



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 30 2018

Ms. Vicki Loucks
Vice President
Redstone Senior Care
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' Licensing annual licensing inspection January 10, 2018 and January 11, 2018 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 HOME - 55 Pa.Code Chapter 2600

PCH Name: REDSTONE HIGHLANDS		License Number: 443370
Address: 12921 REDSTONE DRIVE, NORTH HUNTINGDON, PA 15642		County: Westmoreland
Administrator: Sheryl Shevchik		Region: WEST
Legal Entity Name: REDSTONE PRESBYTERIAN SENIORCARE		RECEIVED
Legal Entity Address: 126 MATHEWS STREET, GREENSBURG, PA 15601		
Certificate(s) of Occupancy		APR 05 2018
1-2 05/17/2010 Twp of North Huntingdon	C-2 LP 10/26/2001 Dept of L & I	WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 57	Waking Staff: 43
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 01/10/2018: Summers, Vicky; Eveses, Joseph 01/11/2018: Summers, Vicky; Eveses, Joseph		
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: 44 Number of Residents Served: 36 Secured Dementia Care Unit In Home: Yes Area: Second Floor Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 15 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 8		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 0

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Violation Report: 44337 - 01/10/2018 - Summers, Vicky
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

On 1/10/18 at approximately 11:20 a.m., two clipboard containing medical information including blood pressure, respiration, temperature, and weight for residents #1, #2, #3, #4 and #5 were in an unlocked cabinet drawer in the activities room.

On 1/10/18 at 2:10 p.m., a purple folder containing weight measurements for residents #4, #6 and #7, was in the unlocked bottom drawer to the right of the sink in the 4th floor kitchenette.

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.

Items containing medical information were immediately removed from unlocked areas and placed in locked areas. A key code lock was placed on the staff work room door on January 29, 2018 in order to allow staff to keep resident information in a secured area. Personal Care staff were re-educated at the staff meeting conducted on February 21, 2018 regarding confidentiality of resident information. Personal Care Administrator/Campus Director or designee will monitor for compliance on a regular basis, via walking rounds, to ensure documents that contain resident medical information, are not observed in unlocked areas.

at least weekly JLS

Repeat Violation: Yes | Date(s) of Previous Violation(s): 01/09/2017

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 4-5-18

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

The above plan of correction is approved as of 4/12/18
(Date)

Plan of correction implementation status as of 4/12/18

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

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

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Violation Report: 4,1337 - 01/10/2018 - Summers, Vicky
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

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 the fire drill conducted on 11/20/17 at 9:38 a.m., there were 36 residents in the building at the time the alarm sounded; however, only 34 residents were evacuated.

During the fire drill conducted on 5/16/17 at 3:37 p.m., there were 38 residents in the building at the time the alarm was sounded; however, only 37 residents 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.

Personal Care staff were re-educated regarding fire drill procedure at the staff meeting on February 21, 2018. Upon completion of the monthly fire drill, the Personal Care Administrator/Campus Director will review and sign off on all fire drill records to ensure compliance related to evacuation of all residents during each drill. Staff education/re-education will be done quarterly at staff meetings facilitated by either the PCHA or the Maintenance Supervisor.

*See attached documents

All residents were evacuated to fire-safe areas during the fire drills conducted on 1/12/18, 2/9/18 + 3/10/18. per 4/12/18 ✓

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 4-5-18

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

The above plan of correction is approved as of

4/12/18
(Date)

Plan of correction implementation status as of

4/12/18

Fully Implemented

Partially Implemented - Adequate Progress *per*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

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APR 05 2018

Page 4 of 8

Violation Report: 44337 - 01/10/2018 - Summers, Vicky
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #8 is prescribed Lorazepam 2 mg/ml - take 0.5 ml (1 mg) under the tongue every 6 hours as needed; however, the label on the medication indicates "Do not use after 9/1/17".

Resident #8 is prescribed Atropine oral solution 1% - instill 2 drops under the tongue every hour as needed; however, the label on the medication indicates "Do not use after 8/22/17".

Resident #10's Metoprolol tartrate 50mg tab - give 1 tablet by mouth two times a day was discontinued on 11/26/17; however, the medication was still present in the medication cart.

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.

Discontinued medications were discarded immediately. Within 30 days of the medication expiration date, pharmacy will be notified to ensure timely re-order of medications. PCHA/Campus Director or designee will conduct weekly cart audits for 2 residents per week, beginning April 9, 2018 for the next 3 months in order to ensure all medications are current and properly labeled. After 3 months, audits will be conducted by the PCHA or designee on a monthly basis for 1 year to ensure compliance.

