



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 16 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 annual licensing inspection on January 18, 2018 and January 19, 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: 44338 - 01/18/2018 - Grace, Desmond

MAR 28 2018

PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences). The homes emergency evacuation diagrams are labeled "Emergency Evacuation Route Assisted Living" as follows:

- * Emergency Route Assisted Living First Floor
- * Emergency Route Assisted Living Second Floor
- * Assisted Living Dementia Emergency Route

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 44338-1/18/2018
Redstone Highlands Murrysville
Regulation Violation (2600.18)

Plan of Correction:

The homes emergency evacuation diagrams are labeled "Emergency Evacuation Route Assisted Living" was corrected immediately at survey. Please refer to attached photos as follows:

- *Emergency Evacuation Route Personal Care First Floor
- *Emergency Evacuation Route Personal Care Second Floor
- *Personal Care Dementia Emergency Evacuation Route

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 3/27/18

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

The above plan of correction is approved as of

4-4-18
(Date)

Plan of correction implementation status as of

4-4-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

MAR 28 2018

Violation Report: 44338 - 01/18/2018 - Grace, Desmond
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted into the home on [redacted] 17, however the resident does not have a personal care resident-home contract on 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.

Violation Report 44338-1/18/2018
Redstone Highlands Murrysville
Regulation Violation (2600.25 (a) (1))

Plan of Correction:

The home developed a check list for new admissions and added a section for Residency agreements. Resident #1 did have a resident-home contract It was not filed on the chart at the time of survey. Please see attached:

- * Resident agreement dated prior to admission
- * Admission check list.

Immediately: The administrator or designated staff person shall audit all resident records to ensure each resident has a resident-home contract and a copy of the resident-home contract is in the resident's record. 4-4-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Light PCNA

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

Amy Light PCNA

Date

3/27/18

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

The above plan of correction is approved as of

4-4-18
(Date)

Plan of correction implementation status as of 4-4-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44338 - 01/18/2018 - Grace, Desmond
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

On 1/18/18, the fireplace in the main entrance common area is not equipped with a protective guard. The surface temperature of the fireplace measured 170 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 44338-1/18/2018
Redstone Highlands Murrysville
Regulation Violation (2600.84)

Plan of Correction:

The home place a protective guard over the fireplace in the main entrance common area. Please see photo

Immediately: The administrator or designated staff person shall monitor the fireplace daily while in use to ensure the protective guard is in place. 4-4-18

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Light RCHA* Date *3/27/18*

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

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

Plan of correction implementation status as of 4-4-18
(Date)

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

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

Violation Report: 44338 - 01/18/2018 - Grace, Desmond
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
On 1/18/18 at 10:45 a.m., the water temperature of the Terrace Common bathroom sink next to janitor closet (room # D49B) measured 123.9 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 44338-01/18/2018
Redstone Highlands Murrysville
Regulation Violation 2600.89 (b)

Plan of Correction:

The home developed a Daily Water Temperature Log for Personal Care. Water temps will be logged daily on each floor of Personal Care and Common Area Bathrooms. Plan of Correction will be implemented by the maintenance designee if the water temps are above 120 degrees Fahrenheit. Please see attached form:

*Daily Water Temperature log-Personal Care

The water temperature was turned down at the time of inspection.

4-4-18 ✓

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/20/2017		
-----------------------	-----------------------------------	------------	--	--

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Amy Light RHA* Date *3/27/18*

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

The above plan of correction is approved as of *4-4-18*
(Date)

Plan of correction implementation status as of *4-4-18*
(Date)

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

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

MAR 28 2018

Violation Report: 44338 - 01/18/2018 - Grace, Desmond

PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's fire safety expert conducted a fire inspection and fire drill on 11/8/16. However, the next fire inspection and fire drill conducted by the home's fire safety expert was not completed until 12/7/17.

