



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: sshevchik@redstone.org
mihoffman@redstone.org

MAILING DATE: March 13, 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 March 6, 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 black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

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

Administrator

Name: Michelle Hoffman Phone: 7248328400 Email: 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: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 64 Waking Staff: 48

Inspection

Type: Partial BHA Docket #: Notice: Unannounced
Reason: Monitoring

Inspection Dates and Department Representative

03/06/2020 - On-Site: Amy Duncan, Scott Klein

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 61 Residents Served: 44

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 20 Have Physical Disability: 1

85a - Sanitary Conditions

Regulations

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

Description of Violation

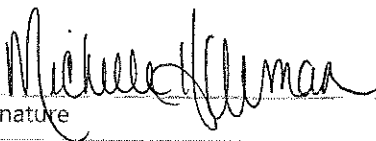
On 2/13/20 at 10:42 am, resident #1's glucometer was used to test resident #2's blood sugar.

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 Pages 2A and 2B of 7

Legal Entity Representative



Signature

Michelle Hoffman PCH
Printed Name and Title

3/12/20
Date

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

The above plan of correction is approved as of 3/12/2020
(Date)

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.

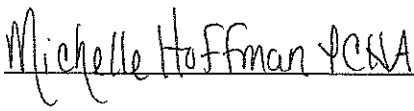
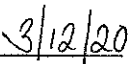
By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses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

2600.85.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 #2's physician was notified on 03/09/2020 that her blood sugar was checked with another resident's unused glucometer on 02/13/2020 at 10:42AM. No new orders received. (See attached physician communication worksheet signed by resident's physician.)
- **Immediate Action**: Resident #1's glucometer was replaced on March 9, 2020 with a new unit at no cost to the resident. Resident #2 was ordered a second glucometer to take with her on LOA at no cost to the resident. (See attached email request for a new glucometer for resident #1 and for a second glucometer for resident #2 to take on LOAs, confirmation of receipt of both glucometers, photos of both glucometers labeled with the resident's name and date and time set, and photos of Resident #2's glucometer LOA kit.)
- **Immediate Action**: All medication carts were labeled with a notice to all nurses regarding glucometer use and regulation 2600.85.a. (See attached copy of notice and photos of each medication cart with the notice in place.)
- **Immediate Action**: The Director of scheduling was notified that all agency nurses must be scheduled to meet with the Assistant Administrator/PCHA or designee prior to their shift for 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. The agency nurse is not scheduled to return to the community at this time and must receive the required education prior to her return. (See attached email notification and confirmation form from the Director of Scheduling, and the education that will be provided to all agency nurses prior to their shift.)
- **Action Plan**: The Assistant Administrator/PCHA or designee will complete a glucometer audit 3 times a week x4 weeks, then weekly x 4 weeks, then monthly to ensure

compliance with regulation 2600.85.a. (See attached updated glucometer audit tool, first completed audit dated 03/10/2020, photos of glucometer readings for Resident #1 with MAR for confirmation and photo of Resident #2's unused glucometer blank memory screen)


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 3 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 Page 3A of 7

Legal Entity Representative

Michelle Hoffman
Signature

Michelle Hoffman PCNA 3-12-20
Printed Name and Title Date

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The above plan of correction is approved as of 3/12/2020
(Date)

Plan of correction implementation status as of _____
(Date)

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

- Implemented
- Not Implemented

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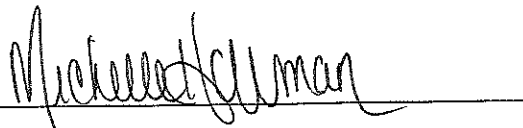
2600.101.j. Each resident shall have the following in the bedroom:

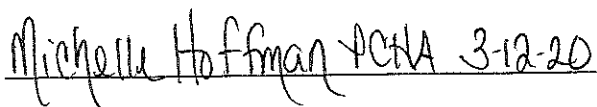
1. An operable lamp or other source of lighting that can be turned on at bedside.

- **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 #3'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 2600.101.j.
- **Immediate Action:** The Assistant Administrator or designee completed an audit of resident lamps in the community to ensure compliance with regulation 2600.101.j. on 03/10/2020. No other concerns noted. (See attached completed audit tool and photos of operable lamps or other sources of lighting by current residents' bedside.)
- **Action Plan:** The Assistant Administrator or designee will complete a weekly random audit x4 weeks, then monthly of resident lamps in the community to ensure compliance with regulation 2600.101.j. (See attached lamp audit tool.)


Signature

 PCHA 3-12-20
Printed Name and Title Date

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:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #5 is prescribed Novolog Flexpen-Inject subcutaneously 4 times a day before meals and at bedtime per sliding scale; however, the resident's February 2020 medication administration record (MAR) and March 2020 MAR do not include the resident's blood sugar readings, as well as the number of units of insulin that were administered, if any, on the following dates and times:

<u>Date</u>	<u>Time</u>	<u>Glucometer reading</u>
*2/9/20	10:22 pm	248
*2/16/20	9:16 pm	130
*3/2/20	9:19 pm	163

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

Plan of Correction (POC) (continued)

See Pages 5A and 5B of 7

Legal Entity Representative

Michelle Hoffman
Signature

Michelle Hoffman PCHA
Printed Name and Title

3-12-20
Date

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The above plan of correction is approved as of 3/12/2020
(Date)

