



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [sshevchik@redstone.org](mailto:sshevchik@redstone.org)  
[mihoffman@redstone.org](mailto:mihoffman@redstone.org)

MAILING DATE: February 6, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on January 13, 2020, of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is:  
Acceptable - All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

A handwritten signature in blue ink that reads "Larry Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

1/24/2020

Western Region Field Office  
Bureau of Human Services Licensing

### Violation Report

#### Facility Information

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

License Number: 44336

#### Administrator

Name: Michelle Hoffman                      Phone: 7248328400                      Email: MIHOFFMAN@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: 12/08/1995                      Issued By: Dept L&I

#### Staffing Hours

Resident Support Staff: 0                      Total Daily Staff: 74                      Waking Staff: 56

#### Inspection

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

#### Inspection Dates and Department Representative

01/13/2020 - On-Site: Amy Duncan, Scott Klein, Tom Smith

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: 61                      Residents Served: 47

##### Secured Dementia Care Unit

In Home: No                      Area:                      Capacity:                      Residents Served:

##### Hospice

Current Residents: 4

##### Number of Residents Who:

Receive Supplemental Security Income: 0                      Are 60 Years of Age or Older: 47  
Diagnosed with Mental Illness: 0                      Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 27                      Have Physical Disability: 1

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires that carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. The home has a gas stove in the kitchen; however, the carbon monoxide detector was located approximately 10 feet from the stove.

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.

Legal Entity Representative

Michelle Hoffman CPN PCHA  
Signature

Michelle Hoffman CPN PCHA 1-24-20  
Printed Name and Title Date

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

The above plan of correction is approved as of 1/27/2020

(Date)  
LM

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

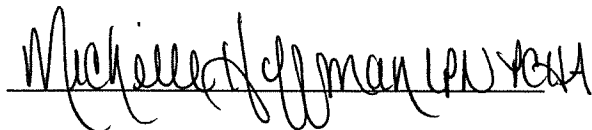
- Implemented
- Not Implemented

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

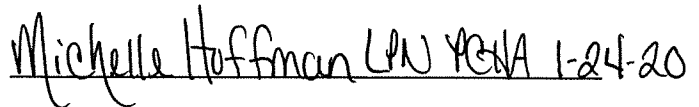
By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

**2600.18 Applicable health and safety laws – A home shall comply with applicable Federal, State, and local laws, ordinances and regulations.**

- Immediate Solution: Carbon Monoxide detector has been moved 15 feet away from the stove in the kitchen on 1/20/20 in order to be in compliance with the regulation 2600.18.
- Action Plan: Within 30 days of this plan of correction, random audits will occur on a monthly basis by the maintenance supervisor or designee to ensure continued compliance with regulation 2600.18.

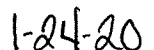


Signature



Printed Name and Title

Date



42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At 12:02 pm, an agent of the Department observed direct care staff person B measure resident #4's blood sugar level and administer an insulin injection into the resident's abdomen while the resident was seated in a chair at the bottom of the stairway in the public sitting area near the main entrance.

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*

Legal Entity Representative

*Michelle Hoffman*  
Signature

*Michelle Hoffman CPW PCNA* *2-3-20*  
Printed Name and Title Date

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

The above plan of correction is approved as of 2/3/2020  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

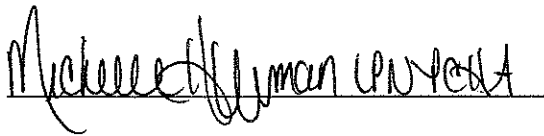
- Implemented
- Not Implemented

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

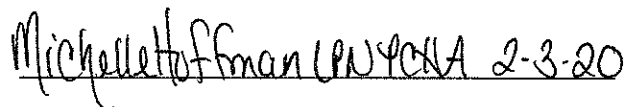
By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

**2600.42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.**

- Immediate Action: Staff member B was immediately educated on regulation 2600.42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.
- Immediate Action: Assistant Administrator/PCHA or designee completed a random audit of insulin injections to ensure that privacy was provided for the resident and to ensure compliance with regulation 2600.42.s. This audit occurred on February 3, 2020. No other concerns noted.
- Action Plan: Within 30 days of approval of this plan of correction, the Assistant Administrator or designee will provide Resident Rights education to the staff to ensure compliance with regulation 2600.42.s.
- Action Plan: Assistant Administrator/PCHA or designee will complete a random audit of insulin injections monthly for 6 months to ensure that privacy is provided for the resident and to maintain compliance with regulation 2600.42.s.



