



MAILING DATE: July 31, 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 May 17, 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, appearing to read "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Violation Report

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 5/10/19, protective services informed staff person A, the executive director, of an allegation of caregiver neglect regarding lack of skin care treatment to several residents. The home did not report this allegation to the Department until 5/14/19.

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.)

See attached

SEE PAGE 2A OF 3

Legal Entity Representative

Signature Michelle Hoffman CPU PCHA

Printed Name and Title Michelle Hoffman PCHA Date 7-9-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/17/19
(Date)

Plan of correction implementation status as of 7/17/19
(Date)

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

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

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.


Violation: 2600.16(c): The home shall report the incident or condition to the Departments personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

- The NHA/Assistant NHA or designee will report the incident or condition to the Departments personal care home regional office or the personal care home complaint hotline within 24 hours.
- The NHA/Assistant NHA or designee will utilize and complete the Investigation File Checklist (See Attachment) with each incident to ensure compliance with PA 2600.16(c).

Immediately - The administrator will ensure that all reportable incidents and conditions as indicated in Chapter 2600.16a are reported to the Department within the required time frame and by the required reporting method. -JRW
7/17/19

Michelle Hoffman LPN PCH

Michelle Hoffman LPN PCH 7-9-19

 7/17/19

227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan for resident #1, dated 2/10/18 (sic), does not include a plan to meet the resident's needs relating to transferring in and out of bed or chair and for toileting, as indicated in the assessment, dated 2/10/19. These areas are blank.

The support plan for resident #2, dated 7/10/18, does not address the resident's use of a wheelchair, as indicated in a physician order dated 4/25/18, and order for compression hose, as indicated on the resident's May 2019 medication administration record.

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.)

See Attached

SEE PAGE 3A OF 3

Legal Entity Representative

Signature *Michelle Hoffman* LPN PCNA

Printed Name and Title *Michelle Hoffman LPN PCNA* Date *7-9-19*

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2600.227(d) – Each home shall document in the resident’s support plan the medical, dental, 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, determined the necessity of these services.

- Immediately, residents #1 and #2 support plans were updated to reflect resident #1’s needs relating to transferring in and out of bed or chair and for toileting and resident #2’s use of a wheel chair and compression stockings to comply with Regulation 2600.227(d).
- The Assistant Administrator/PCHA or designee will review each resident’s support plan upon completion to ensure accuracy and compliance with Regulation 2600.227(d).
- The Assistant Administrator/PCHA or designee will indicate review completion date on the RASP/DME Tickler.

Within 30 days from receipt of this plan of correction - The administrator or designee will review the support plans of all current residents to ensure a current, complete and accurate support plan is present in each record. - JRW 7/17/19

Michelle Hoffman LPW PCHA

Michelle Hoffman LPW PCHA 7-9-19



7/17/19