



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

Ms. Vicki Loucks, Vice President Quality Services
Redstone Presbyterian SeniorCare
126 Matthews Street
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' annual licensing inspections on March 22, 2016 and March 23, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 44337 - 03/22/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

- An 8-ounce bottle of *Coloplast Bedside Care No-Rinse Cleaner No-Rinse Body Wash, Shampoo & Incontinent Cleanser* with a manufacturer's label indicating, "if swallowed, get medical help or contact a poison control center immediately," was unlocked and accessible to residents in the cabinet under the sink in the common bathroom of the Terrace secure dementia care unit (SDCU).
- An 8-ounce spray bottle of *Provon Perineal Wash* with a manufacturer's warning label indicating, "if swallowed, contact physician or poison control center," was found in the shared bathroom vanity of bedroom 2220 in the Terrace SDCU.

Residents of the Terrace unit are not assessed to be capable of recognizing and using poisons safely.

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.

please see attached Page 2A

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jeanne De Felice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jeanne De Felice RN</i>	Date <i>4-9-2016</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/11/16</u> (Date) The above plan of correction was approved by <u>BJAS</u> (Initials)	Plan of correction implementation status as of <u>4/11/16</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Page 2A of 16

Violation Report 4437 - 3/22/16 - Jason McCloskey

PCH Name - Redstone Highlands

Regulation Violation 2600.82(c)

Plan of Corrections:

What change was made: Root cause analysis revealed the current locking mechanism, a magnet lock, was breaking too frequently and when discovered required a lag time to repair. The decision was made to return to key locks which do not have the need for frequent repair.

Who made the change: Building Services Supervisor and Personal Care Manager

When was the change made: 4/4/16

How was the change made / system changes / staff training: Maintenance changed all cabinet locks to key locks on 4/4/16. Personal care manager issued keys to the staff and provided training at change of shift. Personal Care Manager followed up with a staff via e mail on 4/7/16 see attachment # 1 The following audit process has been put in place to monitor the change: see attachment #1A, 1B, 1C, 1D. Audit will be completed daily for 30 days and reviewed by Personal Care manager or designee.

Jeanne De Felice P. Mgr
4-9-2016

Violation Report: 44337 - 03/22/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

A fan-forced electric wall heater in the common Terrace bathroom had a measured surface temperature of 177 degrees Fahrenheit. There was no protective guard in place to prevent residents from coming in contact with the hot surface of the heater.

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.

please see attached Page 3A

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Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joanne DeFelice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joanne DeFelice RN</i>	Date <i>4-9-16</i>
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The above plan of correction was approved by <u>BVS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 3A of 16

Violation Report 4437 – 3/22/16 – Jason McCloskey

PCH Name – Redstone Highlands

Regulation Violation 2600.84

Plan of Corrections:

What change was made: Protective cover was installed over the heater.

Who made the change: Building Services Supervisor

When was the change made: 4/6/16

How was the change made / system changes / staff training: Wire cover was installed over the heater (see attachment # 2. Temperature of the heater was raised to 174.3 degrees (see attachment # 3 at which time the temperature of the protective grill measured at 73.8 degrees (see attachment #4.

James De Felice
4-9-16

Violation Report: 44337 - 03/22/2016 - McCloskey, Jason
 PCN Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The most recent fire safety inspection and drill observed by a fire safety expert was completed 12-9-15. The previous fire safety inspection and drill observed by a fire safety expert was completed 11-7-14.

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.

please see attached Page 4A

James De Felice PCN

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Signature of Legal Entity Representative
 (Required on EVERY Page)

James De Felice

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
James De Felice PCN	4-9-16

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Page 4 A of 16

Violation Report 4437 – 3/22/16 – Jason McCloskey

PCH Name – Redstone Highlands

Regulation Violation 2600.132(b)

Plan of Corrections:

What change was made: Root cause analysis revealed no standardized method of follow up each year to ensure the annual fire safety inspection will be scheduled timely. Automatic calendar reminders were added to prevent this oversight from reoccurring.

Who made the change: Building Services Supervisor

When was the change made: 12/2/15

How was the change made / system changes / staff training: A calendar reminder to schedule the annual fire safety inspection has been added as a recurring event every October 1st. These reminders appear on two separate calendars, Building Services Supervisor and Campus Director, to ensure timely follow up.

James DeFelia Camp
11-9-16

Violation Report: 44337 - 03/22/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 During fire drills held from January 2015 through February 2016, the home did not evacuate all the residents to the designated meeting place away from the building or within fire safe areas during each drill. The home only evacuated those residents on the floor where the simulated fire was to have occurred. Allowing the residents on the other floors to remain where they were and not participate in the fire 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.

please see attached
 Page 5A

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

Joanne DeFuria

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

Joanne DeFuria PCH

Date 4-9-16

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

The above plan of correction is approved as of 4/19/16
 (Date)

Plan of correction implementation status as of 4/19/16
 (Date)

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

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

Violation Report 4437 – 3/22/16 – Jason McCloskey

PCH Name – Redstone Highlands

Regulation Violation 2600.132(h)

Plan of Corrections:

What change was made: Zone evacuation is the approved method of drill practice as approved by [REDACTED] Fire Protection Engineer with Atlantic Code Consultants (see attachment # 5. The floors in this PCH are separated by one hour fire resistive construction which is the basis by which zone evacuation was approved. Regulations do not prohibit using floor separation as a safe area.

