



EMAILING DATE: November 7, 2019

Ms. Amy Light
Administrator
Redstone Presbyterian Seniorcare
6 Garden Center Drive
Greensburg, Pennsylvania 15601

RE: Redstone Highlands
4949 Cline Hollow Road
Murrysville, Pennsylvania 15668
Certificate #: 443380

Dear Ms. Light:

As a result of the Department's Bureau of Human Services Licensing inspection on August 28, 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 "Jody Garvey". The signature is written in a cursive style.

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *REDSTONE HIGHLANDS*
Address: *4949 CLINE HOLLOW ROAD, MURRYSVILLE, PA 15668*
County: *WESTMORELAND* Region: *WESTERN*

License Number: *44338*

Administrator

Name: *Amy Light* Phone: *7247339494* Email: *VLOUCKS@REDSTONEHIGHLANDS.ORG*

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-2* Date: *06/24/2010* Issued By: *Munc. of Murrysville*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *77* Waking Staff: *58*

Inspection

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

Inspection Dates and Department Representative

08/28/2019 - On-Site: Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *45*

Secured Dementia Care Unit

In Home: *Yes* Area: *Lower level* Capacity: *20* Residents Served: *20*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *32* Have Physical Disability: *0*

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:


Description of Violation

Staff person A, an agency staff person, started working in the home on 4/12/19. However, the staff person did not receive training in any topics specified in 2600.65(a).

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 POC

See attachment 2a  10/30/19

Legal Entity Representative



Signature

Amy Light PCHHA 10-9-19
Printed Name and Title Date

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

The above plan of correction is approved as of 10/30/19
(Date)

Plan of correction implementation status as of 10/30/19
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report 44338-08/28/2019

Redstone Highlands Murrysville

Regulation Violation 2600.65 (a)

Plan of Correction:

Staff Member A : Staff Member A is not contracted currently to work in Redstone Highlands Building

Description of the repair for immediate problem : Full audit of employee files will be conducted to identify any employee that has not completed the necessary orientation as outlined in Regulation 2600.65 (a)

Prior to or during the first day of work the home will provide all direct care staff persons including ancillary staff persons, will have orientation in regards to the following topics as outlined in Regulation 2600.65 (a). Please see attached updated Redstone Highlands Nursing Orientation (CNA) Orientation Checklist and Nursing Orientation (LPN/RN) Orientation Checklist. The following training/ education were added: The designated meeting place outside the building or within the fire safe area in the event of an actual fire, and Telephone use and notification of emergency services. (Please refer to the updated check list)

Long Term Plan for problem : Current Direct care staff persons, including ancillary staff persons, substitute personnel and volunteers shall have orientation in regards to Regulation 2600.65 (a) from Virtual Relias training created and produced by a staff person who successfully completed a Fire Safety Train the Trainer course. The video will be created in 30 days from approved POC date. This virtual Relias training will be in addition to the Nursing Orientation (CNA) Orientation Checklist and Nursing Orientation (LPN/RN) Orientation Checklist.

Monitoring Plan: The Campus Director will review all employee files to assure compliance of Regulation 2600.65 (a). The Campus Director will track all education and check list completed for direct care staff persons including ancillary staff persons, substitute personnel and volunteers in regards to Regulation 2600.65(a) The Campus Director will track education and check list every month for a period of 6 months to ensure compliance.

Compliance Date: Date by which the above will be completed 30 days from approved POC.

Please see attached updated Agency Nursing Orientation (CNA) Orientation and Agency Nursing Orientation (LPN/RN) Orientation Checklist.

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:


Description of Violation

Staff person A, an agency staff person, started working in the home on 4/12/19. However, the staff person did not receive training in any topics specified in 2600.65(b).

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 POC

See attachment 3a  10/30/19

Legal Entity Representative



Signature

Amy Light PCHA 10-9-19
Printed Name and Title Date

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Violation Report 44338-08/28/2019

Redstone Highlands Murrysville

Regulation Violation 2600.65 (b)

Plan Of Correction:

Staff Member A: Staff person A is currently not contracted to work in a Redstone Highlands Building.

Description of the repair for immediate problem: Full audit of employee files will be conducted to identify any employee that has not completed the necessary orientation as outlined in Regulation 2600.65 (b) Within 40 hours scheduled working hours, the home will provide direct care staff persons, ancillary staff persons, substitute personnel shall have an orientation in the following: Resident Rights, Emergency medical plan, Mandatory Reporting of abuse and neglect, reporting of reportable incidents and conditions.

Long Term Plan for problem: All staff within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have orientation with Relias Online training which includes the following: Residents Rights, Emergency medical plan, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. All staff will completed the attached Orientation check lists in addition to the Relias Online training.

Monitoring Plan: The Campus Director will review all employee files to assure compliance of Regulation 2600.65 (b). The Campus Director will track all education and check list completed for direct care staff persons including ancillary staff persons, substitute personnel and volunteers in regards to Regulation 2600.65. The Campus Director will track education and check list every month for a period of 6 months to ensure compliance.

Compliance Date: Date by which the above will be completed 30 days from approved POC.

Please see attached updated Agency Nursing Orientation (CNA) Orientation and Agency Nursing Orientation (LPN/RN) Orientation Checklist.

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.


Description of Violation

Resident #1's most recent medical evaluation, dated 10/11/18, does not include the resident's health status or cognitive functioning. These sections of the medical evaluation were blank.

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 POC

See attachment 4a  10/30/19

Legal Entity Representative



Signature

Amy Light PCHA 10-9-19
Printed Name and Title Date

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Violation Report 44338-08/28/2019

Redstone Highlands Murrysville


Regulation Violation 2600.141.(b)(1)

Plan of Correction:

Resident #1:

Description of the repair for immediate problem: The medical evaluation resident cognitive status dated 10/11/18 was updated while surveyor was on site 08/28/2019. The Campus Director will audit all DME's to ensure compliance as outlined in Regulation 2600.141(b)(1).

Long Term Plan for problem: The home developed/updated check list for New Admissions, Significant Change, and Annual Evaluation. Please see attached updated Admission Check list for Residents. (DME all boxes checked added)

Within 30 days of receipt of these plans of correction, all staff persons responsible for reviewing medical evaluations will be educated on ensuring that the forms are complete and accurate upon receipt.  10/30/19

Monitoring Plan: The Campus Director reviewed all DME's on 10/ 7/19 to ensure compliance of Regulation 2600.141 (b)(1). The Campus Director will review at every New Admission, Significant Change and Annual Evaluation for 6 months to ensure compliance.

Compliance Date: Date by which the above was completed was 10/07/19.

*Updated Checklist with DME Completed by Nurse and Attached Copy of Current Orders/all boxes checked.

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.


Description of Violation

Resident #1 was prescribed Amlodipine Besylate tablet 2.5 mg-give 1 tablet by mouth one time a day. On 8/15/19, two pills were found under resident #1's recliner. The pills were identified as Amlodipine Besylate tablet 2.5 mg. The home failed to administer these medications.

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 POC

See attachment 5a  10/30/19

Legal Entity Representative


Signature


Amy Light PCHA
Printed Name and Title

10-9-19
Date

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Violation Report 44338-08/28/2019

Redstone Highlands Murrysville

Regulation Violation 2600.187 (d)


Plan of Correction:

Resident #1:

Description of the repair for immediate problem: The home completed staff education with Staff LPN on 8/15/19 in regards to medication administration. The home conducted staff education 08/26/2019 for all direct care staff. Education in regards to following the directions of the prescriber and medication management. Please see attached education. Staff also documenting that resident is observed for pocketing medications.

Long Term Plan for problem: The Campus Director will observe the nursing staff's medication administration pass. The Campus Director will continue to monitor all documentation in regards to resident #1 and pocketing medications. *The Campus Director or designated staff person will observe a medication pass for each staff person qualified to administer medication at least once per month for three months.*

Monitoring Plan: The Campus Director will observe the nursing staffs medication administration pass twice a year for a period of 1 year as outlined in regulation 2600.182 (b) (1-6). For compliance.

 10/30/19

Compliance Date: Date by which the above will be completed in 30 days from approved POC.