Signature



Printed Name and Title

Date

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.

Description of Violation

Direct care staff person A did not receive training on the following topics during the 2019 training year:

- \* Medication self-administration training
- \* Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan

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

Legal Entity Representative

*Michelle Hoffman LPN-RNA*  
Signature

Michelle Hoffman LPN-RNA 1-24-20  
Printed Name and Title Date

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

The above plan of correction is approved as of 1/27/2020  
(Date)

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

- Implemented
- Not Implemented

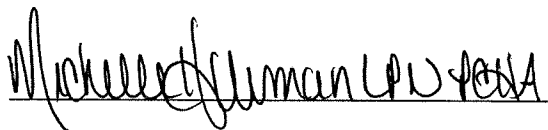
This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

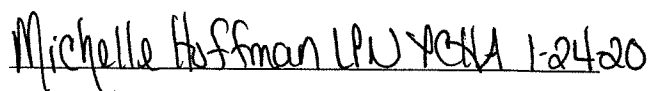
**2600.65.f. Training topics for the annual training for direct care staff persons shall include the following:**

- 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.**

- Immediate Action: Staff member A received training on topics Medication self-administration and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. Training was provided to staff member A by the Assistant Administrator/PCHA on 01/16/2020. (See Attached)
- Immediate Action: An audit of staff training was completed to ensure compliance with regulation 2600.65.f. No other occurrences were noted. (See Attached)
- Action Plan: Assistant Administrator/PCHA or designee will track staff member trainings monthly to ensure compliance with regulation 2600.65.f. (See Attached)



Signature



Printed Name and Title

Date

85a - Sanitary Conditions

Regulations

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/9/20 at 11:49 am, resident #5's glucometer was used to test resident #4's blood sugar.

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

Legal Entity Representative

*Michelle Hoffman*  
Signature

*Michelle Hoffman LPN PCNA* 2-3-20  
Printed Name and Title Date

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

The above plan of correction is approved as of 2/3/2020  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

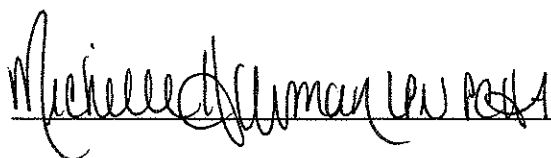
Implemented  
 Not Implemented

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

**2600.85.a. Sanitary conditions shall be maintained.**

- Immediate Action: The Assistant Administrator/PCHA or designee will ensure that sanitary conditions are maintained throughout the community.
- Immediate Action: Resident #5's glucometer was replaced on February 3, 2020 with a new unit at no cost to the resident. (See Attached)
- Immediate Action: Staff member received education on regulation 2600.85.a., Tips for Safer Use of Blood Glucose Testing and Insulin Administration Equipment and Supplies and the CDC's Infection Prevention during Blood Glucose Monitoring and Insulin Administration. (See Attached)
- Immediate Action: Resident #4's physician was notified on February 3, 2020 with no further orders or recommendations. (See Attached)
- Action Plan: The Assistant Administrator/PCHA or designee will complete a glucometer audit weekly x4 weeks, then monthly to ensure compliance with regulation 2600.85.a. (See Attached)
- Action Plan: Within 30 days of approval of this plan of correction the staff will receive education on regulation 2600.85.a., Tips for Safer Use of Blood Glucose Testing and Insulin Administration Equipment and Supplies and the CDC's Infection Prevention during Blood Glucose Monitoring and Insulin Administration to ensure compliance with regulation 2600.85.a. (See Attached)



