



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 16 2018

Ms. Chelsea Wolfe
Administrator
Redstone Presbyterian Senior Care
6 Garden Center Drive
Greensburg, Pennsylvania 15601

RE: Redstone Highlands
4 Garden Center Drive
Greensburg, Pennsylvania 15601
License #443360

Dear Ms. Wolfe:

As a result of the Department of Human Services' Licensing annual licensing inspection on December 5, 2017 and December 6, 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.

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 black ink, appearing to read "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: 44336
Address: 4 GARDEN CENTER DRIVE, GREENSBURG, PA 15601		County: Westmoreland
Administrator: Chelsea Wolfe		Region: WEST
Legal Entity Name: REDSTONE PRESBYTERIAN SENIORCARE		
Legal Entity Address: 6 GARDEN CENTER DRIVE, GREENSBURG, PA 15601		
Certificate(s) of Occupancy		<p align="center">RECEIVED APR 03 2018 WEST HILTON FIELD OFFICE Human Services Licensing</p>
C-2 LP 10/08/1996 Dept. of L & I	Other 02/08/1980 Dept. of L & I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 72	Waking Staff: 54
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/05/2017: Cutter, Jan; Rahuba, Matt 12/06/2017: Cutter, Jan; Rahuba, Matt		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 61	Number of Residents who:	
Number of Residents Served: 46	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 46	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 26	
Number of Current Hospice Residents: 5	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 8		

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APR 03 2018

Violation Report: 44336 - 12/05/2017 - Cutter, Jan
PCH Name: REDSTONE HIGHLANDS

WEST PENNSYLVANIA OFFICE
2000 10th Avenue
Pittsburgh, PA 15222

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

On 12/5/2017, a 4 pound tub of Ecolab Homestyle Solid Laundry Detergent, with a manufacture's label indicating "contact a poison control center or physician immediately if swallowed", was accessible to residents in the unlocked staff supply closet in the third floor country kitchen. Residents #1 and #2 have not been assessed able to safely use or avoid poisonous materials.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 12/5/2017, a commercial door closer was installed at the top of the door to the closet where the poisonous materials were located. Daily physical checks were initiated on 12/6/17 by the PCHA to monitor that the door was being shut properly and being kept shut. See attached log.

On 12/28/2017, all nurses were retrained for RASP completion and adding to addendums. See attached sign-in sheet.

A whole house (Garden and Courtyard) audit of RASPs will be completed by the PCHA by 4/30/2018 to ensure that all RASPs are completed.

A monthly audit will be initiated on 4/3/2018 and executed by the PCHA to ensure compliance. See attached tracking form.

Audit will be monthly for the first 6 months, quarterly for the last 6 months, and periodically as needed.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/25/2017

Signature of Legal Entity Representative
(Required on EVERY Page) *Chelsea Marie Wolfe*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Chelsea Marie Wolfe, PCHA Date 4/3/2018

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

The above plan of correction is approved as of <u>4/11/18</u> (Date)	Plan of correction implementation status as of <u>4/11/18</u> (Date)
The above plan of correction was approved by <u>CM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>CM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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APR 03 2018

WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES Licensing

Violation Report: 44336 - 12/05/2017 - Cutter, Jan
PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
On 12/6/2017, resident #1 did not have a source of lighting that could be turned on and off from bedside. Resident #1's lamp was on a table which was approximately 3 feet from the bed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 12/6/2017, PCHA and Caregiver moved the bedside table closer to Resident #1's bed. To audit, daily checks were initiated on 12/6/2017 to ensure that all bedside lamps were within reach and operable. See attached.

Weekly audits will be initiated on 4/3/2018 by the PCHA to ensure regulatory compliance throughout the PCH (Garden and Courtyard). Please see attached tracking tool.

Audits will occur weekly for the first 6 months, quarterly for the last 6 months, and periodically as needed.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Chelsea Marie Wolfe*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Chelsea Marie Wolfe, PCHA Date 4/3/2018

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The above plan of correction is approved as of 4/11/18 (Date)
The above plan of correction was approved by JW (initials)
Plan of correction implementation status as of 4/11/18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress JW
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

APR 03 2018

WEST VIRGINIA FIELD OFFICE
HUMAN SERVICES DIVISION

Violation Report: 44336 - 12/05/2017 - Cutter, Jan
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 record for every monthly fire drill held from January 2017 through November 2017 does not specify the exit routes used. Both the Courtyard level and the Garden level fire drill records indicate "behind fire doors" for exits used.

The Garden level fire drill record includes fire drills held as follows; however, the times did not indicate AM or PM.

Date Time
5/23/17 3:45
10/24/17 1:36

During each of the fire drills conducted for Garden Level on 10/24/17 at 1:36 and 11/16/17 at 8:30 PM, 15 residents were evacuated to a fire safe area. However, the fire drill record for each of these drills indicates that only 1 resident was evacuated.

