



JUN 13 2014

Ms. Kimberly L. Kelly, Executive Director
Redstone Presbyterian Senior Care
6 Garden Center Drive
Greensburg, Pennsylvania 15601

RE: Redstone Highlands
4 Garden Center Drive
Greensburg, Pennsylvania 15601
License #: 443360

Dear Ms. Kelly:

As a result of the Department of Public Welfare's licensing inspection on March 3, 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 28, 2014 to June 28, 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, sweeping horizontal line 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: 44336
Address: 4 GARDEN CENTER DRIVE, GREENSBURG, PA 15601		County: Westmoreland
Administrator: Kim Kelly		Region: WEST
Legal Entity Name: REDSTONE PRESBYTERIAN SENIORCARE		
Legal Entity Address: 6 GARDEN CENTER DRIVE, GREENSBURG, PA 15601		
Certificate(s) of Occupancy C-2 LP 10/08/1996 L & I		RECEIVED MAY 08 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 73	Waking Staff: 55
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/03/2014: McConnell, Deb; Garrigan, Laurie		
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: 61 Number of Residents Served: 46 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 46 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 27 Have a Physical Disability: 0

Violation Report: 44336 - 03/03/2014 - McConnell, Deb
PCH Name: REDSTONE HIGHLANDS

MAY 08 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

There was no bedside lamp or other source of lightning for bed A in room #28.

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.

2600.101(j) (7)

March 4th, 2014, Maintenance placed a lamp in room 028 providing a light source next to resident's bed. Staff and residents will be re-educated/reminded of required furnishings. Placement of lamp at bedside in room 028 will be checked and documented twice a week for one month by Personal Care Manager or appointed designee. Education will be conducted annually to all PC staff.

6-1-14 - A designated STAFF person will check all resident rooms at least monthly to ensure each resident has an operable lamp or source of lighting that can be turned on at bedside. 5-14-14

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) *Kimberly J. Kelly, Executive Director* Date *5-1-14*

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

The above plan of correction is approved as of 5-15-14
(Date)

Plan of correction implementation status as of 5-15-14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *5-15-14*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44336 - 03/03/2014 - McConnell, Deb
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
There was no thermometer in third floor Country Kitchen freezer.

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.

2600.103(f)

March 3rd, 2014, a freezer thermometer was replaced by dietary manager in the freezer of the Country Kitchen. An audit for the placement of thermometer and temperature checks in the Country Kitchen refrigerator will be conducted daily by dietary staff. Education will be conducted annually to all PC staff for thermometer placement in a freezer and refrigerator. Upon the completion of the one month audit, Dietary staff will continue to check freezer and refrigerator temperatures twice a day.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kimberly Still, Director Liaison* Date *5-7-14*

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

The above plan of correction is approved as of <u>5-15-14</u> (Date)	Plan of correction implementation status as of <u>5-15-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>5-15-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 08 2014

Violation Report: 44336 - 03/03/2014 - McConnell, Deb
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION
The home's emergency procedures and the local emergency preparedness plan were not posted anywhere 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)

March 3rd, 2014, a copy of the facilities disaster manual and Local Emergency Preordains Plan was placed in lobby with the resident sign in/out book available to all staff, residents, and guests. Placement of Disaster Manual in the lobby next to the resident's sign in/out book will be verified and documented twice a week for one month by the Personal Care Manager or appointed designee. Placement will be verified twice annually thereafter.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
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(Initials)

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

Violation Report: 44336 - 03/03/2014 - McConnell, Deb
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has never notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed in an evacuation.

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.

2600.124

On May 2, 2014 a letter was written to the local fire department informing them of the physical address of the personal care home, resident room locations, and the assistance needed in the event of an emergency evacuation. Along with this letter a copy of the facility floor plans or "RIP" sheets was included along with the explanation that this information is kept in the facility Disaster Manual Command Center which is located at the receptionist desk and with other key administrative personnel. The letter was sent certified with return receipt to verify delivery. The fire department will be notified of any changes in resident evacuation needs, resident room locations, or change in facility address by the administrator and/or designee at such time.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

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(Date)

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(Initials)

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Violation Report: 44336 - 03/03/2014 - McConnell, Deb
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

RECEIVED

MAY 03 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Zofran ODT, 8mg, 1 tab every 8 hours for nausea; however, the medication label indicates 4mg, 1 tab every 8 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.

2600.184(a)

On March 3rd, 2014, a directions changed label was added to the Zofran prescription label. Re-education provided to licensed staff regarding order verification on March 11th, 2014. Audits of two residents ensuring the labels on the medications corresponded with the orders prescribed by the physician or the use of a pharmacy approved directions change label is in place will be done twice a week for one month and be conducted and documented by the Personal Care Manager or appointed designee. Education will be conducted annually with licensed staff.