Signature

Michelle Hoffman LP/PCA 2-3-20

Printed Name and Title

Date

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 following telephones:

- \* Outside of the 3rd floor kitchenette
- \* Resident #5's bedroom

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*

Legal Entity Representative

*Michelle Hoffman CPA*  
Signature

Michelle Hoffman CPA  
Printed Name and Title

1-24-20  
Date

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

The above plan of correction is approved as of 1/27/2020  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

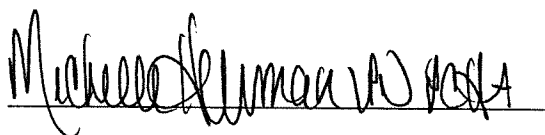
- Implemented
- Not Implemented

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

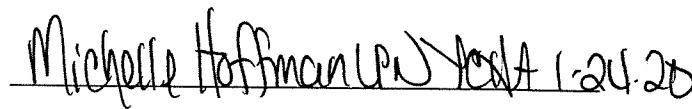
By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

**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.**

- Immediate Action: The Assistant Administrator/PCHA or designee will ensure 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.
- Immediate Action: Emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were posted by the following telephones:
  1. Outside the third floor kitchenette.
  2. Resident #5's bedroom.
- Immediate Action: The Assistant Administrator or designee completed an audit of telephones in the community to ensure compliance with regulation 2600.91. No other concerns noted. (See Attached)
- Action Plan: The Assistant Administrator or designee will complete a random monthly audit of telephones in the community to ensure compliance with regulation 2600.91. (See Attached)



Signature



Printed Name and Title

Date

1-24-20

96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the ground floor medication room does not include scissors, tweezers or a breathing shield.

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

Legal Entity Representative

Signature *Michelle Hoffman LPW/MSA*

Printed Name and Title *Michelle Hoffman LPW/MSA* Date *1-24-20*

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

The above plan of correction is approved as of 1/27/2020  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

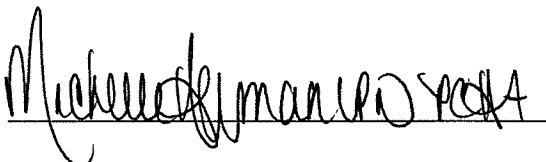
- Implemented
- Not Implemented

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

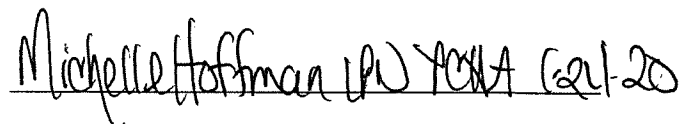
By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

**2600.96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.**

- Immediate Action: The Assistant Administrator/PCHA will ensure that the home has a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers to ensure compliance with regulation 2600.96.a.
- Immediate Action: Scissors, tweezers and a breathing shield were placed in the ground floor medication room first aid kit on 01/13/2020. (See Attached)
- Immediate Action: An audit of the first aid kit in the Courtyard medication room was completed to ensure compliance with regulation 2600.96.a. on 1/13/2020. No other concerns noted. (See Attached)
- Action Plan: Within 30 days of approval of this plan of correction the Assistant Administrator/PCHA or designee will provide staff education on regulation 2600.96.a. regarding first aid kits. (See Attached)
- Action Plan: The Assistant Administrator/PCHA or designee will complete a first aid kit audit weekly x4 weeks, then monthly to ensure compliance with regulation 2600.96.a. (See Attached)



Signature



Printed Name and Title

Date

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3's lamp is located approximately 6 feet from the head of his bed and cannot be turned on/off at bedside.

