



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 05 2019

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 annual inspection on November 28, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 44336 - 11/28/2018 - Graziano, Belinda
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The home's license inspection summaries, dated 12/5/2017 et al and 5/29/18, were not posted in a conspicuous and public place in the home.

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.

The home's current license and inspection summaries, dated 12/5/17 and 5/29/18 were posted immediately on 11/28/18 by the Executive Director.

The Personal Care Home Administrator or designee will ensure that the current license and a copy of the most current inspection summary are posted in a conspicuous public area in the home. This check will occur weekly on a continuous basis during regular walk throughs.

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 PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Chelsea M. Wolfe</u>	Date <u>1/11/19</u>
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The above plan of correction is approved as of <u>2/4/19</u> (Date)	Plan of correction implementation status as of <u>2/4/19</u> (Date)
The above plan of correction was approved by <u>JW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>JW</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44336 - 11/28/2018 - Graziano, Belinda
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 had a safe evacuation time of 10 minutes and zero seconds designated in writing by a fire safety expert on 01/16/18. However, the fire drill on 7/31/18 at 4:41 p.m. took 10 minutes and 22 seconds to complete.

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

Staff was re-educated on 1/31/19 by the Fire Safety Engineer and PCHA on fire evacuation procedures. A drill will be conducted monthly per the BHSL regulations. The evacuation time will be at or below the recommended evacuation time of 10 minutes 0 seconds.

Administrator will continue to review and sign the log monthly.

Please see the attached fire drill logs showing consecutive successful drills.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/05/2017		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Chelsea M. Wolfe, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Chelsea M. Wolfe, PCHA	2/1/2019

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Violation Report: 44336 - 11/28/2018 - Graziano, Belinda
 PCH Name: REDSTONE HIGHLANDS

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's annual medical evaluation was completed on 1/22/18. However, the previous medical evaluation was completed on 8/14/16.

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.

Resident #2's annual medical evaluation will be completed by January 22, 2019.

The Personal Care Home Administrator or designee will track all resident DME's monthly for one year, using the tracking form attached.

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 (Required on EVERY Page) Chelsea M. Wolfe PCHA

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 (Date)

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

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

Violation Report: 44336 - 11/28/2018 - Graziano, Belinda
 PCH Name: REDSTONE HIGHLANDS

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 prescribed Lantus SoloStar Solution Pen-injector 100 unit/ml, Inject 10 unit subcutaneously at bedtime and Novolog Solution, Inject as per sliding scale:
 120-150 = 0 units
 151-180 = 4 units
 181-200 = 6 units
 201-250 = 8 units
 251-300 = 12 units
 301-350 = 15 units
 351-400 = 20 units
 401+-call MD
 Both insulin pens were stored in the medication cart; however, neither pen was labeled with a pharmacy label.

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.

The label for Resident #3's prescribed Lantus SoloStar Solution was added immediately by charge nurse on November 28, 2018.

Nursing staff was educated on Thursday, January 10, 2019. The medication labeling policy and process will again be reviewed at the staff meeting on Thursday, January 24, 2019.

Monthly audits will be completed by the charge nurses and verified for accuracy by the Personal Care Home Administrator or designee using the audit form attached for one year.

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Violation Report: 44336 - 11/28/2018 - Graziano, Belinda
 PCH Name: REDSTONE HIGHLANDS

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 #4 is prescribed Trazodone 50mg, give 50mg by mouth two times a day and 50mg at bedtime as needed; however, the November 2018 medication administration record (MAR) indicates Trazodone HCl Tablet 50MG, give 50mg by mouth two times a day.

Resident #4 is prescribed Immodium 4mg once a day and 2mg as needed for loose stools; however, the November 2018 MAR indicates Immodium A-D Tablet 2 MG, give 1 tablet by mouth every 24 hours as needed for loose stool.

Resident #4 is prescribed Zofran 4mg, give every 6 hours as needed; however, this medication is not listed on the November 2018 MAR.

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.

Nursing staff was education on Thursday, January 10, 2019. The redlining policy and procedure will again be reviewed with nursing staff during the staff meeting on Thursday, January 24, 2019 to ensure that all items in the medication record are complete.

Using the audit form attached, charge nurses will perform weekly audits for 4 weeks. Following the 4 weeks, the audits will be done monthly for the remainder of the year.

Audits will be reviewed by the Personal Care Home Administrator for accuracy and completion.

Resident #4's MAR was corrected. *JW* 2/4/19

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 (Initials)

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44336 - 11/28/2018 - Graziano, Belinda
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to th home on 03/28/18; however the preadmission screening was completed on 04/15/18.

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.

The Personal Care Home Adminsitrator will, on an ongoing basis, complete all prescreenings for all new admissions into the home. On a monthly basis, the Executive Director or designee will audit and review all prescreenings using the form attached.

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Violation Report: 44336 - 11/28/2018 - Graziano, Belinda
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident # 2's annual assessment, dated 01/28/18, does not indicate the resident has a personal care need with eating. However, the resident's medical evaluation, dated 01/22/18, indicates the resident requires "assistance with food placement due to decreased vision."

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 January 10, 2019, nursing staff was reeducated.

Nursing staff will again review the process of updating DMEs and RASPs at the monthly meeting on January 24, 2019. Also, the administrator will reeducate staff on the same date on the consistency of information between the DMEs and RASPs for initial/annual RASPs and DMEs along with any significant changes that are required to be noted in both documents.

The administrator or designee will track the consistency monthly for the rest of the year by utilizing the correlation check list attached.

Resident #2's assessment was updated. *JW* 2/4/19

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Violation Report: 44336 - 11/28/2018 - Graziano, Belinda
 PCH Name: REDSTONE HIGHLANDS

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #1's support plan dated 03/30/18 was unsigned by the resident and did not indicate that the resident refused nor was unable to sign.
 Resident #4's support plan dated 09/24/18 was unsigned by the resident and did not indicate that the resident refused nor was unable to sign.
 Resident #5's support plan dated 02/07/18 was unsigned by the resident and did not indicate that the resident refused nor was unable to sign.

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 December 3, 2018, education on Part V of the RASP was sent out to all nursing staff. Further education was provided on December 12, 2018 by the Personal Care Home Administrator. See the record of training attached.

This information will also be reviewed again at the staff meeting on January 24, 2019.

The charge nurse or designee will complete the Resident RASP Tracking form attached. Administrator or designee will then perform monthly audits to ensure that the RASP's are being completed within the correct timeframe. The administrator or designee will review the tracking form and RASP for completion and accuracy on a monthly basis.

Resident #1's and #4's support plans were updated. Resident #5 is no longer a resident of the home. *JW* 2/4/19.

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, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Chelsea M. Wolfe</i>	Date <i>1/11/19</i>
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