



SENT VIA EMAIL: mihoffman@redstone.org

MAILING DATE: May 4, 2020

Ms. Michelle Hoffman
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. Hoffman:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 16, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams". The signature is fluid and cursive, written over a light blue horizontal line.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: REDSTONE HIGHLANDS

License Number: 44338

Address: 4949 CLINE HOLLOW ROAD,, MURRYSVILLE, PA 15668

County: WESTMORELAND

Region: WESTERN

Administrator

Name: Michelle Hoffman

Phone: 7247339494

Email: mihoffman@REDSTONE.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: Municipality of Murrysville

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 75

Waking Staff: 56

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

01/16/2020 - On-Site: Belinda Graziano, Deb McConnell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48

Residents Served: 45

Secured Dementia Care Unit

In Home: Yes

Area: ground floor

Capacity: 20

Residents Served: 20

Hospice

Current Residents: 6

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: 30

Have Physical Disability: 0

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's most recent annual licensing inspection summary (LIS), dated 1/7/2019, was not posted in a conspicuous and public place in the home.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See attached

See page 2a of 10

Legal Entity Representative

[Handwritten Signature]
Signature

Danielle Bartosh PC Manager 4-15-20
Printed Name and Title Date

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The above plan of correction is approved as of 4/27/20
(Date)

Plan of correction implementation status as of 4/27/20
(Date)

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

- Implemented
- Not Implemented

Violation Report 44338- 01/16/2020

Redstone Highlands Murrysville

Regulation Violation 2600.3 (c)

Plan of Correction:

The home's most recent annual licensing inspection summary (LIS), dated 01/07/2019, was not posted in a conspicuous and public place in the home.

Description of the repair for immediate problem:

The summary report was presented and displayed during the inspection by Michelle Hoffman the Campus Director. The most current summary was provided in a binder and displayed at the entrance of Personal Care, with the binder being clearly labeled. The license is displayed at the entrance of Personal care, 1st floor bulletin, 2nd floor bulletin, PC Managers office and Directors office per regulation 2600.3 (c).

Long Term Plan for problem:

The Personal Care Manager will be responsible for posting the inspection report in regards to regulation 2600.3 (c). The inspection report must be posted within 7 days upon receiving the report or upon receiving the acceptable Plan of Correction.


Monitoring Plan:

The Campus Director will be responsible to assure compliance of regulation 2600.3 (c). The Campus Director will check to make sure the Plan of Correction has been posted for public knowledge and to ensure all License are posted in the proper locations. The Campus Director will also check monthly to ensure these items are still in place.

Compliance date:

Date by which the above will be completed 7 days from approved POC.

Please see attached updated monitoring system (1A) and public place of display in the home (1B).

 4-15-2020

162c - Menus Posted

Regulations

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's only posted menus were for the weeks of 1/5/2020-1/11/2020 and 1/12/2020-1/18/2020. The upcoming week of 1/19/2020-1/25/2020 was not posted.

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 page 3a of 10

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Danielle Bartosh PE Manager 4-15-20
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Violation Report 44338- 01/16/2020

Redstone Highlands Murrysville

Regulation Violation 2600.162(c).

Plan of Correction:

The home's only posted menus were for the week of 01/05/2020-01/18/2020. The upcoming week of 01/19/2020-01/25/2020 was not posted.

Description of the repair for immediate problem:

The Manager of Morrison food service will post menus by Friday each week that will display 3 weeks of menu's to ensure we are in complete compliance with regulation 2600.162(c). This menu will be displayed in Terrace Kiosk, PC Post office on the 1st floor and PC Dining room Kiosk.

Long Term Plan for problem:

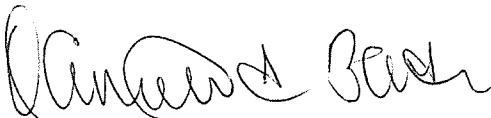
The Director of Morrison will add this onto a daily log to be checked once a week for compliance of regulation 2600.162(c). The Director will be responsible for educating and implementing the new checklist and also for monitoring for compliance. This will be checked every 7th day of the month.

Monitoring Plan:

The Director will be responsible for the weekly check on the Terrace kiosk, the PC Post Office, and the PC Dining Room kiosk for updated menus. The Director will be responsible for signing off that the menus have been updated every week on the Temp Logs Menu Check worksheet.

Compliance Date: Date by which the above was completed 04/13/2020

2A is documented compliance log. 2B posted menu PC dining room kiosk, 2C posted menu Terrace kiosk, 2D posted menu PC Post Office.