During the fire drill conducted for Courtyard Level on 10/24/17 at 1:10 PM, 31 residents were evacuated to a fire safe area. However, the fire drill record for this drill indicates that only 3 residents were evacuated.

During the fire drill conducted for Courtyard Level on 11/22/17 at 9:15 PM, 32 residents were evacuated to a fire safe area. However, the fire drill record for this drill indicates that only 1 resident was evacuated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 12/28/2017, a fire drill was held. PCHA, Maintenance Supervisor, and NHA were present to monitor. A new fire drill record was used. See attached. Record shows am/pm option and a written section for location of exit.

On 1/16/2018, Fire Expert, Harold Hicks was present for the drill.

On 1/18/2018, the PCHA held a 1 hour staff meeting dedicated to fire drills, evacuation, and emergency response. Information taught was pulled from the above citation and our Fire Expert, Harold Hicks. See attached sign-in sheets and blank competency test.

Moving forward, the PCHA reviews each log monthly and signs with the Executive Director. See attached.

The fire drill record contains all required information for drills conducted on 12/28/17, 1/16/18, 2/22/18 and 3/27/18.

pm 4/11/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Chelsea Marie Wolfe*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Chelsea Marie Wolfe, PCHA Date 4/3/2018

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The above plan of correction is approved as of 4/11/18
(Date)

Plan of correction implementation status as of 4/11/18
(Date)

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

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

RECEIVED

APR 03 2018

MISSY STEWART, SUPERVISOR
HEALTH SERVICES DIVISION

Violation Report: 44336 - 12/05/2017 - Cutter, Jan
PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home has not evacuated all of the residents in the home during any of its 22 fire drills conducted to date in 2017. Even though the fire alarm sounds in both the Garden level and Courtyard levels, only one of these levels is evacuated during a given drill to include:

- On 11/16/17 at 8:30 PM, a fire drill was conducted, however, only 15 residents on the Garden level were evacuated
- On 11/22/17 at 9:15 PM, a fire drill was conducted, however, only 32 residents on Courtyard side were evacuated

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 12/28/2017, the drill was held to include both sections of Personal Care (Garden and Courtyard). Please see the attached Fire Drill Record that indicates the current census at time of drill and the number of residents evacuated. From this drill on, both Personal Care and Courtyard residents are involved and evacuated.

On 1/18/2018, a staff meeting was held and the evacuation process was discussed. Again, see attached record and sign in sheet.

Fire drills conducted on 12/28/17, 1/16/18, 2/22/18 and 3/27/18 included all residents in the home.

POC 4/11/18

Immediately: The administrator will privately interview at least 3 residents following each of the next 3 monthly fire drills to ensure that all residents are evacuated to a public thoroughfare or a fire-safe area during each fire drill.

POC 4/11/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Chelsea Marie Wolfe

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

Chelsea Marie Wolfe, PCHA

Date

4/3/2018

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The above plan of correction is approved as of

4/11/18
(Date)

Plan of correction implementation status as of

4/11/18
(Date)

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

The above plan of correction was approved by

POC
(Initials)

RECEIVED

APR 03 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44336 - 12/05/2017 - Cutter, Jan
PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #2's glucometer was not calibrated to the correct time. In addition, the following glucometer readings did not correspond with the documented readings on the December medication administration record (MAR):
* On 12/1/2017 at 7:09 p.m. the glucometer indicates 332 mg/dl, however, on 12/1/2017 at 4:00 p.m., the MAR indicates 314 mg/dl
* On 12/3/2017 at 6:03 p.m. the glucometer indicates 424 mg/dl, however, on 12/3/2017 at 4:00 p.m., the MAR indicates 400 mg/dl
Resident #3's glucometer was not calibrated to the correct date or time.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 12/5/2017, Resident #3's glucometer was calibrated to the correct date and time following a discussion with the surveyors. Directions were pulled and the glucometer was recalibrated to read the correct information.

On 12/28/2017, nurses were educated on the importance of having the reading match the MAR and the importance of proper glucometer calibration. This was in conjunction with RASP training. See attached sign-in sheet.

Starting on 4/3/2018, PCHA will initiate a monthly audit of all resident glucometers to ensure that each are calibrated appropriately in April and May of 2018. For all months following, PCHA will assign the monthly duty to Charge Nurse. See attached tracking form.

Audits will occur monthly for the first 6 months, quarterly for the last 6 months, and periodically as needed.

Audits shall include checking the glucometer readings and documentation of blood glucose in residents' MARs. *pm 4/11/17*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Chelsea Marie Wolfe*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Chelsea Marie Wolfe, PCHA Date 4/3/2018

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The above plan of correction is approved as of 4/11/17 (Date)

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

Plan of correction implementation status as of 4/11/18 (Date)

Fully Implemented

Partially Implemented - Adequate Progress *pm*

Partially Implemented - Inadequate Progress

Not Implemented