Who made the change: Campus Director and Fire Protection Engineer reviewed and approved of the current zone fire drill practice.

When was the change made: no change was made, clarification was provided 7/28/15

How was the change made / system changes / staff training: This PCH takes safety drills very seriously. Regulations are followed to practice unannounced fire drills at various times and at various staffing levels to provide the best simulations for the staff. We will continue to strive to prepare our staff to respond effectively should an emergency occur.

Staff not participating in the immediate zone evacuation are to assist in preparing residents beyond the immediate fire zone for evacuation. This is discussed in fire drill debriefs following each fire drill. Staff will be reminded of this in the 4/19/16 staff meeting.

Violation Report: 44337 - 03/22/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's aselstant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for Resident 1, signed by the physician on 3-10-16, does not contain the date when the evaluation took place or the date when the form was completed.

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.

We have created an Auditing Tool for tracking dates for DME's, Rasps and admission paperwork(see attachment # 6) .This auditing form will be monitored monthly. Currently all rasps will be completed by PC Manager but in the next 3 months these will be assigned to a different nurse every month. Dates that DME'S/Rasps are due will be posted to ensure timely completion. Attachments #7&8 are the corrections of the evaluations cited in the inspection.

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 4-9-16

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 (Initials)

Plan of correction implementation status as of 4/11/16
 (Date)

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

Violation Report: 44837 - 03/22/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 65 Pa.Code §2800
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for Resident 2, dated 10-13-15, was missing page two and thus incomplete.

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.

We have created an Auditing Tool for tracking dates for DME's, Rasps and admission paperwork (see attachment # 9) .This auditing form will be monitored monthly. Currently all rasps will be completed by PC Manager but in the next 3 months these will be assigned to a different nurse every month. Dates that DME'S/Rasps are due will be posted to ensure timely completion. Attachments 10 & 11 are the corrections of the evaluations cited in the inspection.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joanne De Felice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joanne De Felice PC Manager</i>	Date <i>4-9-16</i>
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The above plan of correction is approved as of 4/11/16
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The above plan of correction was approved by BS
 (Initials)

Plan of correction implementation status as of 4/11/16
 (Date)

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

Violation Report: 44337 - 03/22/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident 3's most recent medical evaluation was completed on 1-22-15.

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.

We have created an Auditing Tool for tracking dates for DME's, Rasps and admission paperwork (see attachment # 12). This auditing form will be monitored monthly. Currently all rasps will be completed by PC Manager but in the next 3 months these will be assigned to a different nurse every month. Dates that DME'S/Rasps are due will be posted to ensure timely completion. Attachments # 13,14,15 &16 are the corrections of the evaluations cited in the inspection.

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

Date

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44337 - 03/22/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
 2800.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 The following medications / treatments were found unlocked in the bathroom vanity of Resident 7 who resides in the Terrace secured dementia care unit:
 - a 4-ounce tube of *calmoseptine ointment: 0.44 - 20.6% topical treatment*
 - a 45-gram tube of *Lotrisone cream: 1 - 0.05% topical treatment*
 - a 60-gram bottle of *Nystatin powder* as a topical treatment

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.

Week of April 4th all magnetic locks were removed and replaced with keyed locks. Effective immediately random daily checks will be completed on Terrace halls to assure that locks are being used and safety of residents is assured. These random checks will be completed daily by the PC Manager or Designee. This monitoring will initially be completed q shift for 30 days. I have enclosed an auditing tool (attachments# 17,18,19,& 20) to document that locks are being checked and secured.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *James D Felice*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *James D Felice PC Rep* Date *4-9-16*

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The above plan of correction was approved by <u>BAS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44337 - 03/22/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 The *Nystatin 100,000 units / ml swish & swallow*, for Resident 1, was discontinued on 1-16-16. This medication was still present in the Terrace secured dementia care unit's medication cart on 3-23-16.
 The *MAPAP 25 - 500 mg*, for Resident 4, was discontinued on 3-1-16. This medication was still present in the Courtyard medication cart on 3-23-16.

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.

Effective immediately when a medication is discontinued or dosage is changed, the nurse who first notes the order needs to make necessary changes in Electronic Health Record and remove the medication from the medication cart / or add dosage changed sticker to alert team of the change. Then the nurse that redlines the order also needs to initial the order, check that medication was discontinued or marked as a change, then copy order and place in folder for PC Manager. This is to be completed with every order. The Personal Care Manager will then audit medication cart on a weekly basis. Enclosed is (Attachment#21) the auditing tool. Nursing staff was educated via email enclosed (attachment#22).

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

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

Thomas D. Felton, RN

Date 4/9/16

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 (Date)

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 (Initials)

Plan of correction implementation status as of 4/11/16
 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44337 - 03/22/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

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

- The Terrace medication cart contained the following:
- a small, oval, green pill lying loose inside the 2nd drawer from the top
 - a large, round, peach colored pill lying loose in the 3rd drawer from the top
 - two partially used, unlabeled vials of *Restasis* eye drops. The original manufacturer label states to "use immediately after opening and then discard."
- The Courtyard medication cart contained the following:
- a large, round, yellow tablet lying loose inside the 3rd drawer from the top
 - 2 small, white half-tablets lying loose inside the 3rd drawer from the top
 - 9 assorted capsules and tablets wedged between the bottom drawer divider and narcotic lock box

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.

The Personal Care Manager will audit medication cart on a weekly basis. Enclosed is (Attachment#22a) the auditing tool .Nursing staff was educated via email effective today 4-9-2016 (attachment #22B)

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

Joanne D. Filianczyk

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Joanne D. Filianczyk</i>	4/9/16

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The above plan of correction was approved by <u>BRS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44337 - 03/22/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The initial written assessment for Resident 5, admitted [redacted]-15, was completed on 10-30-15.

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.

We have created an Auditing Tool for tracking dates for DME's, Rasps and admission paperwork(see attachment # 23) .This auditing form will be monitored monthly. Currently all rasps will be completed by PC Manager but in the next 3 months these will be assigned to a different nurse every month. Dates that DME'S/Rasps are due will be posted to ensure timely completion.

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

James D. Filice

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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James D. Filice

4/9/16

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 (Initials)

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Violation Report: 44337 - 03/22/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 65 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident 2, completed on 10-26-15, did not contain the resident's signature or note the resident's refusal or inability to sign.

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.

Upon further review copy of Rasps was located with a signature of POA dated 11-30-2015. We have created an Auditing Tool for tracking dates for DME's, Rasps and admission paperwork(see attachment # 24) .This auditing form will be monitored monthly. Currently all rasps will be completed by PC Manager but in the next 3 months these will be assigned to a different nurse every month. Dates that DME'S/Rasps are due will be posted to ensure timely completion.

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!			
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The above plan of correction was approved by <u>NAS</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 44337 - 03/22/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Support plans were not developed and implemented for the following residents within 72 hours of admission to the Terrace secure dementia care unit:

- Resident 2, admitted [redacted] 15, had a support plan completed 10-26-15
- Resident 6, admitted [redacted] 15, had a support plan completed 8-21-15
- Resident 1, admitted [redacted] 14, had a support plan completed 3-17-14

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.

We have created an Auditing Tool for tracking dates for DME's, Rasps and admission paperwork(see attachment # 25) .This auditing form will be monitored monthly. Currently all rasps will be completed by PC Manager but in the next 3 months these will be assigned to a different nurse every month. Dates that DME'S/Rasps are due will be posted to ensure timely completion.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Joanne De Felice

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

Joanne De Felice, RN

Date *4-9-16*

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4/11/16
 (Date)

Plan of correction implementation status as of *4/11/16*
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

BNAS
 (Initials)

Violation Report: 44337 - 03/22/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
 2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident 6, dated 8-21-15, does not accurately reflect the needs of the resident who resides in the Terrace secure dementia care unit. The resident assessment and support plan indicates that the resident is able to safely use and avoid poisonous materials, requires only moderate assistance during an evacuation, and requires only a moderate level of supervision.

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.

We have created an Auditing Tool for tracking dates for DME's, Rasps and admission paperwork (see attachment # 26) .This auditing form will be monitored monthly. Currently all rasps will be completed by PC Manager but in the next 3 months these will be assigned to a different nurse every month. Dates that DME'S/Rasps are due will be posted to ensure timely and accurate completion. Rasp that was cited during investigation was corrected and staff has been made aware of changes via email effective April 9,2016.Moving forward monthly staffing meetings will review 3-4 Rasps for input regarding significant changes. Our first meeting to initiate this will be on 4-19-2016.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joanne D. Felton*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Joanne D. Felton, PCRN* Date *4-9-16*

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

The above plan of correction is approved as of *4/11/16*
 (Date)

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

Plan of correction implementation status as of *4/11/16*
 (Date)

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

Violation Report: 44337 - 03/22/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 None of the records reviewed (for Residents 1 - 6) included the residents' eye color, hair color and any identifying marks.

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.

By April 22, 2016 Eye color, hair color and any identifying marks will be added to the Resident Electronic Health record for all current residents .Moving forward ,all new residents will have this information added to the Electronic Health Record within 24 hours of admission .Personal Care Manager will conduct audits weekly for the first month and then as admissions occur .Attachment # 27 was email sent out to all Nurses in NH to explain change in documentation with admissions'

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *James De Felice*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *James De Felice RN* Date *4-9-16*

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

The above plan of correction is approved as of <u>4/11/16</u> (Date) The above plan of correction was approved by <u><i>DAAS</i></u> (Initials)	Plan of correction implementation status as of <u>4/11/16</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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