



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: January 27, 2015

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 Human Services' licensing inspection on November 20, 2014, 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.

Sincerely,

A handwritten signature in black ink that reads "Susie Pollock" with a stylized flourish at the end.

Susie Pollock
Regional Licensing Administrator

Enclosure
Licensing 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: Lee Bach		Region: WEST
Legal Entity Name: REDSTONE PRESBYTERIAN SENIORCARE		RECEIVED
Legal Entity Address: 6 GARDEN CENTER DRIVE, GREENSBURG, PA 15601		JAN 16 2015
Certificate(s) of Occupancy C-2 LP 10/26/2001 Comm. of PA Dept. L&I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 63	Waking Staff: 47
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
11/20/2014: Cutter, Jan; Breuer, Patricia		
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: 37 Secured Dementia Care Unit in Home: Yes Area: 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: 2 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 26 Have a Physical Disability: 0	

JAN 13 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44337 - 11/20/2014 - Cutter, Jan
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.

2a. DESCRIPTION OF VIOLATION

Resident #1's November 2014 medication administration record (MAR) does not include the diagnosis or purpose for the following prescribed medications:

- * Amlodipine 5 mg.
- * Cymbalta 20 mg.
- * Folic Acid 1 mg.
- * Hydrocodone-Acetaminophen 5/325 mg.
- * Ibuprofen 800 mg.
- * Levetiracetam 500mg.
- * Lidocaine patch 5%
- * Miralax 17 grams
- * Thiamine HCl

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

Please see page 2^A of 4 for Plan of Correction

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 *1-16-15*

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

The above plan of correction is approved as of

1-26-15
(Date)

Plan of correction implementation status as of

1-26-15
(Date)

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

The above plan of correction was approved by

SUP
(Initials)

RECEIVED
JAN 13 2015
WEST REGION FIELD OFFICE
Human Services Licensing

Regarding Violation Report 44337 – 11/20/2014 related to Regulation 55 Pa. Code 2600.187A.

What change has been made: Appropriate diagnosis will be listed for every medication on resident's medication administration record per regulation.

Who made the change: PC Manager

When the change was made: 12/23/2014

How the change was made/system changes/staff training: A clinical staff meeting was held for all Nurses on 12/23/2014 by PC Manager. During this meeting all Nurses were made aware of regulation 55 Pa. Code 2600.187A and the violation that was received on 11/20/2014. Nurses were instructed that every resident's medication list will be audited and an appropriate specific diagnosis will be listed for each medication. If the Nurse is unsure of the diagnosis that any particular medication is being prescribed for, the MD will be contacted. On all new medication orders there will be an appropriate diagnosis listed. This has been monitored, this process was completed by 01/15/2015. As of 01/15/2015 all MAR'S have been audited and are in compliance with this regulation.

Anna Amalachi Pabis
PC Manager. 1-15-15

Leigh Beck
Campus Director
1-16-15

At the time of inspection on 11/20/14, resident #1's November 2014 medication administration record was updated to include a diagnosis or purpose for each prescribed medication.

Sgt 1/26/15

Susie Pollack (sm) 1/26/15
Regional Licensing Approval of Plan of Correction
Susie Pollack

JAN 23 2015

Violation Report: 44337 - 11/20/2014 - Cutter, Jan
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #2 was completed on 11/16/2014; however, the previous assessment was completed on 10/03/2013.

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.

What change has been made: Prior to this time, there was no written record of the dates the assessments were performed. An excel spreadsheet has now been completed with the due dates of all residents RASP's and level of care assessments.

Who made the change: PC Manager

When the change was made: 12/23/2014

How the change was made/system changes/staff training: A clinical staff meeting was held for all staff on 12/23/2014 by the PC Manager where the staff was given instruction on Regulation 55 Pa Code 2600.225(c), importance of timeliness of assessments. Following the instruction designated staff was assigned the task of gathering all of the dates to the existing assessments, and a spreadsheet was made with all of the due dates, staff were also instructed on the location of this spreadsheet. This has been monitored since 12/23/2014 and it has been successful.

An audit of all resident records was conducted to ensure all residents have had a timely, current annual assessment completed.

SNP 1/20/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *1-16-15*

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

The above plan of correction is approved as of 1-26-15 (Date)

Plan of correction implementation status as of 1-26-15 (Date)

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

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

RECEIVED

JAN 10 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44337 - 11/20/2014 - Cutter, Jan
PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 9/23/14, indicates the resident requires limited physical or oral assistance to evacuate in an emergency (mobile); however, the resident resides in the secure dementia care unit and therefore is considered to be immobile.

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: Staff instructed on the mobility needs of the residents in the secured dementia unit.

Who made the change: PC Manager

When the change was made: 12/23/2014

How the change was made/system changes/staff training: Random audit of all records was performed. During clinical meeting on 12/23/2014 staff were instructed that all residents who occupy a secured dementia unit are considered to be immobile, and that is what needs to be conveyed by checking the applicable box on the DME and RASP to be in compliance with Regulation 55 Pa Code 2600.226(a). All files have been reviewed and are in compliance with this regulation.

At the time of inspection on 11/20/14, resident #1's assessment, dated 9/23/14, was updated to indicate the resident requires total physical or oral assistance to evacuate in an emergency from one or more staff persons.

SVP
1/24/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *1-16-15*

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The above plan of correction is approved as of <u>1-26-15</u> (Date)	Plan of correction implementation status as of <u>1-26-15</u> (Date)
The above plan of correction was approved by <u>SVP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SVP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented