



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: srocketts@redstone.org
vloucks@redstone.org
mihoffman@redstone.org

MAILING DATE: February 21, 2020

Ms. Michelle Hoffman, LPN, PCHA
Campus Director
Redstone Senior Care
126 Mathews Street
Greensburg, Pennsylvania 15601

RE: Redstone Highlands
12921 Redstone Drive
North Huntingdon, Pennsylvania 15642
License #: 443370

Dear Ms. Hoffman:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 12, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

A handwritten signature in black ink, appearing to read "P. Mazzola".

Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

12/24/2019

Western Region Field Office
Bureau of Human Services Licensing

Violation Report

License Number: 44337

Facility Information

Name: REDSTONE HIGHLANDS
Address: 12921 REDSTONE DRIVE,, NORTH HUNTINGDON, PA 15642
County: WESTMORELAND Region: WESTERN

Administrator

Name: Summer Ricketts Phone: 7248645811 Email: sricketts@redstone.org

Legal Entity

Name: REDSTONE PRESBYTERIAN SENIORCARE
Address: 126 MATHEWS STREET, GREENSBURG, PA, 15601

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/06/2001 Issued By: L&I
Type: I-2 Date: 05/17/2010 Issued By: Twp of N Huntingdon

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 69 Waking Staff: 52

Inspection

Type: Full BHA Docket #: Notice: Unannounced
Reason: Renewal,Complaint

Inspection Dates and Department Representative

12/12/2019 - On-Site: Lauren Spagna, Jan Cutter, Scott Klein

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 44 Residents Served: 40

Secured Dementia Care Unit

In Home: Yes Area: Terrace Capacity: 20 Residents Served: 19

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 29 Have Physical Disability: 0

65e - 12 Hours Annual Training

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A only received 9 hours of annual training during the 2018 training year.

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 see attached 2a.

See Page 2A of 6

Legal Entity Representative

Signature: *Summer Ricketts*

Printed Name and Title: Summer Ricketts Campus Director Date: 12/24/19

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

The above plan of correction is approved as of 1/6/2020 (Date)

Plan of correction implementation status as of 2/19/2020 (Date)

The above plan of correction was approved by *LRM* (Initials)

Implemented Not Implemented

Violation Report 44337-12/12/2019

Redstone Highlands North Huntingdon

Regulation Violation 2600.65 (e)

Plan of Correction:

Staff Member A: Staff Member A

Description of the repair for immediate problem: Full audit of employee education files will be conducted by the Campus Director to identify any employee that has not completed the necessary education as outlined in Regulation 2600.65 (e).

Long Term Plan for Problem: Campus Director will audit employee education files monthly to ensure every employee has the education required as outlined in Regulation 2600.65 (e).

Monitoring Plan: The Campus Director will review employee education files monthly to assure compliance of Regulation 2600.65 (e).

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

Summer Fickett 12/24/19

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
5. Personal care service needs of the resident.
6. Safe management techniques.

Description of Violation

Direct care staff person A did not receive training on the following topics during the 2018 training year:

*Medication self-administration training

*Instructions on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan

*Care for residents with dementia and cognitive impairments

*Personal care service needs of the residents

*Safe management techniques

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 see attached 3a and supporting documents.

See Page 3A of 6

Legal Entity Representative

Summer Ricketts
Signature

Campus Director
Summer Ricketts
Printed Name and Title

1/13/2020
Date

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The above plan of correction is approved as of *1/14/2020*
(Date)

The above plan of correction was approved by *LRM*
(Initials)

Plan of correction implementation status as of *2/19/2020*
(Date)

- Implemented
- Not Implemented

Violation Report 44337-12/12/2019

Redstone Highlands North Huntingdon

Regulation Violation 2600.65 (f)

Plan of Correction:

Direct Care staff person A did not receive training on the following topics during the 2018 training year.

- Medication self-administration training
- Instructions on meeting the needs of residents as described in the preadmission summary screening form, assessment tool, medical evaluation and support plan
- Care for residents with dementia and cognitive impairments
- Personal care service needs of the resident
- Safe management techniques

Description of the repair for immediate problem: Direct Care staff person A received training on the topics: Medication self-administration training, Instructions on meeting the needs of residents as described in the preadmission summary screening form, assessment tool, medical evaluation and support plan, Care for residents with dementia and cognitive impairments, Personal care service needs of the resident, and Safe management techniques on 12/20/19. The education and tests are attached with the record of training sheet to account for the training and hours. Full audit of employee education files will be conducted by the Campus Director to identify any employee that has not completed the necessary education as outlined in Regulation 2600.65 (f).