*See attached Medication Cart audit document

Within 15 days of receipt of the plan of correction: a designated staff person qualified to administer medications will audit all resident medications to ensure only current prescription, OTC, sample + CAM for individuals living in the home may be kept in the home. per 4/12/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sheryl Sherechik

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

Sheryl Sherechik

Date

4-5-18

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

The above plan of correction is approved as of

4/12/18
(Date)

Plan of correction implementation status as of

4/12/18

Fully Implemented

Partially Implemented - Adequate Progress *per*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

per
(Initials)

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APR 05 2018

Page 5 of 8

Violation Report: 44337 - 01/10/2018 - Summers, Vicky
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #8 is prescribed Bisacodyl 10 mg suppository - insert 1 suppository every 24 hours as needed; however, the pharmacy label indicates to insert 1 suppository every 3 days as needed.

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 applying a "direction change" sticker per 4/12/18

Pharmacy label for resident #8 was corrected immediately. PCHA/Campus Director or designee will conduct weekly cart audits for 2 residents for the next 3 months, beginning April 9, 2018, in order to ensure all medications are current and properly labeled with resident's name, name of medication, date prescription issued, prescribed dosage and instructions for administration and name and title of the prescriber. After 3 months, audits will be conducted by the PCHA or designee on a monthly basis for 1 year to ensure compliance.

*See attached Medication Cart audit document

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 *4-5-18*

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

The above plan of correction is approved as of

4/12/18
(Date)

Plan of correction implementation status as of

4/12/18

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

The above plan of correction was approved by

MS
(Initials)

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APR 05 2018

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Violation Report: 44337-01/10/2018 - Summers, Vicky
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

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 #9's glucometer is not calibrated to the current date and time.

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

Glucometer for resident #9 was immediately calibrated to the correct date and time. Nurses will be educated/re-educated regarding calibration of glucometers. Beginning April 9, 2018, PCHA/Campus Director will conduct weekly audits for 1 month to ensure glucometer calibration. At the end of 1 month, the PCHA/Campus Director or designee will conduct monthly audits for 1 year to monitor for compliance.

*See attached Glucometer audit document

Repeat Violation: No | Date(s) of: / /

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 *4-5-18*

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

The above plan of correction is approved as of <u>4/12/17</u> (Date)	Plan of correction implementation status as of <u>4/12/18</u>
	<input type="checkbox"/> Fully Implemented
	<input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>PLS</i>
	<input type="checkbox"/> Partially Implemented - Inadequate Progress
	<input type="checkbox"/> Not Implemented
The above plan of correction was approved by <u>PLS</u> (Initials)	

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APR 05 2018

Violation Report: 44337 - 01/10/2018 - Summers Vicky
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #9 is prescribed Humulin R solution 100 unit/ml - inject as per sliding scale, if between 300-400 give resident 3 units in addition to Humalog 75/25; if between 401-500 give resident 5 units in addition to Humalog 75/25; if 501+ give 10 units in addition to Humalog 75/25.

On 1/4/18 at 4:00 p.m., resident #9's blood sugar reading was 471; however, the 5 units administered were not recorded on the January 2018 medication administration record.

On 1/9/18 at 4:00 p.m., resident #9's blood sugar reading was 316; however, the 3 units administered were not recorded on the January 2018 medication administration record.

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.

PCHA/Campus Director or designee will conduct an initial audit of all resident records in eMAR to ensure accuracy/compliance. This initial audit will be completed by April 30, 2018. The PCHA/Campus Director will then conduct monthly audits for 1 year of the eMAR to ensure compliance.

Nurses will be educated/re-educated regarding proper documentation at the April 2018 staff meetings.

Resident #9's order for Humulin R was changed to a straight order on 3/31/18. *AK* 4/12/18

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 4-5-18

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

The above plan of correction is approved as of

4/12/18
(Date)

Plan of correction implementation status as of

4/12/18

Fully Implemented

Partially Implemented - Adequate Progress *AK*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

AK
(Initials)

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APR 05 2018

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Violation Report: 44337 - 01/10/2018 - Summers, Vicky
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #10 was admitted to the secured dementia care unit on [redacted] 17; however, initial medical evaluation was completed on [redacted] 17.

Resident #12 was admitted to the secured dementia care unit on [redacted] 17; however, initial medical evaluation was completed on [redacted] 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.

Personal Care Nurses will be educated/re-educated at the April 2018 staff meetings regarding timelines for BHSL paperwork for residents who move into SDCU. A document was created in order to assist the nurses with accurate timeframes related to resident admissions. The PCHA/Campus Director or designee will audit this paperwork upon admission of new residents to ensure compliance. Re-education will be conducted, as needed.

*See attached document

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 4-5-18

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

The above plan of correction is approved as of 4/12/18
(Date)

Plan of correction implementation status as of 4/12/18

Fully Implemented

Partially Implemented - Adequate Progress *gmc*

Partially Implemented - Inadequate Progress

Not Implemented

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