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

Legal Entity Representative

*Michelle Hoffman*  
Signature

Michelle Hoffman  
Printed Name and Title

1-24-20  
Date

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

The above plan of correction is approved as of 1/27/2020  
(Date)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

- Implemented
- Not Implemented

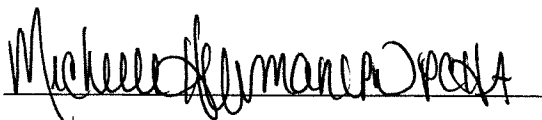
This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

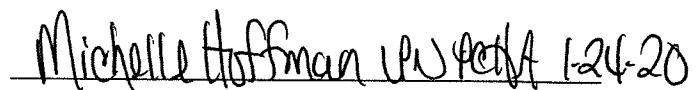
**2600.101.j. Each resident shall have the following in the bedroom:**

**1. An operable lamp or other source of lighting that can be turned on at bedside.**

- Immediate Action: The Assistant Administrator/PCHA or designee will ensure each resident has the following in the bedroom:
  - 7. An operable lamp or other source of lighting that can be turned on at bedside.
- Immediate Action: Resident #4's lamp was positioned near the head of the bed to provide a source of lighting that can be turned on at bedside and ensure compliance with regulation 2600.96.j.
- Immediate Action: The Assistant Administrator or designee completed an audit of resident lamps in the community to ensure compliance with regulation 2600.96.j. on 01/14/2020. No other concerns noted. (See Attached)
- Action Plan: The Assistant Administrator or designee will complete a random monthly audit of resident lamps in the community to ensure compliance with regulation 2600.96.j. (See Attached)



Signature



Printed Name and Title

Date

103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The following foods were stored in the upright freezer in the small kitchen:

- \* (2) 5 lb. packages of meat-unlabeled, undated
- \* A 3 lb. bag of potato wedges-unsealed, undated

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

Legal Entity Representative

*Michelle Hoffman*  
Signature

Michelle Hoffman  
Printed Name and Title

1-27-20  
Date

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

The above plan of correction is approved as of 1/27/2020  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

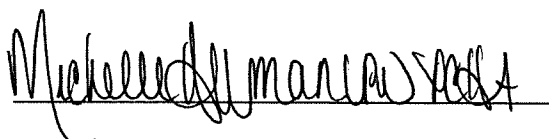
- Implemented
- Not Implemented

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

**2600.103.i. Outdated or spoiled food or dented cans may not be used.**

- Immediate Action: Unsealed, unlabeled and undated items in the upright freezer in the small kitchen were immediately removed.
- Immediate Action: An audit was completed on stored food to verify correct labeling and dating was in place to maintain compliance with regulation 2600.103.i. No other concerns noted.
- Action Plan: The Assistant Administrator/PCHA or designee will ensure that outdated or spoiled food or dented cans are not used.
- Action Plan: The Assistant Administrator/PCHA or designee will complete an audit on stored food to verify correct labeling and dating is place weekly x4 weeks then monthly to ensure compliance with regulation 2600.103.i. (See Attached)
- Action Plan: Within 30 days of approval of this plan of correction, staff will receive training on regulation 2600.103.i. by the Assistant Administrator or designee to ensure maintained compliance with regulation 2600.103.i. (See Attached)



Signature

Michelle Hoffman UNPCHT 1-24-20

Printed Name and Title

Date

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 records for the following drills indicate "past fire doors" and do not specify the exit route(s) used:

\*9/20/19 at 1:43 pm

\*10/16/19 at 12:47 pm

\*11/29/19 at 9:07 am

\*12/31/19 at 3:42 pm

The fire drill record for the drill conducted on 12/31/19 at 3:42 pm does not indicate the number of residents in the home at the time of the drill and if any problems were encountered.

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

Legal Entity Representative

Michelle Hoffman  
Signature

Michelle Hoffman  
Printed Name and Title

1-24-20  
Date

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

The above plan of correction is approved as of 1/27/2020  
(Date)

Plan of correction implementation status as of (Date)

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

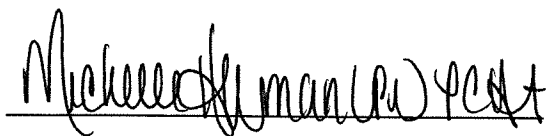
- Implemented
- Not Implemented

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

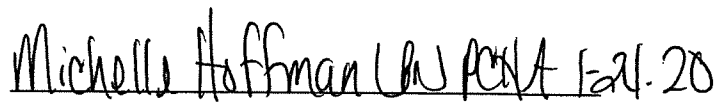
By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

**2600.132.c. A written fire drill record must include the date, time, the amount of time it took to evacuate, 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.**

- Immediate Action: Maintenance staff received re-training on 1/20/20 regarding the use of more specific wording when indicating routes/locations used during fire drills. (See Attached)
- Action Plan: The Assistant Administrator/PCHA or designee will ensure that the written fire drill record includes the date, time, the amount of time it took to evacuate, 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, the problems encountered and whether the fire alarm or smoke detector was operative.
- Action Plan: The fire drill record will be reviewed, in its entirety, by the Assistant Administrator/PCHA or designee following the conclusion of each drill in order to ensure accuracy and compliance with regulation 2600.132.c.



Signature



Printed Name and Title

Date

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill conducted on 12/31/19 at 3:42 pm, not all residents evacuated to a fire-safe area or designated meeting place away from the building. The home's census records indicate there were 46 residents in the home at the time of the drill; however, the fire drill record indicates 1 resident was evacuated.

REPEAT VIOLATION: 11/28/2018

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

Legal Entity Representative

Michelle Hoffman  
Signature

Michelle Hoffman PCA 1-24-20  
Printed Name and Title Date

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

The above plan of correction is approved as of 1/27/2020  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

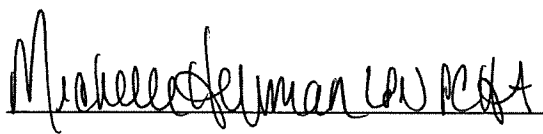
Implemented  
 Not Implemented

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

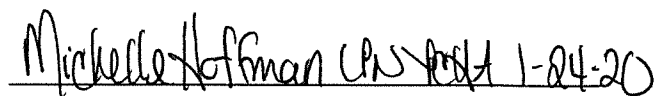
By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

**2600.132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.**

- Immediate Action: Maintenance staff received re-training on 1/20/20 regarding correct completion of the fire drill record specific to the number of residents evacuated during the fire drill and the current census at the time of the fire drill. (See Attached)
- Immediate Action: The Assistant Administrator/PCHA or designee and Maintenance Supervisor will review the Personal Care census for accuracy following the conclusion of each fire drill.
- The Assistant Administrator/PCHA or designee will ensure that residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.
- Action Plan: The fire drill record will also be reviewed, in its entirety, by the Assistant Administrator/PCHA or designee following the conclusion of each drill in order to ensure accuracy and maintain compliance with regulation 2600.132.d.



Signature



Printed Name and Title

Date

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's initial medical evaluation, dated 2/26/19, is blank under the body positioning and movement section. Resident #3's initial medical evaluation, dated 5/16/19, does not include the resident's height. This section of the form is 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

Legal Entity Representative

*Michelle Hoffman*  
Signature

Michelle Hoffman LPW PCH  
Printed Name and Title

2-3-20  
Date

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

The above plan of correction is approved as of 2/3/2020  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

- Implemented  
 Not Implemented

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

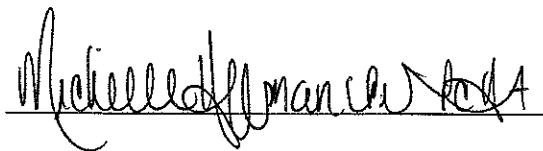
By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

**2600.141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified practitioner documented on a form specified by the department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:**

