



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 17 2014

Ms. Sheryl Shevchik, Director/Administrator
Redstone Presbyterian Seniorcare
6 Garden Center Drive
Greensburg, Pennsylvania 15601

RE: Redstone Highlands
4949 Cline Hollow Road
Murrysville, Pennsylvania 15668
License #: 443380

Dear Ms. Shevchik:

As a result of the Department of Public Welfare's licensing inspection on March 28, 2014, April 2, 2014 and April 4, 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 20, 2014 to June 20, 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: 44338 - 03/28/2014 - Cutter, Jan
 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

The assessment and support plan for resident #1, dated 2/10/2013, indicated that the resident required a mechanical lift and 2 staff persons to assist with transfers. On 12/19/2013, staff person A transferred resident #1 with a mechanical lift without another staff present. While moving the lift away from the bed, the staff was beside the resident seated on the edge of the bed. The resident leaned forward and fell to the floor striking his/her face on the floor. The resident sustained a nasal fracture, temporal hematoma, and three areas of lacerations requiring sutures, forehead (two sutures), nasal bridge (three sutures) and upper lip (two sutures).

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.

POC

A full investigation was completed by the Personal Care Manager and the Campus Director and Staff Person A was found to have violated the mechanical lift policy and the Redstone Highlands Core Values, therefore, Staff Person A was separated from employment with Redstone Highlands on January 8, 2014. On January 28, 2014, at the monthly nursing staff meeting, all direct care staff were re-educated regarding providing ADL assistance to residents as indicated in the resident's assessment and support plan. The Redstone Highlands mechanical lift policy was also reviewed and each nursing staff member was provided a copy to sign verifying understanding and compliance with the policy. A signed copy of the lift policy has been placed in each nursing staff member's file.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/27/2013
-----------------------	-----------------------------------	------------

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* Campus Director Date *6/25/14*

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

The above plan of correction is approved as of 6/26/14 (Date)

Plan of correction implementation status as of 6/26/14 (Date)

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

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

Violation Report: 44338 - 03/28/2014 - Cutler, Jan
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #2, dated 3/13/2013, was not signed by 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.

On 6/23/14, PC Manager, reviewed the contract with resident #2 and resident #2 signed the contract. The community liaison, PC Manager and Campus Director reviewed regulation 2600.25 (b) understanding that the contract will be signed by the campus director or designee, the resident and the payor (if different from the resident) and cosigned by the resident's designated person if any, if the resident agrees. If the resident is unable to sign the contract due to physical or mental deficiencies, it will be noted why in the signature area and have the resident's designated person co-sign. Review of charts/agreements will be done monthly by the PC Manager or Campus Director to ensure compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Campus Director Sheryl Shevchuk* Date *6/25/14*

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

The above plan of correction is approved as of 6/26/14 (Date)

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

Plan of correction implementation status as of 6/26/14 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *ASD*
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

JUN 26 2014

Page 4 of 10

Violation Report: 44338 - 03/28/2014 - Cutter, Jan
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can in the ground floor common bathroom did not have a lid.

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.

Trash can replaced by staff with a covered trash can on March 28, 2014. Reoccurring staff education done annually and as needed regarding the importance of sanitation in the personal care facility, with review of trash in kitchens and bathrooms being kept in covered trash receptacles that prevent the penetration of insect and rodents. Walking rounds to be conducted monthly, beginning June 2014, by the PC Manager or Campus Director to ensure compliance.

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* Campus Director Date *6/25/14*

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

The above plan of correction is approved as of 6/26/14 (Date)

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

Plan of correction implementation status as of 6/29/14 (Date)

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

RECEIVED

Violation Report: 44338 - 03/28/2014 - Cutter, Jan
PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

JUN 26 2014

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The light bulb in the terrace level kitchenette refrigerator was hanging down by a wire in the middle of the refrigerator.

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.

Lightbulb repaired by maintenance staff on March 28, 2014. Staff educated in the April 2014 Nursing department meeting regarding prompt reporting of the need for equipment repair to the maintenance department. Revised the dietary refrigerator temperature log to include a column for staff to check off that equipment is in good repair/action taken. Revised form will be implemented July 1, 2014.

The administrator or a designee will conduct a monthly physical health and safety inspection to ensure all furniture and equipment is in good repair, clean and free of hazards. JSP 6-26-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Campus Director Sheryl Shewchik* Date *6/25/14*

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

The above plan of correction is approved as of 6/26/14 (Date)

Plan of correction implementation status as of 6/26/14 (Date)

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

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

RECEIVED

Violation Report: 44338 - 03/28/2014 - Cutter, Jan
 PCH Name: REDSTONE HIGHLANDS

JUN 26 2014

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 There was 3/4 of a loaf of raisin bread in an unsealed bag and 2 bagels in an unsealed bag in the refrigerator in the terrace level kitchenette.

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.

Raisin bread and bagels were properly sealed by staff on March 28, 2014. April 24 and 28, 2014, staff were re-educated that food in the personal care facility shall be stored in closed or sealed containers. Staff were specifically reminded to close loaves of bread or bagels by using a twist tie or by making a knot in the bag in order to ensure the bag is properly sealed. Re-education regarding food safety will also be done at annual education. Walking rounds to be conducted monthly, beginning June 2014, by the PC Manager or Campus Director to ensure compliance.

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* ^{CAMPUS} Director Date *6/25/14*

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

The above plan of correction is approved as of *6/26/14* (Date) Plan of correction implementation status as of *6/26/14* (Date)

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

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

JUN 26 2014

Violation Report: 44338 - 03/28/2014 - Cutler, Jan
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.

On April 2, 2014, a letter was written and sent to the local fire department containing the address of the home, the location of the resident bedrooms and the assistance needed in an evacuation.

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* Campus Director Date *6/25/14*

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

The above plan of correction is approved as of 6/26/14 (Date)

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

Plan of correction implementation status as of 6/26/14 (Date)

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

RECEIVED

Violation Report: 44338 - 03/28/2014 - Cutler, Jan
PCH Name: REDSTONE HIGHLANDS

JUN 26 2014

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

No fire drill was conducted in the month of September 2013.

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.

Beginning May 2014, each month the fire drill log will be signed off by the maintenance technician that facilitates the drill and the maintenance supervisor. The maintenance supervisor will then forward the drill log to the campus director for review and signature.

Monthly unannounced fire drills have been conducted October 2013 thru June 2014. JSP

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, Campus Director* Date *6/25/14*

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

The above plan of correction is approved as of 6/26/14 (Date) Plan of correction implementation status as of 6/26/14 (Date)

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

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

Violation Report: 44338 - 03/28/2014 - Cutler, Jan
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The 2013 fire drill record for the drill conducted on 10/15/2013 does not include the number of residents in the building at the time of the drill.

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

Beginning May 2014, each month the fire drill record will be signed off by the maintenance technician that facilitates the drill and the maintenance supervisor. The maintenance supervisor will then forward the drill log to the campus director for review and signature.

Use home's fire drill record accurately includes the number of residents in the home at the time of the drill from November 2013 thru June 2014. JSP

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/27/2013

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* Date *6/25/14*

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

The above plan of correction is approved as of 6/26/14 (Date)

Plan of correction implementation status as of 6/26/14 (Date)

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

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

RECEIVED

Violation Report: 44338 - 03/28/2014 - Cutter, Jan
PCH Name: REDSTONE HIGHLANDS

JUN 26 2014

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Sleeping hour fire drills were conducted on 3/29/2013 at 11:55 PM and 1/31/2014 at 6:55 AM. Ten months elapsed between these drills.

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.

Beginning May 2014, each month the fire drill record will be signed off by the maintenance technician that facilitates the drill and the maintenance supervisor. The maintenance supervisor will then forward the drill log to the campus director for review and signature. A monthly electronic calendar has also been initiated in an effort to provide reminders and maintain compliance with the 6 month time frame required for conducting sleeping hour fire drills.

The home will conduct a sleeping hours fire drill for the months of July and August 2014 and every 6 months afterwards. JSP

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* Campus Director Date *6/25/14*

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

The above plan of correction is approved as of 6/26/14 (Date) Plan of correction implementation status as of 6/26/14 (Date)
The above plan of correction was approved by JSP (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress *JSP*
 Partially Implemented - Inadequate Progress
 Not Implemented