



MAY 1 2 2014

Ms. Vicki Loucks, Vice President
Redstone Presbyterian Senior Care
6 Garden Center Drive
Greensburg, Pennsylvania 15601

RE: Redstone Highlands
12921 Redstone Drive
North Huntingdon, Pennsylvania 15642
License #: 443370

Dear Ms. Loucks:

As a result of the Department of Public Welfare's licensing inspection on February 28, 2014, 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.

Your regular license for the period June 17, 2014 to June 17, 2015 was issued on April 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: REDSTONE HIGHLANDS		License Number: 44337
Address: 12921 REDSTONE DRIVE, NORTH HUNTINGDON, PA 15642		County: Westmoreland
Administrator: Leigh Bach		Region: WEST
Legal Entity Name: REDSTONE PRESBYTERIAN SENIORCARE		
Legal Entity Address: 6 GARDEN CENTER DRIVE, GREENSBURG, PA 15601		RECEIVED
Certificate(s) of Occupancy C-2 LP 10/26/2001 Labor and Industry		APR 30 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 72	Waking Staff: 54
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/28/2014: Garrigan, Laurie; Miller-Linhart, Alden		
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: 44 Number of Residents Served: 40 Secured Dementia Care Unit in Home: Yes Area: 2nd floor, terrace Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 11		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 32 Have a Physical Disability: 2

APR 30 2014

Violation Report: 44337 - 02/28/2014 - Garrigan, Laurie
 PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #3's Humalog 100/ml KwikPen was partially used and not dated when opened; therefore, it is unable to be determined what date the medication should be discarded. According to manufacturer's instructions, "Once opened Humalog KwikPen should be thrown away after 28 days."

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.

What change has been made- The KwikPen referenced in 2a. Description of Violation was discarded immediately upon discovery of the missing date opened. A complete audit of all medications was conducted March 22, 2014 and March 29, 2014. As a part of this audit expiration dates were checked to ensure there was no additional missing dates on insulin pens; none were found. All nursing staff is aware of the dating requirement and expresses understanding of the requirement. Our investigation indicated that the undated KwikPen was due to an isolated mistake. A prominent reminder to date all insulin pens has been posted to the front of the medication refrigerator. (Please see attachment #1) Regular medication audits conducted every two weeks have found no undated insulin pens.

Who made the change- Campus Director

When was the change made- 3/31/13

How was the change made / system changes / staff training- The third shift weekend nurses are assigned the task of conducting medication audits every two weeks. Part of this audit responsibility is to check and report any undated insulin pens. The Personal Care Manager / Designee will review the audit notes for occurrences of any dating omissions.

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 Campus Director Date 4-30-14

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

The above plan of correction is approved as of <u>5-2-14</u> (Date)	Plan of correction implementation status as of <u>5-2-14</u> (Date)
The above plan of correction was approved by <u>Smp</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>Smp</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

APR 30 2014

Violation Report: 44337 - 02/28/2014 - Garrigan, Laurie
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #2 is prescribed, "Oxycodone-Acetaminophen 5-325mg-take 1 tablet orally as needed for pain every 4-6 hours"; however, this medication was not available 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.

What change has been made- This resident's Oxycodone -Acetaminophen 5-325mg order was discontinued on 1/6/13 due to non-use. (Please see attachments #2 and #3) The unused pills were destroyed according to policy on 1/6/13. The verbal order was processed according to policy and was redlined by the night nurse on 1/7/13 at 3AM. The discontinuation order was not reflected in the electronic MAR. According to the redlining policy the night nurse verifies and checks all orders received in the last 24 hours. The missing discontinuation order in the electronic MAR should have been discovered and corrected by following policy. The redlining nurse will receive a verbal counseling and will review the redlining policy with the campus director at her next shift on 5/3/14. The nurse who took the verbal order is no longer employed at Redstone Highlands. The discontinuation of this order is now reflected in the electronic MAR.

Who made the change- Campus Director

When was the change made- 4/30/14

How was the change made / system changes / staff training- The Campus Director will meet with the redlining nurse on 5/3/14 to deliver the verbal counseling and review the redlining policy.

Third shift weekend nurses are assigned the task of conducting medication audits, to include verification of all Prescription orders to ensure they are all kept current. This audit will also ensure PRN medications will be available as needed. SMP 5-2-14

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 Campus Director* Date *4-30-14*

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

The above plan of correction is approved as of 5-2-14
(Date)

Plan of correction implementation status as of 5-2-14
(Date)

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

The above plan of correction was approved by SMP
(Initials)