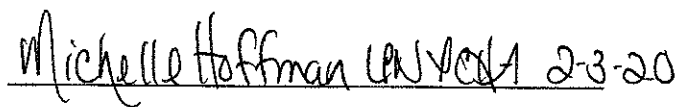
- 1. A general physical examination by a physician, physician's assistant or nurse practitioner.**
- 2. Medical diagnosis including physical or mental disabilities of the resident, if any.**
- 3. Medical information pertinent to diagnosis and treatment in case of an emergency.**
- 4. Special health or dietary needs of the resident.**
- 5. Allergies.**
- 6. Immunization history.**
- 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.**
- 8. Body positioning and movement stimulation for residents, if appropriate.**
- 9. Health status.**
- 10. Mobility assessment, updated annually or at the department's request.**

- Immediate Action: Resident #1's physician was contacted to correct the medical evaluation dated 2/26/19 under the body positioning and movement section. Physician immediately corrected and returned the medical evaluation to the community and the document was place on the resident's chart. (See Attached)
- Immediate Action: Resident #3's physician was contacted to correct the medical evaluation dated 5/16/19 to include the resident's height. Physician immediately corrected and returned the medical evaluation to the community and the document was place on the resident's chart. (See Attached)

- Action Plan: The Assistant Administrator/PCHA or designee completed an audit of the medical evaluations for the residents in the home for accuracy and compliance with regulation 2600.141.a. (See Attached)
- Action Plan: The Assistant Administrator/PCHA or designee will complete a random monthly audit of the medical evaluation to ensure accuracy and compliance with regulation 2600.141.a.
- Action Plan: Within 30 days of approval of this plan of correction, staff will receive training on regulation 2600141.a. 1-10 Medical Evaluation Information to include instruction on verification upon receipt of the medical evaluation that it is complete in its entirety and steps required to make corrections. This training will also designate responsible staff for the verification and correction of the medical evaluation. (See Attached)



Signature



Printed Name and Title

Date

161d - Dietary Needs

Regulations

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

According to the National Dysphagia Diet, a mechanical soft diet includes "foods that are moist, soft-textured, and easily formed into a bolus. Meats are ground or are minced no larger than 1/4-inch pieces." On 3/5/19, resident #1 was prescribed a mechanical soft diet with ground, moistened meats. However, on 1/13/20 at approximately 12:00 pm, the resident was provided a large, dry slice of pork roast. Kitchen staff members indicated they were unaware the resident was prescribed a special diet. Also, the resident's diet was not posted in the kitchen where special diets are kept.

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

Legal Entity Representative

Signature Michelle Hoffman LPN PCHA

Printed Name and Title Michelle Hoffman LPN PCHA

Date 1-24-20

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

The above plan of correction is approved as of

1/27/2020  
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

LM  
(Initials)

Implemented

Not Implemented

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

**2600.161.d. A resident's specialty dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietician shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.**

Immediate Action: The Assistant Administrator/PCHA verified resident's current diet order and notified the kitchen staff and the Director of Dining Services.

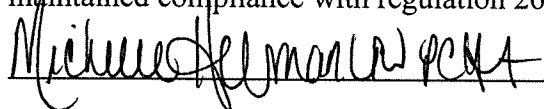
Immediate Action: The Assistant Administrator/PCHA or designee reported occurrence to the resident's physician and requested orders for speech therapy consult. (See Attached)

Immediate Action: The Assistant Administrator/PCHA provided a report of resident diet orders in the home to the kitchen staff and Director of Dining Services. (See Attached)

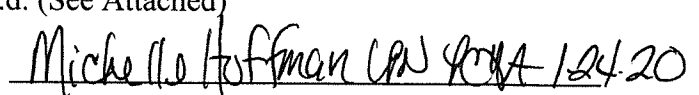
Action Plan: The Assistant Administrator/PCHA or designee will ensure that a resident's specialty dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietician shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Action Plan: The Assistant Administrator/PCHA or designee will provide a resident diet report to the Director of Dining Services weekly x4 weeks then monthly to ensure accuracy of resident diet orders and compliance with regulation 2600.161.d.