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 44338-01/18/2018
Redstone Highlands Murrysville
Regulation Violation 2600.132 (b)

Plan of Correction:

The Personal Care Home Administrator will be the designated person to schedule the annual fire safety inspection. The fire Drill Record form has been updated to add the Current Fire Safety Inspection date and the Annual Fire safety inspection date for tracking. The maintenance department also has access to this information. Please see attached:

*Fire Drill Record

The week in advance menus were posted at the time of inspection.

4-4-18

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy Light* Date *3/27/18*

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

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

Plan of correction implementation status as of 4-4-18 (Date)

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

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

Violation Report: 44338 - 01/18/2018 - Grace, Desmond

MAR 28 2018

PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

From 1/12/17 through 8/14/17 the home conducted eight fire drill. Stairway A was the only exit routes for all eight consecutive fire drills.

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

Violation Report 44338-01/18/2018
Redstone Highlands Murrysville
Regulation Violation 2600.132 (f)

Plan of Correction:

The Personal Care Home Administrator will review the fire drill record monthly to ensure that alternate exit routes are used during fire drills. The maintenance staff was re-educated about using alternate exit routes during fire drills. The maintenance staff will refer to the Fire Experts letter for exit routes for Personal Care fire drills. Please see attached:

*Fire Drill Record

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 *3/27/18*

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

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

Plan of correction implementation status as of 4-4-18
(Date)

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

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

Violation Report: 44338 - 01/18/2018 - Grace, Desmond

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 #2 most current medical evaluation completed 7/23/17, however the previous medical evaluation completed 12/14/15.

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 44338-1/18/2018
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. A designee shall monitor the homes new medical evaluation tracking form monthly to ensure each resident has an in-person medical evaluation at least annually and that the tracking form is updated. Please see attached education and tracking form.

- *Staff Education on medical evaluation yearly (DME)
- *DME tracking form

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Amy Light RHA

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

Amy Light RHA

Date 3/27/18

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

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

Plan of correction implementation status as of 4-4-18
(Date)

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

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

MAR 28 2018

Violation Report: 44338 - 01/18/2018 - Grace, Desmond

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

On 1/18/18, the menus posted in the personal care area of the home and the Terrace secure dementia unit did not include the week in advance menu. The menu posted included the dates of 1/14/18 to 1/20/18.

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 44338-1/18/2018
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. 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 SDU. Please see attached:

- *Menu Board Posting Audit form 2018
- *Staff Education

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy Light PCH.A* Date *3/27/18*

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

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

Plan of correction implementation status as of 4-4-18 (Date)

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

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

Violation Report: 44338 - 01/18/2018 - Grace, Desmond

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 #3 is ordered Preparation H 0.25-14-74.9% insert one application rectally every four hours as needed, however the medication label states insert one application three times per day.

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 44338-01/18/2018
Redstone Highlands Murrysville
Regulation Violation 2600.184 (a)

Plan of Correction:

Resident #3 medication label was corrected at the time of survey with a medication change label. Personal Care nurse's re-educated on the importance of medication labels matching the MAR. Cart Audit/ Medication label Audit form created. Personal Care Nurses will Audit the the carts and medication labels with the MAR once a month for 12 months. Please see attached:

*Cart Audit/ Medication Label Audit

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 *3/27/18*

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

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

- Plan of correction implementation status as of 4-4-18
(Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

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

Violation Report: 44338 - 01/18/2018 - Grace, Desmond
 PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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 #2 was admitted into the secure dementia unit on [redacted] 17, however the resident did not receive a medical evaluation until [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.

Violation Report 44338-01/18/2018
 Redstone Highlands Murrysville
 Regulation Violation 2600.231 (b))

Plan of Correction:

The Personal Care nurses will be re-educated on proper use of the resident admission checklist and the DME tracking form. The DME tracking form is located in the nurse's station so that all PC nurses have access. Once the checklist is completed, the nurse will give it to the PCHA or designee for review and signature. The forms will be filed in the PCHA office. Please see attached forms:

*Admission Check List for Residents

*Medical Evaluation/ DME tracking form

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature] PCHA

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

Amy Light PCHA

Date

3/27/18

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

The above plan of correction is approved as of

4-4-18
 (Date)

Plan of correction implementation status as of

4-4-18
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)