



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 11, 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
Certificate #:443360

Dear Ms. Wolfe:

As a result of the Department's Bureau of Human Services Licensing inspection on May 29, 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 that reads "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED

JUL 09 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44336 - 05/29/2018 - Grace, Desmond
PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted to the home on 1/16/18. The resident's initial medical evaluation does not indicate the date the in-person medical evaluation took place.

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.

An audit of all resident DME's began on 5/30/2018 and was completed on 7/1/2018 (see attached).

Annual DMEs will be tracked by the 3rd shift weekend Charge Nurse or designee, using the tracking tool (see attached). This will be utilized to ensure that all documentation is complete and timely. The PCHA or designee will audit on a monthly basis.

Resident #1's medical evaluation was corrected 7-11-18

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Chelsea M. Wolfe, PCHA Date 7-9-2018

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

The above plan of correction is approved as of 7-11-18
(Date) Plan of correction implementation status as of 7-11-18
(Date)

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

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

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JUL 09 2018

WEST REGION FIELD OFFICE
Human Services

Violation Report: 44336 - 05/29/2018 - Grace, Desmond
PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written Initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 1/16/18. The resident's initial assessment does not include the date when the assessment was finalized.

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.

Following an audit of the PCH's RASPs, it was uncovered that the electronic document used was incorrect.

The PCHA fixed the electronic RASP to reflect that a date needs to be entered with each RASP completed.

On 5/30/2018, an audit of all RASPs was completed (see attached form).

An ongoing audit will continue to ensure the completion of all RASPs. The PCHA or designee will be responsible for auditing monthly (see attached form).

Resident #1's assessment was corrected 7-10-18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Chelsea M. Wolfe*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Chelsea M. Wolfe, PCHA Date 7-9-2018

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Violation Report: 44336 - 05/29/2018 - Grace, Desmond
PCH Name: REDSTONE HIGHLANDS

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 #3's most recent assessment was completed on 4/23/17.

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.

On 5/30/2018, an audit of all RASPs was completed (see attached form).

The PCHA or designee will be responsible for auditing monthly (see attached form).

Due dates will be communicated via reminders posted at the nurses station by the weekend charge nurse or designee.

Resident #3's assessment was completed on 5-30-18,

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Chelsea M. Wolfe

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

Chelsea M. Wolfe

Date
7-9-2018

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(Date)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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