Action Plan: Within 30 days of approval of this plan of correction, the staff will receive re-training on the Dietary and Nursing Communications for Diet Changes policy to ensure maintained compliance with regulation 2600.161.d. (See Attached)



Signature



Printed Name and Title

Date

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

On 3/5/19, resident #1 was prescribed a mechanical soft diet with ground, moistened meats. However, on 1/13/20 at approximately 12:00 pm, the resident was provided a large, dry slice of pork roast. Kitchen staff members indicated they were unaware the resident was prescribed a special diet. Also, the resident's diet was not posted in the kitchen where special diets are kept.

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

Legal Entity Representative

*Michelle Hoffman*  
Signature

Michelle Hoffman LSW PCH  
Printed Name and Title  
1-24-20  
Date

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

The above plan of correction is approved as of 1/27/2020  
(Date)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

- Implemented
- Not Implemented

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

**2600.187.d. The home shall follow the directions of the prescriber.**

Immediate Action: The Assistant Administrator/PCHA verified resident's current diet order and notified the kitchen staff and the Director of Dining Services.

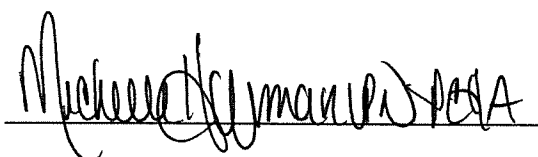
Immediate Action: The Assistant Administrator/PCHA or designee reported occurrence to the resident's physician and requested orders for speech therapy consult. (See Attached)

Immediate Action: The Assistant Administrator/PCHA provided a report of resident diet orders in the home to the kitchen staff and Director of Dining Services. (See Attached)

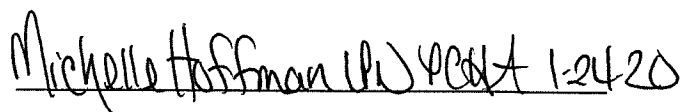
Action Plan: The Assistant Administrator/PCHA or designee will ensure that the home follows the direction of the prescriber.

Action Plan: The Assistant Administrator/PCHA or designee will provide a resident diet report to the Director of Dining Services weekly x4 weeks then monthly to ensure accuracy of resident diet orders and compliance with regulation 2600.187.d.

Action Plan: Within 30 days of approval of this plan of correction, the staff will receive re-training on the Dietary and Nursing Communications for Diet Changes policy to ensure maintained compliance with regulation 2600.187.d. (See Attached)



Signature



Printed Name and Title

Date

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The photo in resident #2's record is dated 6/27/17.

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

Legal Entity Representative

*Michelle Hoffman CPA*  
Signature

Michelle Hoffman CPA  
Printed Name and Title

1-24-20  
Date

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

The above plan of correction is approved as of 1/27/2020  
(Date)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

- Implemented
- Not Implemented

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

**2600.252 Content of Resident Records – Each resident's record must include the following information:**

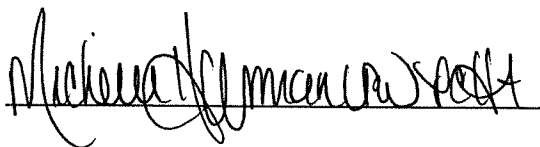
**3. A photograph of the resident that is no more than 2 years old.**

Immediate Action: A new photo was obtained of resident #2 and placed in the record.

Immediate Action: An audit was completed of resident photos on 01/14/2020 to ensure compliance with regulation 2600.252. No other concerns noted. (See Attached)

Action Plan: The Assistant Administrator/PCHA or designee will ensure that each resident's record includes a photograph of the resident that is no more than 2 years old.

Action Plan: The Assistant Administrator/PCHA or designee will obtain new photos of the residents in the home every 2 years to maintain compliance with regulation 2600.252.



Signature

Michelle Hoffman LRS PCHA 1-24-20

Printed Name and Title

Date