



**MAILING DATE: April 9, 2019**

Ms. Sheryl Shevchik  
Executive Director  
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. Shevchik:

As a result of the Department's Bureau of Human Services Licensing inspection on March 8, 2019 and March 13, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>PCH Name:</b> REDSTONE HIGHLANDS		<b>License Number:</b> 44336
<b>Address:</b> 4 GARDEN CENTER DRIVE, GREENSBURG, PA 15601		<b>County:</b> Westmoreland
<b>Administrator:</b> Cheryl Shevchick		<b>Region:</b> WEST
<b>Legal Entity Name:</b> REDSTONE PRESBYTERIAN SENIORCARE		
<b>Legal Entity Address:</b> 6 GARDEN CENTER DRIVE, GREENSBURG, PA 15601		
<b>Certificate(s) of Occupancy</b> C-2 LP 12/08/1995 Dept L & I		
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 86	<b>Waking Staff:</b> 65
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/08/2019: Grace, Desmond 03/13/2019: Grace, Desmond		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 61 <b>Number of Residents Served:</b> 47 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 5 <b>Number of Hospice Residents in past year:</b> -	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 47 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 39 <b>Have a Physical Disability:</b> 0	

**Violation Report:** 44336 - 03/08/2019 - Grace, Desmond  
**PCH Name:** REDSTONE HIGHLANDS

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:  
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.  
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.  
 (3) Resident rights.  
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).  
 (5) Falls and accident prevention.  
 (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**  
 Direct Care staff person A did not complete fire safety training conducted by a fire safety expert during the 1/1/18 to 12/31/18 annual training year.

**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 Attachment 7, 7A, 7B, 7C, 7D, 7E, 7F, 7G, and 7H*

See Page 2A of 4

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) <i>Christine Shope, PCHA</i>	Date <i>4/4/19</i>
--	--------------------

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

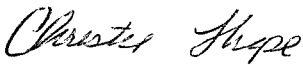
The above plan of correction is approved as of <u>4/5/19</u> (Date)	Plan of correction implementation status as of <u>4/5/19</u> (Date)
The above plan of correction was approved by <u><i>ES</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented


4/4/2019

On Wednesday, April 3<sup>rd</sup> 2019, seven members of the Redstone Highlands Maintenance Staff successfully completed the Atlantic Code Consultants Train-the Trainer program to provide fire safety training to help ensure PCH staff receives fire safety training, within regulatory perimeters, in a timely manner. Moving Forward, the Personal Care Manger, or designee, will ensure all direct care staff persons , ancillary staff persons, substitute personnel, and regularly scheduled volunteers receive fire safety training in accordance with regulation 55 Pa. Code 2600.

Christine Shope, PCHA

4/4/2019



4/5/19 

**Violation Report:** 44336 - 03/08/2019 - 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 initial assessment was completed on 4/30/18. However, the assessment did not include the resident's risk of falls and skin tears as indicated on the resident's initial medical evaluations completed on 4/27/18.

**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.*

*Please refer to: "Attachment 2" and "Attachment 2A!"*

See Page 3A of 4

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

**Signature of Legal Entity Representative**  
 (Required on EVERY Page) *Christine Shope*

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) <i>Christine Shope, PCHA</i>	<b>Date</b> <i>4/4/19</i>
---	---------------------------

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

The above plan of correction is approved as of <u>3/5/19</u> (Date)	Plan of correction implementation status as of <u>3/5/19</u> (Date)
The above plan of correction was approved by <u><i>CS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Attachment 2

4/4/2019

The assessment for Resident 1 was revised on 3/8/2019 to include the resident’s risk of falls and skin tears, and provided to the Licensing Inspector. Moving forward, the PC Manager, or designee, will compare the DME and Assessment upon significant change, and annual review, noting any discrepancies, and ensuring both documents identify the same concerns and diagnoses. Please refer to “Attachment 2A” audit form, which will be utilized for each significant change and annual review through 10/1/2019.

Immediately: The administrator or designated staff person shall review all current assessments for accuracy and completeness. 4/5/19 *JS*

Christine Shope, PCHA 4/4/2019

*Christine Shope*

4/5/19 *JS*

**Violation Report:** 44336 - 03/08/2019 - 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 #2 significant change assessment of dietary needs was completed on 1/8/19. The resident's assessment indicates the resident has a regular diet. However, the resident requires a mechanical soft diet as indicated on the resident medical evaluation completed on 1/8/19.

**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: "Attachment 3" and "Attachment 3A"*

See Page 4A of 4

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

**Signature of Legal Entity Representative**  
 (Required on EVERY Page) *Christine Shope*

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) <i>Christine Shope, PCHA</i>	<b>Date</b> <i>4/4/19</i>
---	---------------------------

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

The above plan of correction is approved as of <u>4/5/19</u> (Date)  The above plan of correction was approved by <u><i>ES</i></u> (Initials)	Plan of correction implementation status as of <u>4/5/19</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
---	---

4/4/2019

The assessment for Resident 2 was corrected on 3/8/2019 and presented to the Licensing Inspector. Moving forward, the PC Manager, or designee, will review the nurse "24 hour report sheet" daily. Any significant changes noted on the report sheet will be identified, addressed appropriately, and noted on the assessment in accordance with regulation. Please refer to "Attachment 3A."

Immediately: The administrator or designated staff person shall review all current assessments for accuracy and completeness. 4/5/19 *gj*

Christine Shope, PCHA

4/4/2019

*Christine Shope*

*4/4/19*