6-1-14 - A designated STATE person qualified to Administer medications will complete a audit of all resident medications to ensure all medications are properly labeled in accordance with regulation 2600.184(a). 5-11-14g

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly L. Kelly*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly L. Kelly, Director</i>	Date <i>5-1-14</i>
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Violation Report: 44336 - 03/03/2014 - McConnell, Deb
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

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MAY 08 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The February 2104 MAR does not indicate the diagnosis or purpose as follows:

*Resident #1 - Ferrous Sulfate, 325mg, 1 tab once a day
 - Tamsulosin, 0.4mg, 1 capsule at bedtime

*Resident #2 - Zofran, 8mg, 1 tablet every 8 hours as needed

*Resident #3 - Percocet, 5-325mg, 1 tablet at bedtime
 - Trazodone, 50mg, 1 tablet at bedtime

*Resident #4 - Clotrimazole, 1% cream, twice daily

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 2600.187(a)

impleted

The week of March 3rd through March 7th 2014, an audit was completed by the Licensed Practical Nurse ensuring each resident's medication on the electronic medication administration record had a diagnosis. Notification was sent to MD informing of any medication that needed a diagnosis. Re-Education provided to licensed staff to ensure all medications prescribed has a diagnosis indicating the reason the medication is being given. An audit ensuring medications on the electronic medication administration record has a diagnosis will be conducted on two residents twice a week for one month and documented by the Personal Care Manager or appointed designee. Education will be conducted annually to licensed staff.

Repeat violation, if any	Date(s) of previous violation(s)

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) _____ Date 5-1-14

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Plan of correction implementation status as of 5-15-14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 5-15-14
- Partially Implemented - Inadequate Progress
- Not Implemented

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

6-1-14 - A designated STAFF person qualified to administer medications will review all resident MARs monthly to ensure a purpose or diagnosis is listed for each medication. 5-15-14

Violation Report: 44336 - 03/03/2014 - McConnell, Deb
 PCH Name: REDSTONE HIGHLANDS

MAY 08 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The February 2014 MAR indicates the following prescribed medications were not available and not administered as follows:

- * On 2/23/14 at 5:00 a.m., resident #1's Alphagan P, 0.01%
- * On 2/13/14 at 8:00 a.m., resident #2's Tramadol, 50mg
- * On 2/24/14 at 8:00 a.m., resident #3's Quinapril- hydrochlorothiazide, 20-25mg

Resident #1's February 2104 MAR indicates the following medications were not administered at the prescribed time as follows:

- * Azilect, 1mg at 9:00 p.m. On 2/8/14, the medication was administered at 10:19 p.m.
- * Azilect, 1mg at 9:00 p.m. On 2/24/14, the medication was administered at 10:50 p.m.
- * Azilect, 1mg at 9:00 p.m. On 2/28/14, the medication was administered at 10:29 p.m.
- * Carbidopa-Levodopa, 50-200mg at 7:00 p.m. On 2/15/14, the medication was administered at 8:50 p.m.
- * Carbidopa-Levodopa, 50-200mg at 7:00 p.m. On 2/26/14, the medication was administered at 10:29 p.m.
- * Lumigan Drops, 0.01% at 8:00 p.m. On 2/1/14, the medication was administered at 9:17 p.m.
- * Lumigan Drops, 0.01% at 8:00 p.m. On 2/26/14, the medication was administered at 10:29 p.m.
- * Tamsulosin, 0.4mg, 1 capsule at bedtime (9 p.m.), was administered on 2/8/14 at 10:19 p.m., 2/24/14 at 10:50 p.m. and 2/26/14 at 10:29 p.m.

Resident #4's February 2104 MAR indicates the following medications were not administered at the prescribed time as follows:

- * Abilify, 2mg, at 9:00 a.m. On 2/26/14, the medication was administered at 12:20 p.m.
- * Citalopram, 10mg, at 9:00 a.m. On 2/26/14, the medication was administered at 12:20 p.m.
- * Escitalopram, 20mg, at 9:00 a.m. On 2/26/14, the medication was administered at 12:20 p.m.
- * Furosemide, 20mg, at 9:00 a.m. On 2/26/14, the medication was administered at 12:20 p.m.
- * Levothyroxine, 88mcg, at 9:00 a.m. On 2/26/14, the medication was administered at 12:20 p.m.
- * Potassium Chloride, 20meq, at 8:00 a.m. On 2/26/14, the medication was administered at 12:20 p.m.
- * Propranolol, 60mg, at 9 p.m. On 2/26/14, the medication was administered at 12:20 p.m.
- * Seroquel, 25mg, at 6:00 p.m. On 2/26/14, the medication was administered at 12:20 p.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

2600.187(d) *ect the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed dates by which the steps will be completed.*

Re-education provided to licensed staff on March 11, 2014 to ensure communication upon the completion of each shift of any late administration medications or medications that was not available during the time of the shift. Education also included the ability to communicate with the resident and the physician for possible time change of medication administration to better accommodate the resident. An audit ensuring the timely communication of medications administered late and/or unavailable to the physicians will be conducted on two residents twice a week for one month. Education will be provided annually to licensed staff.

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

Signature of Legal Entity Representative (Required on EVERY Page)

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

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

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

6-1-15 - A designated staff person qualified to administer medications will review all resident MARs at least weekly to ensure the proper administration of medications and all prescribed medications are available in the home for administration. 5-15-14