



**MAILING DATE: October 25, 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 August 19, 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". The signature is fluid and cursive.

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Violation Report

## Violation Report

### Facility Information

Name: *REDSTONE HIGHLANDS* License Number: 44336  
Address: *4 GARDEN CENTER DRIVE,, GREENSBURG, PA 15601*  
County: *WESTMORELAND* Region: *WESTERN*

### Administrator

Name: *Michelle Hoffman* Phone: *7248328400* Email: *SSHEVCHIK@REDSTONE.ORG*

### Legal Entity

Name: *REDSTONE PRESBYTERIAN SENIORCARE*  
Address: *6 GARDEN CENTER DRIVE, GREENSBURG, PA, 15601*

### Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

### Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *67*

### Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*  
Reason: *Incident*

### Inspection Dates and Department Representative

*08/19/2019 - On-Site: Courtney Barry*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *67* Residents Served: *49*

#### Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

#### Hospice

Current Residents: *N/A*

#### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *32* Have Physical Disability: *0*

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

Multiple direct care staff were present and witnessed an allegation of verbal abuse, on 8/13/19 at approximately 7:30 p.m. Between 7:30 p.m. and 10:30 p.m. direct care staff person A continued to work without an approved plan of supervision.

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* Page 2A of 3

Legal Entity Representative

*Michelle Hoffman LPN PCSA*  
Signature

*Michelle Hoffman LPN PCSA* 10-17-19  
Printed Name and Title Date

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

The above plan of correction is approved as of 10/21/19 Plan of correction implementation status as of 10/21/19  
(Date) (Date)

The above plan of correction was approved by \_\_\_\_\_  
(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.**

Regulation 2600.15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

- Immediately, staff person A was suspended pending investigation.
- All staff were re-educated on Resident Abuse and Neglect, Mandatory Reporting Requirements, Resident Rights, Redstone Highlands Abuse Prohibition Policy, Core Values and Zero Tolerance Behaviors on August 15, 2019. (Please see attached trainings)

If any future allegations of abuse occur, the home will immediately take the following steps:

\*Place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person or suspend the staff person or persons involved. If a plan of supervision is developed, the home will send the plan to the Department for approval. - JRW 10/21/19



10/21/19

*Michelle Hoffman LPN PCNA* Michelle Hoffman LPN PCNA 10-17-19

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Two direct care staff persons were attempting to assist resident #1 with transferring assistance after toileting on 8/13/19 at approximately 7:30 p.m. Additional assistance was needed with the transfer and two additional direct care staff, including direct care staff person A responded to assist with resident #1's transferring needs. It was reported that during the transfer the resident became frustrated which resulted in direct care staff person A telling resident #1 that he didn't need to be an asshole.

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* Page 3A of 3

Legal Entity Representative

*Michelle Hoffman LPN PCWA*  
Signature

*Michelle Hoffman LPN PCWA* *10-17-19*  
Printed Name and Title Date

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

The above plan of correction is approved as of 10/21/19  
(Date)

Plan of correction implementation status as of 10/21/19  
(Date)

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

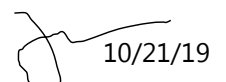
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented


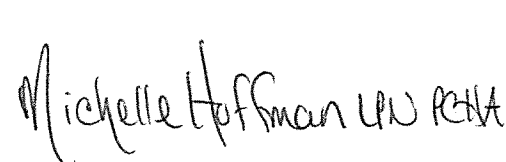
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Regulation 2600.15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

- Immediately, staff person A was suspended pending investigation.
- All staff were re-educated on Resident Abuse and Neglect, Mandatory Reporting Requirements, Resident Rights, Redstone Highlands Abuse Prohibition Policy, Core Values and Zero Tolerance Behaviors on August 15, 2019. (Please see attached trainings)

During the next quality management plan review and evaluation and ongoing – The home will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4). - JRW 10/21/19

 10/21/19

 Michelle Hoffman LPN RCHA  Michelle Hoffman LPN RCHA 10-17-19