Long Term Plan for Problem: Campus Director will audit employee files monthly to ensure every employee has the education required as outlined in Regulation 2600.65 (f).

Monitoring Plan: Campus Director will audit employee files monthly to ensure every employee has the education required as outlined in Regulation 2600.65 (f).

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

Summer Pickett 1/13/2020

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers, to include the nearest hospital and fire department, on or by the telephones in bedrooms #2223 and #2240.

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 see attached 4A

See Page 4A of 6

Legal Entity Representative

Summer Riccetti
Signature

Summer Riccetti Campus Director
2/19/20
Printed Name and Title Date

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The above plan of correction is approved as of 1/6/2020
(Date)

The above plan of correction was approved by *LRM*
(Initials)

Plan of correction implementation status as of 2/19/2020
(Date)

Implemented
 Not Implemented

Violation Report 44337-12/12/2019

Redstone Highlands North Huntingdon

Regulation Violation 2600.91

Plan of Correction:

Emergency Telephone Numbers

Description of the repair for immediate problem: Emergency telephone numbers have been placed on bedrooms #2223 and #2240.

Long Term Plan for Problem: The Campus Director or designee to complete a full audit of personal care bedrooms to ensure compliance with Regulation 2600.91.

Monitoring Plan: The Campus Director or designee will complete an audit monthly until December 2020 to ensure all telephones have the emergency phone numbers for compliance with Regulation 2600.91.

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

Summer Parkettus 12/24/19

132a - Monthly Fire Drill

Regulations

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of March, 2019.

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 see attached 5a

See Page 5A of 6

Legal Entity Representative

Summer Ricketts
Signature

Campus Director
Summer Ricketts 10/24/19
Printed Name and Title Date

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

The above plan of correction is approved as of 1/6/2020
(Date)

Plan of correction implementation status as of 2/19/2020
(Date)

The above plan of correction was approved by *SR*
(Initials)

Implemented
 Not Implemented

Violation Report 44337-12/12/2019

Redstone Highlands North Huntingdon

Regulation Violation 2600.132. (a)

Plan of Correction:

An unannounced fire drill was not held during the month of March 2019.

Description of the repair for immediate problem/Long Term Plan for Problem: Campus Director and Facility Support Manager scheduled the fire drills for the year 2020 and including a makeup fire drill to account for a failed drill to ensure compliance with Regulation Violation 2600.132. (a).

Monitoring Plan: The Facility Support Manager will send the completed monthly fire drill record to Campus Director for review to ensure compliance with Regulation Violation 2600.132. (a).

Compliance Date: This plan of correction includes the scheduled fire drills for year 2020 and makeup fire drill scheduled.

Summer Prokett 12/24/19

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 7/21/19 at 3:00 PM, indicates that 1 staff person participated in the fire drill; however, 3 staff persons participated in the drill.

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 see attached leaf

See Page 6A of 6

Legal Entity Representative

Summer Bicketts
Signature

Summer Bicketts
Printed Name and Title

campus
director
12/24/19
Date

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

The above plan of correction is approved as of 1/6/2020
(Date)

Plan of correction implementation status as of 2/19/2020
(Date)

The above plan of correction was approved by *LM*
(Initials)

Implemented
 Not Implemented

Violation Report 44337-12/12/2019

Redstone Highlands North Huntingdon

Regulation Violation 2600.132. (c)

Plan of Correction:

The fire drill record for the drill conducted on 7/21/19 indicates that 1 staff person participated in the fire drill; however, 3 staff persons participated in the drill.

Description of the repair for immediate problem: Staff persons that participate in the scheduled fire drills will sign in.

Long Term Plan for Problem: The Director of Maintenance Services will send the completed monthly fire drill record with staff sign in sheet to Campus Director for review to ensure compliance with Regulation Violation 2600.132. (c).

Monitoring Plan: The Director of Maintenance Services will send the completed monthly fire drill record with staff sign in sheet to Campus Director for review monthly to ensure compliance with Regulation Violation 2600.132. (c).

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

Shirley 12/14/19