



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 17 2017

Ms. Amy Light,  
PCHA  
Redstone Presbyterian SeniorCare  
126 Matthews Street  
Greensburg, Pennsylvania 15601

RE: Redstone Highlands  
12921 Redstone Drive  
North Huntingdon, Pennsylvania 15642  
License #: 443370

Dear Ms. Light:

As a result of the Department of Human Services' annual licensing inspection on January 9, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in cursive script that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License 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: Joanne DeFelice		Region: WEST <b>RECEIVED</b>
Legal Entity Name: REDSTONE PRESBYTERIAN SENIORCARE		
Legal Entity Address: 128 MATHEWS STREET, GREENSBURG, PA 15601		FEB 01 2017
Certificate(s) of Occupancy 1-2 05/17/2010 Twp of North Huntingdon		WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 65	Working Staff: 49
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/09/2017: Sutherland, Brent; Grace, Desmond; Garvey, Jody; Hoover, Josh		
Off-Site Inspection Dates and Inspectors, if Applicable 01/20/2017: Sutherland, Brent		
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: Second Floor Terrace Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 17 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 4		Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 26 Have a Physical Disability: 0

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Violation Report: 44337 - 01/09/2017 - Sutherland, Brent  
PCH Name: REDSTONE HIGHLANDS

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION  
The home's written incident report policy does not include procedures for prevention and investigation of incidents.

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.

Violation Report 44337-1/9/2017

Redstone Highlands North Huntingdon

Regulation Violation 2600.16(b)

Plan of Correction:

Reportable Incident Policy was revised on 1/9/17 to include procedures for prevention and investigation. All Personal Care Home Administrators as well as Personal Care Home staff will be educated regarding the policy revisions in February 2017. All reportable incidents will be reviewed by the PCHA, plans for prevention will be implemented and placed on resident care plan as well as discussed at the quarterly quality management meetings.

\*Revised Reportable Incident Policy is attached

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*      Date *1/31/17*

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

The above plan of correction is approved as of 2/21/17 (Date)

Plan of correction implementation status as of 2/21/17 (Date)

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

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

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WEST REGIONAL HEAD OFFICE  
Human Services Licensing

Violation Report: 44337 - 01/09/2017 - Sutherland, Brent PCH Name: REDSTONE HIGHLANDS	
1. REGULATION 65 Pa.Code §2600 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).	
2a. DESCRIPTION OF VIOLATION Resident #7 died in the home on [redacted] 17 and the home did not report the incident until [redacted] /17.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Violation Report 44337-1/9/2017</p> <p>Redstone Highlands North Huntingdon</p> <p>Regulation Violation 2600.16 (c)</p> <p>Plan of Correction:</p> <p>Reportable incident for resident #7 was completed and faxed to BHSL Western Regional Office, attention [redacted] on [redacted] /17. [redacted] acknowledged receipt of this document, via email on [redacted] 17. The regulation regarding reportable incidents will be reviewed by the PCHA with the Personal Care home charge nurses to ensure timely completion and notification. The most current BHSL reportable incident will be provided to the nursing staff. The PCHA or designee will review all reportable incident forms for accuracy and timely submission.</p> <p>*Reportable incident for Resident #7 is attached  <i>By 2/28/17 - All staff persons will be educated on the home's reportable incident policy. BB 2/21/17</i>  <i>Immediately - The administrator will take action to ensure the home places an increased emphasis on these plans of correction during 2017 quality management plan reviews and evaluations.</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sheryl Shevchik</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sheryl Shevchik</i>	
Date <i>1/31/17</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u><i>2/21/17</i></u> (Date)	Plan of correction implementation status as of <u><i>2/21/17</i></u> (Date)
The above plan of correction was approved by <u><i>BB</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

*BB*  
*2/21/17*

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WEST VIRGINIA INDEPENDENT  
Human Services Licensing

Violation Report: 44337 - 01/09/2017 - Sutherland, Brent  
PCH Name: REDSTONE HIGHLANDS

1. REGULATION 65 Pa.Code §2800  
2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION  
At 9:26 a.m. in the staff workroom on the second floor, a black binder labeled, "Emergency packets" containing diagnoses for residents including resident #1, #2, #3 and #4 were observed unlocked and accessible. Vertical organizers with resident documents containing confidential information such as insurance, name, address, diagnoses for resident #5.  
The electronic medication administration records for resident #6 were accessible on the point click care screen on the wall in the Terrace common area hallway across from the family room on the second floor.

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.  
Violation Report 44337-1/9/2017  
Redstone Highlands North Huntingdon  
Regulation Violation 2600.17  
Plan of Correction:  
Nursing staff were educated at a nursing staff meeting on 1/23/17 regarding confidentiality. The following was reviewed: Logging off of the point click care kiosk, closing and locking of doors, including staff work room (nurses' station) door. Closing and locking of nurses station door was implemented on 1/10/17. PHCA or designee will monitor on a daily basis to ensure compliance. Also, redundant resident paper documents will be uploaded into the eMar and documents will then be shredded to reduce the number of accessible documents. Completion date for this to occur will be 5/1/17.

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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* Date *1/31/17*

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- Not Implemented

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FEB 23 2017

Violation Report: 44337 - 01/09/2017 - Sutherland, Brent  
PCH Name: REDSTONE HIGHLANDS

1. REGULATION 65 Pa.Code §2800  
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
The water temperature at the greenhouse double sink in the secure dementia care unit measured 124.8 degrees Fahrenheit and the the water temperature at the double sink on the 4th floor in the country kitchen measured 122.3 degrees Fahrenheit.

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.

Violation Report 44337-1/9/2017

Redstone Highlands North Huntingdon

Regulation Violation 2600.89(b)

Plan of Correction:

The maintenance supervisor adjusted the mixing valves on 1/9/17 to maintain outgoing water temperature of 120 degrees F. Daily monitoring of water temperatures will continue with checks and logs being done at the beginning of each maintenance shift. These logs will be reviewed by the PCHA on a weekly basis. Maintenance staff was retrained on 1/12/17 on how to properly respond to readings outside of the acceptable parameters of 110-120 degrees F. An alarm is being added to the building hot water return loop to alert staff if water temperature exceeds 120 degrees F. Work to be completed by 1/25/17.

\* Water Temperature Log is attached

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 Date 1/31/17

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Plan of correction implementation status as of 2/21/17 (Date)

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

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

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WEST BROMFIELD OFFICE  
Human Services Licensing

Violation Report: 44337 - 01/09/2017 - Sulherland, Brent  
PCH Name: REDSTONE HIGHLANDS

1. REGULATION 65 Pa.Code §2600  
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION  
Food was stored on the floor in the walk-in freezer of the ground floor kitchen.

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.

Violation Report 44337-1/9/2017

Redstone Highlands North Huntingdon

Regulation Violation 2600.103(d)

Plan of Correction:

All food items were removed from the freezer floor on 1/9/17. All items were placed in their proper locations. Crates have been added to the freezer for any overstocked items. All dining service staff were educated and trained on 1/10/17 and 1/13/17 regarding the proper storage of food items. The Food Service management team will monitor regularly to ensure food is not stored on the floor of the freezer.

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
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2/21/17 (Date)		2/21/17 (Date)	
The above plan of correction was approved by		<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	
BB (Initials)		BB	

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44337 - 01/09/2017 - Sutherland, Bront PCH Name: REDSTONE HIGHLANDS
1. REGULATION 65 Pa.Code §2600 2600.132(a) - An unannounced fire drill shall be held at least once a month.
2a. DESCRIPTION OF VIOLATION No monthly fire drills were held during June, July, August, September, October, and November of 2016.
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.
Violation Report 44337-1/9/2017

Plan of Correction:

Fire Drill schedule for 2017 was created to ensure timely completion of monthly fire drills. The Maintenance Supervisor and Executive Director have access to the monthly schedule to ensure drill schedule is followed. PCHA will either observe or obtain and review documentation from the SARA system reports for all 2017 drills to verify that drills are being done. Upon completion of the monthly fire drill, the paperwork will be forwarded to the PCHA for review and signature and then forwarded to the Executive Director for review and signature. This process began 1/13/17.

\*Fire Drill Schedule and Fire Drill Log Form is attached

Immediately - The administrator will implement procedures to ensure an unannounced fire drill is held at least once a month. The administrator will take action to ensure the home places an increased emphasis on these plans of correction during 2017 quality management plan reviews and evaluations. *BB 2/21/17*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sheryl Sherchik</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sheryl Sherchik</i>		Date <i>1/31/17</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <i>2/21/17</i> (Date)	Plan of correction implementation status as of <i>2/21/17</i> (Date)	
The above plan of correction was approved by <i>BB</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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WESTBROOKFIELD OFFICE  
Human Services Licensing

Violation Report: 44337 - 01/09/2017 - Sutherland, Brent  
PCH Name: REDSTONE HIGHLANDS

1. REGULATION 56 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 record for the drill conducted on 1/26/16 inaccurately indicates that only 9 residents were in the home at the time of the drill.

The fire drill record for the drill conducted on 2/28/16 inaccurately indicates that only 9 residents were in the home at the time of the drill and that none of the residents evacuated.

The fire drill record for the drill conducted on 3/26/16 inaccurately indicates that only 16 residents were in the home at the time of the drill.

The fire drill record for the drill conducted on 4/29/16 inaccurately indicates that only 7 residents were in the home at the time of the drill.

The fire drill record for the drill conducted on 5/12/16 does not indicate the number of residents in the home at the time of the drill and inaccurately indicates that only 8 residents evacuated.

The fire drill record for the drill conducted on 12/8/16 does not indicate the number of residents in the home at the time of the drill and inaccurately indicates that only 3 residents evacuated.

The fire drill record for the drill conducted on 12/15/16 inaccurately indicates that only 10 residents were in the home 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.)

*Includa 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.*

Plan of Correction:

Fire Drill schedule for 2017 was created to ensure timely completion of monthly fire drills. The Maintenance Supervisor and Executive Director have access to the monthly schedule to ensure drill schedule is followed. Upon completion of the monthly fire drill, the paperwork will be forwarded to the PCHA for review and signature and then forwarded to the Executive Director for review and signature. This process began 1/13/17.

*\*Fire Drill Schedule and Fire Drill Log Form is attached within 7 calendar days of receipt of these plans of correction - All staff persons responsible for documenting fire drills will be educated on Chapter 2600.132(c). BB 2/6/17*

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*      Date *1/31/17*

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The above plan of correction is approved as of *2/2/17* (Date)

Plan of correction implementation status as of *2/6/17* (Date)

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

- Fully implemented
- Partially Implemented - Adequate Progress *BB*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44337 - 01/09/2017 - Sutherland, Brent PCH Name: REDSTONE HIGHLANDS	WEST VIRGINIA OFFICE Human Services Licensing
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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  
The home did not conduct a sleeping hours fire drill between 4/29/16 and 12/16/16.

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.

Violation Report 44337-1/9/2017

Redstone Highlands North Huntingdon

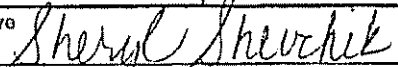
Regulation Violation 2600.132e

Plan of Correction:

Fire Drill schedule for 2017 was created to ensure timely completion of monthly fire drills. The Maintenance Supervisor and Executive Director have access to the monthly schedule to ensure drill schedule is followed. Sleeping fire drills were added and highlighted on the schedule to ensure completion every 6 months.

\*Fire Drill Schedule is attached

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Sheryl Shevchik	1/31/17

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

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Violation Report: 44337 - 01/09/2017 - Sutherland, Brent PCH Name: REDSTONE HIGHLANDS	
1. REGULATION 55 Pa.Code §2600 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)	
2a. DESCRIPTION OF VIOLATION The medical evaluation for resident #9, dated [redacted] 16, did not include the resident's medications and the medication addendum did not include any medications.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Violation Report 44337-1/9/2017</p> <p>Redstone Highlands North Huntington</p> <p>Regulation Violation 2600.141(a)(2)</p> <p>Plan of Correction:</p> <p>For resident #9, PCHA added the signed orders from the physician, updated the DME with correct diagnoses and attached the medication addendum to the DME on 1/23/17. The Personal Care nurses will be re-educated on proper use of the resident admission checklist, which includes an area to check that ensures DME has been completed and copy of current orders are attached. Once the checklist is completed, the nurse will give to the PCHA or designee for review and signature. The forms will be filed in the PCHA office.</p> <p>*Resident #9 updated DME is attached * Resident admission checklist is attached</p> <p><i>Immediately - The administrator will implement procedures to ensure compliance and take action to ensure the home places an increased emphasis on these plans of correction during 2017 quality management plan reviews and evaluations. BS 2/2/17</i></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 03/22/2016 et al
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sheryl Sherchik</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sheryl Sherchik</i> Date <i>1/31/17</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
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The above plan of correction was approved by <u>BS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 44337 - 01/09/2017 - Sutherland, Brent  
PCH Name: REDSTONE HIGHLANDS

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

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 #'s last medical evaluation was completed on [redacted] 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.

Violation Report 44337-1/9/2017  
Redstone Highlands North Huntingdon  
Regulation Violation 2600.141(b)(1)

Plan of Correction:

For resident #1, PCHA had the physician complete and sign a DME on 1/19/17. The PCHA will create a DME calendar which will be available on the shared drive for all PC charge nurses. The calendar will include names of residents and dates that DME needs to be completed. The DME calendar will be updated when residents experience a significant change. The Personal Care nurses will be re-educated on proper use of the resident admission checklist, which includes an area to check that ensures DME has been completed and signed by the physician. Once the checklist is completed, the nurse will give to the PCHA or designee for review and signature. The forms will be filed in the PCHA office.

\*Resident #1 DME is attached \*Resident admission checklist is attached  
*Immediately - The administrator will implement procedures to ensure each resident has a medical evaluation at least annually. The administrator will take action to ensure the home places an increased emphasis on these plans of correction during 2017 quality management plan reviews and evaluations. BS 2/2/17*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 03/22/2016 et al

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 *1/31/17*

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The above plan of correction is approved as of 2/2/17 (Date)

Plan of correction implementation status as of 2/2/17 (Date)

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

- Fully Implemented
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- Not Implemented

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Violation Report: 44337 - 01/09/2017 - Sutherland, Brent  
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600  
2600.171(b)(6) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION  
A 14 passenger mini-bus used to transport residents did not have a first aid kit.

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.

Violation Report 44337-1/9/2017  
Redstone Highlands North Huntingdon  
Regulation Violation 2600.171(b)(5)

Plan of Correction:

First Aid kit was added to the 14 passenger mini-bus on 1/13/17. The transportation service department has updated the weekly vehicle inspection form to include confirmation of the first aid kit in the vehicle. The log will be maintained by the Administrative Assistant of the department. All transportation service employees will receive in-service education on 2/3/17 on the new form and that the first aid kit must include gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye covering and tweezers.

\*Weekly Vehicle Inspection form is attached

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Sheryl Sherchik*      Date *1/31/17*

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

The above plan of correction is approved as of <u>2/21/17</u> (Date)	Plan of correction implementation status as of <u>2/21/17</u> (Date)
The above plan of correction was approved by <u>BS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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FEB 01 2017

Violation Report: 44337 - 01/09/2017 - Sutherland, Brent		WEST HENON FIELD OFFICE Human Services Licensing	
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 Resident #8 was admitted on [redacted] 16 and his/her initial assessment does not indicate the date it 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.			
<p>Violation Report 44337-1/9/2017</p> <p>Redstone Highlands North Huntingdon</p> <p>Regulation Violation 2600.225(a)</p> <p>Plan of Correction:</p> <p>For resident #8, PCHA completed and dated the written assessment. The PCHA will complete initial assessments for all new residents and will utilize the Resident Admission checklist, which includes an area to checkmark that the RASP has been dated. This form will be reviewed by the Executive Director after each new admission to ensure all areas have been completed.</p> <p>*Resident Admission Checklist is attached</p> <p>*Resident #8 RASP is attached</p> <p>By 3/31/17 - The administrator or designee will review each resident's current assessment to ensure they are all dated. BB 2/21/17</p> <p>Immediately - The administrator will take action to ensure the home places an increased emphasis on these plans</p>			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/22/2016 et al	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sheryl Shevchik</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sheryl Shevchik</i>		Date <i>1/31/17</i>	
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The above plan of correction was approved by <u>BB</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

plans of correction during 2017 quality management plan reviews and evaluations. BB 2/21/17