



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 3, 2015

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
443380

Dear Ms. Shevchik:

As a result of the Department of Human Services' licensing inspection on January 21, 2015, 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/cv". The signature is written in a cursive style and is positioned above a horizontal line.

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: 44338
Address: 4949 CLINE HOLLOW ROAD, MURRYSVILLE, PA 15668		County: Westmoreland
Administrator: Sheryl Shevchik		Region: WEST
Legal Entity Name: REDSTONE PRESBYTERIAN SENIORCARE		
Legal Entity Address: 6 GARDEN CENTER DRIVE, GREENSBURG, PA 15601		RECEIVED
Certificate(s) of Occupancy I-2 06/24/2010 Municipality of Murrysville		FEB 02 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 56	Waking Staff: 42
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 01/21/2015: Cutter, Jan; Williams, Jason; Perry, Carole		
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: 48 Number of Residents Served: 25 Secured Dementia Care Unit in Home: Yes Area: Lower level Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 31 Have a Physical Disability: 0

Violation Report: 44338 - 01/21/2015 - Cutter, Jan

PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed a mechanical soft diet on 10/23/14. The home does not make this diet available to the resident. On 11/21/14, at 3:10 p.m. the resident was served Chex Mix as a snack. According to the National Dysphagia Diet (NDD), Dysphagia Mechanically-Altered diet guidelines, foods should be, cohesive, moist; semisolid that requires some chewing ability, fork-mashable fruits and vegetables. Excluded are most bread products, crackers and other dry foods.

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 11/28/14, received order from the Nurse Practitioner for Resident 1 to have a speech evaluation conducted. On 11/30/14, speech therapist evaluated and mechanical soft diet with thin liquids was discontinued and Resident 1 was upgraded to a regular diet with thin liquids. Support plan was updated by the Personal Care Nurse on 11/30/14 and an email was sent to dining services notifying the dining staff of the diet change for Resident 1. Personal Care Manager or designee will review diet changes for all residents and communicate any diet changes to nursing staff and dining service staff. Personal Care Manager or designee will continue to audit resident documents for accuracy.

See attached documents:

- Doctor's Orders/Progress Notes
- Speech Therapy Evaluation
- Addendum to Support Plan
- Page 7 of Resident 1 RASP

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sheryl Shevchik, Campus Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sheryl Shevchik, Campus Director* Date *2/2/15*

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

The above plan of correction is approved as of <u>2-3-15</u> (Date)	Plan of correction implementation status as of <u>2-3-15</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 <i>Smp</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented