



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 14, 2018

Ms. Sheryl Shevchik
Executive Director
Redstone Presbyterian Seniorcare
6 Garden Center Drive
Greensburg, Pennsylvania 15601

RE: Redstone Highlands
4949 Cline Hollow Road
Murrysville, Pennsylvania 15668
Certificate #: 443380

Dear Ms. Shevchik:

As a result of the Department of Human Services' licensing inspection on July 28, 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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

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: Chelsea Wolfe		Region: WEST
Legal Entity Name: REDSTONE PRESBYTERIAN SENIORCARE		RECEIVED
Legal Entity Address: 6 GARDEN CENTER DRIVE, GREENSBURG, PA 15601		
Certificate(s) of Occupancy 1-2 06/24/2010 Municipality of Murrysville		FEB 15 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 65	Waking Staff: 49
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 07/28/2017: Knee, Donald; Garrigan, Laurie; Williams, Jason; Sutherland, Brent		
Off-Site Inspection Dates and Inspectors, If Applicable 08/15/2017: Knee, Donald 08/16/2017: Knee, Donald		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 48 Number of Residents Served: 37 Secured Dementia Care Unit in Home: Yes Area: The Terrace Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 10		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 28 Have a Physical Disability: 0

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FEB 15 2018

Page 2 of 9

Violation Report: 44338 - 07/28/2017 - Knee, Donald
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 7/23/17, at approximately 7:45 PM, resident #1 made an allegation of abuse to staff member A. Resident #1 said that staff member B "hit me" in the right flank area of his/her torso. This allegation of abuse was not reported to the Area Agency on Aging until 7/24/17 at approximately 10:00 AM.

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 44338-7/28/2017

Redstone Highlands Murrysville

Regulation Violation 2600.15 (a)

Plan of Correction:

Education to staff in regards to Regulation Code 2600.15 (a) The home shall Immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act. The PCHA will conduct the education on February 19th 2018. The PCHA then will review with staff yearly at educational staff meetings. Documentation of staff education shall be kept. *2/20/18*

See Attached Staff Education

The home implemented an "Abuse/Neglect reporting checklist" which includes immediate notification to the local Area Agency on Aging office. *2/20/18*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Light

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

Amy Light

Date

2/10/18

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

The above plan of correction is approved as of

2/20/18
(Date)

Plan of correction implementation status as of

2/20/18
(Date)

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

The above plan of correction was approved by

✓
(Initials)

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Violation Report: 44338 - 07/28/2017 - Knee, Donald
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 7/23/17, at approximately 7:45 PM, resident #1 made an allegation of abuse to staff member A. Resident #1 said that staff member B "hit me" in the right flank area of his/her torso. The home did not notify the resident's designated person of the report of the alleged abuse.

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 44338- 7/28/2014

Redstone Highlands Murrysville

Regulation Violation 2600.15 (d)

Plan of Correction:

Education to staff in regards to Regulation Code 2600.15 (d) The home shall immediately notify the residents and the resident's designated person of a report of suspected abuse or neglect involving the resident.

See Attached check list for Abuse reporting covered by the law.

The home implemented an "Abuse/Neglect Reporting Checklist" which includes immediate notification to the resident's designated person of any allegations of abuse or neglect. 2/20/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Amy Light*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Light* Date *2/10/18*

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

The above plan of correction is approved as of *2/20/18*
(Date)

Plan of correction implementation status as of *2/20/18*
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

The above plan of correction was approved by *[Signature]*
(Initials)

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Violation Report: 44338 - 07/28/2017 - Knee, Donald
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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

On 7/23/17, at approximately 7:45 PM, resident #1 made an allegation of abuse to staff member A. Resident #1 said that staff member B "hit me" in the right flank area of his/her torso. This allegation of abuse was not reported to the Department until 7/25/17 at approximately 10:00 AM.

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 44338- 7/28/2014

Redstone Highlands Murrysville

Regulation Violation 2600.15 (c)

Plan of Correction:

Education to staff in regards to Regulation Code 2600.15 (c) The home shall immediately submit to the department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

See Attached Staff education, Check list for reporting abuse and Plan for suspected abuse.

The home implemented an "Abuse/Neglect reporting checklist" which includes notification to the Department. *R*
2/20/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Amy Light PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Light PCHA* Date *2/10/18*

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

The above plan of correction is approved as of 2/20/18
(Date)

Plan of correction implementation status as of 2/20/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *P*
- Partially Implemented - Inadequate Progress

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

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FEB 15 2018

Page 5 of 9

Violation Report: 44338 - 07/28/2017 - Knee, Donald
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident #2's support plan, dated 2/5/17, indicates the resident requires "two staff members to assist with Sit to stand lift for transfers" to transfer in/out of bed/chair. However, staff and resident interviews indicated one staff will assist resident #2 with sit to stand lift for transfers. Representatives from the Department observed only staff person C using a sit to stand lift in transferring resident #2 on 7/28/17.

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 44338- 7/28/2014

Redstone Highlands Murrysville

Regulation Violation 2600.23 (a)

Plan of Correction:

Staff education on resident transfers was conducted on 2/19/18. + 2/20/18
Education to Staff in regards to Regulation code 2600.23 (a) A home shall provide each resident with assistance with ADL's as indicated in the resident's assessment and support Plan:

- a) Educate staff on the location of mobility on the RASP
- b) Residents Mobility Form: See Attached
- c) Review Monthly resident's mobility form.
- d) See Attached Staff education Schedule

Immediately: A designee shall monitor the home's mobility tracking form at least monthly to ensure staff provide each resident with 2/20/18 transfer assistance in accordance with their assessment and support plan.

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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The above plan of correction is approved as of


2/20/18
(Date)

Plan of correction implementation status as of

2/20/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

The above plan of correction was approved by


(Initials)

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Violation Report: 44338 - 07/28/2017 - Knee, Donald
PCH Name: REDSTONE HIGHLANDS

WEST REGION 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 #3 had a medical evaluation on 7/1/15; however, another medical evaluation was not completed until 8/12/16.

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 44338- 7/28/2014

Redstone Highlands Murrysville

Regulation Violation 2600.141 (b)(1)

Plan of Correction:

Education to staff in regards to a resident shall have a medical evaluation at least yearly.

See attached staff education and tracking from for yearly medical Evaluation.

Immediately: A designee shall monitor the home's new medical evaluation tracking form monthly to ensure each resident has an in-person medical evaluation at least annually and that an updated medical evaluation form is completed in its entirety.

2/20/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/06/2016

Signature of Legal Entity Representative
(Required on EVERY Page) *Amy Light PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Light PCHA* Date *2-10-18*

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The above plan of correction is approved as of *2/20/18*
(Date)

Plan of correction implementation status as of *2/20/18*
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *✓*
- Partially Implemented - Inadequate Progress

The above plan of correction was approved by *[Signature]*
(Initials)

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Violation Report: 44338 - 07/28/2017 - Knee, Donald
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

There were 3 weeks of undated menus posted in the home's secured dementia care unit (SDCU).

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 44338- 7/28/2014

Redstone Highlands Murrysville

Regulation Violation 2600.162 (c)

Plan of Correction:

Education to Dietary Staff and PC Staff in regards to Menu, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

See Attached check list / Staff Education

Immediately: A designee shall inspect the home weekly to ensure the home's current weekly menu, as well as a weekly menu one week in advance, is posted in a conspicuous and public place, including the home's SDCU. 2/20/18

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Light PCHA* Date *2-16-18*

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The above plan of correction is approved as of 2/20/18
(Date)

Plan of correction implementation status as of 2/20/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Started

The above plan of correction was approved by [Signature]
(Initials)

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Violation Report: 44338 - 07/28/2017 - Knee, Donald
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

Resident #1 has a diagnosis of dysphagia as indicated on the medical evaluation, dated 9/26/16; however, this diagnosis is not included in the resident's assessment, dated 9/28/16.

The most recent assessment for resident #3 was completed on 7/10/16.

Resident #4 had a medical evaluation completed on 3/6/17 due to a significant change in his/her mobility needs; however, the home did not complete a new assessment to reflect the resident's change in mobility.

The most recent assessment for resident #5 was completed on 2/6/16.

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 44338-7/28/2017 *Resident #15 assessment was updated.*

Redstone Highlands Murrysville *A new assessment for resident #3 was conducted on 8/11/17.*

Regulation Violation 2600.225 (c) *A new assessment for resident #4 was completed.*

Plan of Correction: *A new assessment for resident #5 was completed.*

2/20/18

Education to Staff in regards to Initial and Annual Assessment: 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.

See Attached Staff education / Check form *Immediately: The home shall develop and implement a system to ensure each resident has an assessment, completed in its entirety, at least annually.*

Repeat Violation: No	Date(s) of Previous Violation(s):				<i>2/20/18</i>
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Signature of Legal Entity Representative (Required on EVERY Page) *Amy Light PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Amy Light PCHA</i>	<i>2/10/18</i>

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The above plan of correction is approved as of 2/20/18 (Date)

Plan of correction implementation status as of 2/20/18 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress

RECEIVED

FEB 15 2018

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Violation Report: 44338 - 07/28/2017 - Knee, Donald
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The most recent support plan for resident #3, dated 7/10/16, indicates the resident requires some physical assistance with transferring in/out of bed/chair. However, staff interviews indicated the resident utilizes a sit to stand lift with the assistance 2 staff persons.

The most recent support plan for resident #4, dated 10/10/16, indicates the resident is independent with transferring in/out of bed/chair. However, staff interviews indicated the resident utilizes a sit to stand lift with the assistance of 2 staff persons.

Resident #5 is currently receiving hospice services; however, the resident's most recent support plan, dated 2/6/16, does not address the hospice services the resident is receiving. Also, the resident utilizes a sit to stand lift with the assistance of 2 staff persons; however, this is not indicated in the resident's support plan.

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 support plans for residents #3, #4 and #5 have been updated.

Violation Report 44338-7/28/2017

Redstone Highlands Murrysville

Regulation Violation 2600.227 (d)

Plan of Correction:

Education to staff in regards to updating Support Plan to match resident's mobility and to note changes in resident condition.

See Attached Admission Check List and Staff education

Immediately: The home shall develop and implement a system to ensure

resident support plans are immediately updated as resident care needs change.

2/10/18

2/20/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Licht PCHA

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

Amy Licht PCHA

Date

2-10-18

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

The above plan of correction is approved as of

2/20/18
(Date)

Plan of correction implementation status as of

2/20/18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)