



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 22, 2018

Ms. Sheryl Shevchik
Executive Director
Redstone Senior Care
126 Matthews Street
Greensburg, Pennsylvania 15601

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

Dear Ms. Shevchik:

As a result of the Department's Bureau of Human Services Licensing inspection on March 2, 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Janine Wenzig', written over a white background.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

PCH Name: REDSTONE HIGHLANDS		License Number: 44337
Address: 12921 REDSTONE DRIVE, NORTH HUNTINGDON, PA 15642		County: Westmoreland
Administrator: Sheryl Shevchik, Executive Director		Region: WEST
Legal Entity Name: REDSTONE PRESBYTERIAN SENIORCARE		
Legal Entity Address: 128 MATHEWS STREET, GREENSBURG, PA 15601		RECEIVED
Certificate(s) of Occupancy I-2 06/17/2010 Twp N Huntingdon		MAY 31 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 62	Waking Staff: 47
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/02/2018: Barry, Courtney		
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: Terrace Unit Secured Dementia Unit Capacity, if Applicable: 20 Number of Residents Served in Secured Dementia Care Unit, if applicable: 17 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 15	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: 26 Have a Physical Disability: 0	

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MAY 31 2018

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Violation Report: 44337 - 03/02/2018 - Barry, Courtney
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 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 #1 was admitted to the secured dementia care unit on 1/31/18. The resident's medical evaluation, dated 1/23/18, does not indicate the need for the resident to be served in a secured dementia care unit.

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.

Please refer to attachments

See Page 2A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christine Shope

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

Christine Shope, PCHA

Date *5/29/2018*

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

The above plan of correction is approved as of

6/1/18
(Date)

Plan of correction implementation status as of

6/1/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

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Page 2 of 3 POC

1. A new medical evaluation, indicating the need for the resident to be served in a secured dementia care unit, was completed 3/7/2018. Please refer to "attachment A"
2. An initial audit of all SCU DME's was conducted on 5/30/2018. SCU need indicated on all active resident DME's. Please refer to documentation ("Attachment B").
3. Moving forward, all medical evaluations for residents residing in the SCU will be reviewed for accuracy and compliance, by the Administrator or Designee, within 72 hours of provider signature. This action will occur through 12/31/2018. Documentation will be kept. Please refer to "attachment C."



Christine Shope
Christine Shope, PCHA

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*Christine Shoop
Christine Shoop, PCHA*

MAY 31 2018

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Violation Report: 44337 - 03/02/2018 - Barry, Courtney
PCH Name: REDSTONE HIGHLANDS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secured dementia care unit on 1/31/18. The resident's cognitive preadmission screening, completed 1/24/18, was not completed within 72 hours of admission to the secured dementia care unit.

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.

Please refer to attachments

See Page 3A

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Christine Shoop

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

Christine Shoop, PCHA

Date

5/29/2018

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Page 3 of 3 POC

1. Moving forward, a preadmission screening for SCDU residents will be completed within 72 hours of admission, in accordance with 55 PA Code 2600.231 (c)
2. Effective immediately, the Administrator or Designee will monitor and verify preadmission screening compliance by conducting an Initial audit within 72 hours of admission. This action will occur through 12/31/2018. Please refer to "Attachment D"

[Handwritten signature] 6/1/18

Christine Shoop

Charles Hogue, RCHHA