trainers on abuse prevention and abuse reporting as part of the “Hand in Hand” training as certified and recommended by the Centers For Medicare And Medicaid Services (CMS). Attachment A is an overview of this section of training citing, “Abuse must be reported immediately to the administrator or a supervisor, who then is required to inform the administrator”. Attachment B indicates when employees have been trained.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Dryan Evans, Campus Director* Date *11/14/13*

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

The above plan of correction is approved as of 11-14-13
(Date)

Plan of correction implementation status as of 11-14-13
(Date)

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

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

Violation Report: 44338 - 06/27/2013 - Marini, Michael
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 6-21-13, an allegation of abuse against staff person A was reported to staff person B. The home failed to report this allegation to the Department until 6-24-13.

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.

2600.16(c) – Employees involved in the communication process for this incident will be re-educated and instructed to report alleged/suspected abuse immediately to the Personal Care Manager or Campus Director so that regulatory reporting requirements can be met. All employees have been trained on abuse prevention and abuse reporting as part of the "Hand in Hand" training as certified and recommended by the Centers For Medicare And Medicaid Services (CMS). Attachment A is an overview of this section of training citing, "Abuse must be reported immediately to the administrator or a supervisor, who then is required to inform the administrator". Attachment B indicates when employees have been trained.

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)

Rayan Evans Campus Director

Date *06/01/13*

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The above plan of correction is approved as of 11-14-13
(Date)

Plan of correction implementation status as of 11-14-13
(Date)

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

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

NOV 11 2013

Violation Report: 44338 - 08/27/2013 - Marini, Michael
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident 1's assessment and support plan dated 1-12-13 indicated that the resident required a mechanical lift and 2 staff persons to assist with transfers. On 6-21-13, staff person A transferred resident 1 from a electric scooter to a weight chair without a mechanical lift and without a second staff person to assist him/her. As a result, resident 1 received a 2cmx1cm skin tear on the 5th toe of his/her left foot.

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.

2600.23(a) - As per attachment C, staff person A received a 5 day suspension for not following the resident's support plan regarding transfers and was re-educated by the Personal Care Manager. The importance of following resident support plans will be addressed via written communication and at the monthly personal care nursing department meeting on 11/13/13 by the Personal Care Manager.

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 Evans, Campus Director* Date *11/11/13*

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The above plan of correction is approved as of 11-14-13
(Date)

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

Plan of correction implementation status as of 11-14-13
(Date)

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- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented