



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

Ms. Sheryl Shevchik, PCHA, Campus Director
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 Human Services' annual licensing inspections on April 6, 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: 44338 - 04/06/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

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 fire drill records for the drills on 4-30-15, 5-28-15, 6-29-15 and 9-29-15 do not contain the time of day, including am / pm, when the drills were conducted.

Fire drill records for drills conducted on 2-29-16 and 7-28-15 do not include an accurate number of residents who participated in the 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.

POC 2600.132 (c)

Fire Drill records were revised on 4/25/16 to include reminder notations ensuring AM/PM timeframes are indicated for every fire drill (*see attached Fire Drill Record*). On a monthly basis, the records will be signed off by the maintenance technician that facilitates the drill then forwarded to the maintenance supervisor for review to ensure accurate completion (specifically AM/PM timeframes as well as accurate number of residents who participated in the drill). The maintenance supervisor will then forward the record to the Personal Care Manager for review and signature.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *4/27/16*

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

The above plan of correction is approved as of 4/28/16
 (Date)

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

Plan of correction implementation status as of 4/28/16
 (Date)

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

Violation Report: 44338 - 04/06/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

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

2a. DESCRIPTION OF VIOLATION

A fire drill was conducted during sleeping hours on 2-29-16. The previous fire drill conducted during sleeping hours was on 7-28-15.

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.

POC 2600.132 (e)

Fire drills conducted during sleeping hours will be done each year in April and October. On April 22, 2016, the maintenance supervisor added these events to the calendar to ensure timely completion. Once completed, the record will be forwarded to the maintenance supervisor for review. The maintenance supervisor will then forward the record to the Personal Care Manager for review and signature.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *4/27/16*

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Violation Report: 44338 - 04/06/2016 - 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
 On 11-27-15 and 4-30-15, two residents refused to evacuate the home during the fire 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.

POC 2600.132 (h)

Fire Drill records were revised on 4/25/16 to include reminder notations ensuring that any resident(s) who do not evacuate, for medical reasons or refusal, will be indicated on the fire drill record on a monthly basis (see attached Fire Drill Record). The record will then be forwarded to the maintenance supervisor and the Personal Care Manager for review. Any residents that do not evacuate (for medical reasons or refusal), the Personal Care Manager will provide education to the resident(s) and document the discussion.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *4/27/16*

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Violation Report: 44338 - 04/06/2016 - 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 last medical evaluation was completed on 12-11-14.

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

POC 2600.141 (b) (1)

Resident #3 will have a medical evaluation done in June 2016. A new tracking form was created on 4/25/16 to ensure that Medical Evaluations for all residents are completed within the correct timeframe (*see attached Document Checklist form*). The Personal Care Manager will educate nursing staff about the new form. Charge Nurse will complete the form and then forward to the Personal Care Manager for review.

The administrator and/or designee shall complete a review of the most recent Medical Evaluations completed for all current residents to identify any medical evaluations that are past the required annual completion date. Any residents in need of an annual medical evaluation shall be scheduled to have one completed by the soonest possible date. Anticipated date of completion for the review: 5/13/16. *BAS 4/28/16*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *4/28/16*

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Violation Report: 44338 - 04/06/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 The support plan for Resident 1, dated 6-6-15, was not signed by the resident nor is there any notation of 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.

POC 2600.227(h)

Resident #3 (not #1) signed support plan on 4/6/16 (see copy of signature page from the RASP). A new tracking form was created on 4/25/16 to ensure that RASP's are signed by all residents (see attached Document Checklist form). This form will be completed by the Charge Nurse and then forwarded to the Personal Care Manager for review.

The administrator and/or designee shall complete a review of the most recent Support Plan completed for all current residents to identify any plans that do not contain proper signatures or document an inability or refusal to sign. Any plans found to be in need of this information shall be rectified. Anticipated date of completion for the review: 5/13/16.

BAS 4/28/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sheryl Shewchik, Campus Director* Date *4/27/16*

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Violation Report: 44338 - 04/06/2016 - McCloskey, Jason
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 Two metal gates in the enclosed courtyard of the Terrace secure dementia care unit (SDCU) are operated with an electronic swipe card system. Directions for the operation of the system are not posted. Visitors to the SDCU courtyard are unable to exit during emergencies without a swipe card.

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 2600.233c

The maintenance supervisor will work with the representative from Unified Alerts to install a keypad for both gates in the Courtyard of the SDCU. Quote for the keypads was received 4/25/16 (see attached quote). The keypad will be installed within the next 60 days. Once the keypad is installed, the code for the keypad will be posted in an inconspicuous place and all team members, families and guests will be notified/educated about the keypad and code.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sheryl Shuvchik, Campus Director* Date *4/27/16*

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 (Initials)

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Violation Report: 44338 - 04/06/2016 - 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
 The records for Residents 1, 2, 3, 4, and 5 do not contain information listing any identifying marks the residents may have.

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 2600.252

All current resident face sheets will be updated in the electronic health record to include identifying marks (including residents' #1-#5). This will be completed by May 31, 2016. Upon admission of a new resident, staff will complete a skin observation. Staff will update the electronic medical record indicating any identifying marks a resident may have. Staff will also indicate if a resident does not have any identifying marks. This process will be audited by the Personal Care Manager.

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 (Required on EVERY Page) *Sheryl Shevchik*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sheryl Shevchik, Campus Director</i>	Date <i>4/27/16</i>
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