Plan of correction implementation status as of _____
(Date)

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

- Implemented
- Not Implemented

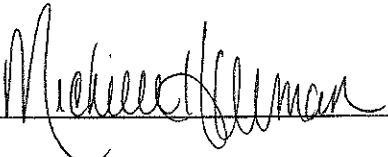
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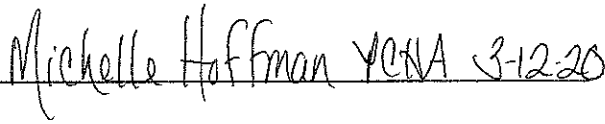
2600.187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
 2. Drug allergies.
 3. Name of medication.
 4. Strength.
 5. Dosage form.
 6. Dose.
 7. Route of administration.
 8. Frequency of administration.
 9. Administration times.
 10. Duration of therapy.
 11. Special precautions, if applicable.
 12. Diagnosis or purpose for the medications, including pro re nata (PRN).
- **Immediate Action:** Education regarding Color Coding and Symbols in the eMAR, Documenting Scheduled Orders in the eMAR, Regulation 2600.187.a. Medication Records, and Regulation 2600.187.b. The information in 2600.187(a)(13) and 2600.187(a)(14) shall be recorded at the time the medication is administered was provided to the nurses on 03/10/2020. (See attached education and record of training.)
 - **Immediate Action:** On 03/11/2020, written counseling was provided to the nurse scheduled on 02/09/2020 at 10:22pm, 02/16/2020 at 9:16pm and 03/02/2020 at 9:19pm. (See attached counseling form.)
 - **Action Plan:** Assistant Administrator/PCHA or designee will pull the Medication Administration Audit Report from PointClickCare to ensure documentation of

medications daily x2 weeks, then three times a week x4 weeks, then weekly and maintain report to ensure compliance with regulation 2600.187.a.



Signature



Printed Name and Title


Date

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed Novolog Flexpen-Inject subcutaneously 4 times a day before meals and at bedtime per sliding scale; however, the resident's February 2020 MAR and March 2020 MAR do not include the initials of the staff person who tested the resident's blood sugars and would have administered insulin in accordance with the prescribed sliding scale on the following dates and times:

Date	Time	Glucometer reading
*2/9/20	10:22 pm	248
*2/16/20	9:16 pm	130
*3/2/20	9:19 pm	163

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 6A of 7

Legal Entity Representative

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of 3/12/2020 (Date) Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by *LM* (Initials) Implemented Not Implemented

03/06/2020 *Michelle Hoffman* Michelle Hoffman PCNA 3/12/20 6 of 7

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2600.187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

- **Immediate Action:** Education regarding Color Coding and Symbols in the eMAR, Documenting Scheduled Orders in the eMAR, Regulation 2600.187.a. Medication Records, and Regulation 2600.187.b. The information in 2600.187(a)(13) and 2600.187(a)(14) shall be recorded at the time the medication is administered was provided to the nurses on 03/10/2020. (See attached education and record of training.)
- **Immediate Action:** On 03/11/2020, written counseling was provided to the nurse scheduled on 02/09/2020 at 10:22pm, 02/16/2020 at 9:16pm and 03/02/2020 at 9:19pm. (See attached counseling form.)
- **Action Plan:** Assistant Administrator/PCHA or designee will pull the Medication Administration Audit Report from PointClickCare to ensure documentation of medications daily x2 weeks, then three times a week x4 weeks, then weekly and maintain report to ensure compliance with regulation 2600.187.b.

Signature

Printed Name and Title

Date

Michelle Hoffman

Michelle Hoffman PCHA 3/12/20

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 #4's record is dated 1/10/17.

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

See Page 7A of 7

Legal Entity Representative

Michelle Hoffman
Signature

Michelle Hoffman PCNA 3-12-20
Printed Name and Title Date

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The above plan of correction is approved as of 3/12/2020
(Date)

Plan of correction implementation status as of _____ (Date)

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

- Implemented
- Not Implemented

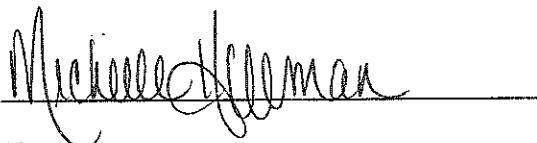
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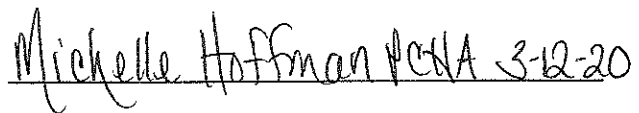
2600.252 Content of Resident Records – Each resident's record must include the following information:

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

- **Immediate Action:** A new photo was obtained of resident #4 and placed in the record.
- **Immediate Action:** New photographs were obtained of current residents and placed in the record. (See attached copies of Resident face sheets for current residents).
- **Action Plan:** The Assistant Administrator/PCHA or designee will obtain new photos of the residents in the home upon admission and at least every 2 years to maintain compliance with regulation 2600.252.
- **Action Plan:** A photo audit will be completed on new admissions monthly to ensure compliance with regulation 2600.252. (See attached audit form)



Signature



Printed Name and Title

Date