 4-15-2020

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2 is prescribed Morphine Sulfate 20mg/ml, give 10 mg every 2 hours; however, the pharmacy label indicates to give 0.5ml under tongue every 6 hours.

Resident #3 is prescribed Humalog Kwikpen 100 units/ml, inject 8 units subcutaneously twice daily; however, the pharmacy label indicates to inject 5 units subcutaneously twice daily.

Resident #3 is prescribed Lantus Solostar 100 unit/ml, inject 10 units subcutaneously at bedtime; however, the pharmacy label indicates to inject 5 units subcutaneously every night at bedtime.

Resident #3 is prescribed Senna Tablet 8.6mg, give 2 tab my mouth as needed; however, the pharmacy label indicates to give 2 tab by mouth daily at bedtime.

Repeat Violation: 1/7/2019

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.)

See page 5a of 10

Legal Entity Representative

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Signature

Danielle Bartosh PC Manager 4-15-20

Printed Name and Title

Date

184a - Labeling OTC/CAM (continued)

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(Initials)

Violation Report 44338- 01/16/2020

Redstone Highlands Murrysville

Regulation Violation 2600.184 (A)

Plan of Correction:

The original container for prescription medications shall be labeled with a pharmacy label that includes the following: Resident #2 is prescribed Morphine Sulfate 20mg/ml, give 10 mg every 2 hours; however, the pharmacy label indicates to give 0.5ml under tongue every 6 hours. Resident #3 is prescribed Humalog Kwikpen 100 units/ml, inject 8 units subcutaneously at bedtime; however, the pharmacy label indicates to inject 5 units subcutaneously twice daily. Resident #3 is prescribed Lantus Solostar 100 units/ml, inject 10 units subcutaneously at bedtime; however, the pharmacy label indicates to inject 5 units subcutaneously every night at bedtime. Resident #3 is prescribed Senna Tablet 8.6 mg, give 2 tabs by mouth as needed; however, the pharmacy label indicates to give 2 tabs by mouth daily at bedtime.

Description of the repair for immediate problem:

Medication stickers that state “directions changed refer to chart” were immediately placed on the medication/pharmacy label, and also to the narcotic count sheet for Resident #2 to be in compliance with regulation 2600.184 (A). Resident #3 CTB, corrections were not completed.

Long term plan for problem:

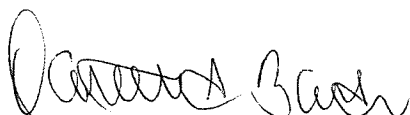
New pharmacy labels were obtained with the correct directions that match the EMAR. Please see attachments 3A, 3B and 3C for reference. To maintain compliance with regulation 2600.184 (A) the PC Manager has assigned four designated nurses to specific audits that are to be completed by the 7th of each month. These Med Cart Audits were implemented as a long term plan of correction to ensure that no mistakes are being made and that we are compliant with medications. If any discrepancies are noted, these are steps to correct the medications so that we are compliant and they are to be listed on the sheet that is individual to the specific resident. Please see the attachments labeled 3D for the Med Cart Audits.

Monitoring Plan:

The PC Manager will check monthly after the Med Cart Audits are completed to review any discrepancies and make sure they were corrected so that we are compliant. Staff education was also provided on February 3rd for all PC staff nurses regarding medications and the implementation of the Med Cart Audit Plan that began in March 2020.

Compliance Date:

Upon approval of POC, the PC Manager and nursing staff will continue with the Med Cart Audits monthly as scheduled.

 Patricia A. Bush 4-15-2020

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home' medication policy indicates that "a separate individual resident narcotic record will be initiated for each controlled substance prescribed and dispensed." And "off going and on coming nurses will count all scheduled drugs daily at the change of shifts, reconciling remaining number of drugs with medications administered as recorded on the individual resident narcotic record as per the narcotic count policy." However, resident #4 has 5 syringes of Morphine Sulfate 20mg/ml and 5 syringes of Lorazepam 2mg/ml that the home does not have narcotic count sheets for and are not counting as per the home's policy.

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 page 6a of 10

Legal Entity Representative


Signature

Danielle Bartosh PC Manager 4-15-20
Printed Name and Title Date

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(Initials)

Implemented
 Not Implemented

Violation Report 44338- 01/16/2020

Redstone Highlands Murrysville

Regulation Violation 2600.185(A)

Plan of Correction:

The home' medication policy indicates that "a separate individual resident narcotic record will be initiated for each controlled substance prescribed and dispensed" And "off going and on coming nurses will count all scheduled drugs daily at the change of shifts, reconciling remaining number of drugs with medications administered as recorded on the individual resident narcotic record as per the narcotic count policy. " However, resident #4 has 5 syringes of Morphine Sulfate 20mg/ml and 5 syringes of Lorazepam 2mg/ml that the home does not have narcotic count sheet for and are not counting as per the homes policy.

Description of the repair for immediate problem:

All nursing staff was educated on the Narcotic Count Policy and Procedures at the monthly education meeting on 2/3/2020. The PC Manager will observe the nursing staff's change of shift to ensure incoming and outgoing nurses jointly count all controlled medications, including E-Kit medications and discontinued or expired medications awaiting destruction. Please see attached education.

Long Term Plan for problem:

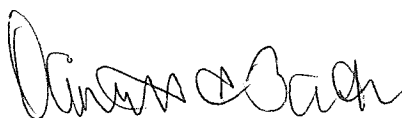
The PC Manager will monitor the 1st of each month all documentation in regards to regulation 2600.185(A) for the prior month and will check tote locks the 15th of every month. The PC Manager will put in place numbered tote locks for all E-Kits including E-Kit monitoring system with a corresponding tote lock sheet for every narcotic medication per each resident.

Monitoring Plan:

The Campus Director will complete a monthly audit on the last day of each month to ensure regulation 2600.185(A) is in compliance. The Campus Director will sign off and date each auditing system to validate completion for the month.

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

Please see attached 4A Education Meeting, 4B Redstone Policy, 4C Drug Count Record, 4D Hospice Tote lock sheet, 4E E-Kit Tote Lock Monthly Sign-Off, 4F Tote Lock.

 4-15-2020

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 is prescribed Bisacodyl Suppository 10mg; however, the January 2020 MAR does not indicate the medication strength.


Resident #5 is prescribed Acetaminophen 325mg; however, the January 2020 MAR does not indicate the medication strength.

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 page 7a of 10

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Implemented
 Not Implemented

Violation Report 44338- 01/16/2020

Redstone Highlands Murrysville

Regulation Violation 2600.187(A)

Plan of Correction:

A medication record shall be kept to include the following for each resident for whom medications are administered per regulation 2600.187(A): Resident #2 is prescribed Bisacodyl Suppository 10mg; however the January 2020 MAR does not indicate the medication strength. Resident #5 is prescribed Acetaminophen 325mg; however the January 2020 MAR does not indicate the medication strength.

Description of the repair for immediate problem:

The medications were immediately corrected and added to the MAR on 01/20/2020 to include the medication strength and to be compliant with regulation 2600.187(A). See attachments 5A & 5B

Long Term Plan for problem:

The PC Manager has implemented a Prescription Label Audit and a Med Cart Audit to be completed monthly that includes checking the MAR and all strengths to keep in compliance with regulation 2600.187(A).

Monitoring Plan:

The Campus director will review all Audits to assure compliance of regulation 2600.187(A). The PC Manager will turn in all Audits to be reviewed by the Campus Director at the end of each month which will include the Prescription Label Audit and the Medication Cart Audit Tool to be signed off to for compliance.

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

5A & 5B correction, 5C prescription Label Audit, 5D Medication Cart Audit Tool.

5.

 4-15-2020

187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #2 is prescribed Morphine Sulfate 10mg/0.5ml, give 0.5ml under the tongue every 6 hours. However, the resident is being administered the medication every 4 hours at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m.

Repeat Violation: 8/28/2019

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.)

See page 8a of 10

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(Date)

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(Initials)

Implemented
 Not Implemented

Violation Report 44338- 01/16/2020

Redstone Highlands Murrysville

Regulation Violation 2600. 187(d)

Plan of Correction:

Resident #2 is prescribed Morphine Sulfate 10mg/0.5ml, give 0.5ml under the tongue every 6 hours. However, the resident is being administered the medication every 4 hours at 8am, 12 noon, 4p, and 8p.

Description of the repair for immediate problem:

The nurse L.I. had entered the order four times a day instead of every 6 hours. The employee was educated on this error, as was the redlining nurse. Two nurses check and verify each order to ensure its correctness. Staff education was also provided at the 02/03/2020 meeting (attached 4A) regarding these issues. Resident has since CTB so there are no documents available for attachment and all medications have been discarded.

Long term plan for problem:

The night nurse will review all charts on the unit to ensure any new orders written in the past 24 hours are properly entered into the E.H.R and to ensure the orders are implemented as written. Redlining will be done on a daily basis and all documentation will be retained in the "Redlining Book" for the PC Manager to review.

Monitoring Plan:

The night nurse will review every chart on the unit, redlining the past 24 hours to ensure that all new orders are entered into the E.H.R and implemented in a timely fashion. Redlining documents will be maintained in the Black Binder marked "Redlining" in the nurse's station for the PC Manager to review for compliance of regulation 2600.187(d) on a daily basis.

Compliance Date: Date by which the above will be completed 7 days from approved POC.

6A Redlining Policy, 4A Meeting education sign off, 6B Meeting Education Agenda

 01-15-2020

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

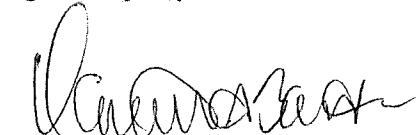
Resident #6 was admitted to the home on 10/17/2019; however, the resident's preadmission screening form was completed on 8/22/2019.

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.)

See page 9a of 10

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Signature

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Implemented
 Not Implemented

Violation Report 44338- 01/16/2020

Redstone Highlands Murrysville

Regulation Violation 2600. 224(A)

Plan of Correction:

Resident #6 was admitted to the home on 10/17/2019; however, the resident's preadmission screening form was completed on 8/22/2019.

Description of the repair for immediate problem:

The violation was due to an inner Redstone move from one campus to another. Each campus holding its own License therefore each move should be treated the same as any outside move completing all steps. A new Admission Checklist has been created to ensure all steps are completed for all admission to our community to ensure we are in compliance with regulation 2600.224(A) This violation due to time line was not able to be corrected.

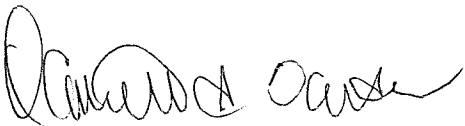
Long term plan for problem:

Preadmission screens will be completed for all new admissions even if a move is between campuses and same level of care, the PC Manager must complete a new preadmission screen for every new admission coming in each time. The pre-screen must also be completed within the 30 day window.

Monitoring Plan:

Prior to admission, PC manager will verify the preadmission screen is completed within the 30 day window. The PC Manager will complete the Admission Checklist and will retain it in a binder for the Campus Director to review once a month.

Compliance Date: Date by which the above will be completed from 04/14/2020 and will continue with approved POC. 7A Admission Checklist.

 4-15-2020

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #2 receives hospice services as of 7/13/2018; however, the resident's assessment, dated 7/10/19, has not been updated to include the services hospice is providing.

Also, resident #2 is prescribed a puree diet as of 1/11/2020; however, the assessment, dated 7/10/19, was not updated to indicate the resident's puree diet.


In addition, resident #2 needs assistance with eating and drinking; however, the assessment, dated 7/10/19, was not updated to include these needs.

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 page 10a of 10

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- Implemented
- Not Implemented

The above plan of correction was approved by

JW
(Initials)

Violation Report 44338- 01/16/2020

Redstone Highlands Murrysville

Regulation Violation 2600. 225(c)

Plan of Correction:

Resident #2 receives hospice services as of 7/13/2019; however, the residents' assessment, dated 7/10/19, has not been updated to include the services hospice is providing. Resident #2 is prescribed a puree diet as of 1/11/2020; however, the assessment, dated 7/10/19, was not updated to indicate the resident's puree diet. Resident #2 needs assistance with eating and drinking; however, the assessment, dated 7/10/19, was not updated to include these needs.

Description of the repair for immediate problem:

Due to the timeframe of the citation, and the fact that the resident has since CTB, no immediate action was able to be provided for this citation.

Long term plan for problem:

The PC manager implemented a new policy effective 4-13-2020 for the RASP Addendum's to be completed at the time of significant change. The nurse on duty during the shift that the change occurs will be responsible for updating the RASP Addendum and attaching any orders associated with the significant change. The night nurse will then be responsible for redlining the order and RASP Addendum to ensure accuracy. Each staff nurse will be educated on, and is to review the policy and sign a training acknowledgment form to state that they understand the new policy moving forward.

Monitoring Plan:

The PC Manager will be responsible for checking that the RASP Addendums are completed when redlining the orders daily to ensure that they are being completed as appropriate. The Unit Clerk will audit weekly for compliance of regulation 2600.225(c) and ensure the updates are being entered.

Compliance Date: Date by which the above will be completed 7 days from approved POC.

8A Education date set, 8B Policy on Education.

 4-15-2020