

Department of Human Services
Bureau of Human Service Licensing

June 22, 2020

REDSTONE PRESBYTERIAN SENIORCARE
6 GARDEN CENTER DRIVE
GREENSBURG, PA, 15601

RE: REDSTONE HIGHLANDS
4 GARDEN CENTER DRIVE
GREENSBURG, PA, 15601
LICENSE/COC#: 44336

Dear Ms. Shevick,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/05/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSE INSPECTION SUMMARY**

Facility Information		
Name: <i>REDSTONE HIGHLANDS</i>	License #: <i>44336</i>	License Expiration Date: <i>06/28/2020</i>
Address: <i>4 GARDEN CENTER DRIVE, GREENSBURG, PA 15601</i>		
County: <i>WESTMORELAND</i>	Region: <i>WESTERN</i>	

Administrator		
Name: <i>Melissa Hoffman</i>	Phone: <i>724 832-8400</i>	Email: <i>mihoffman@redstone.org</i>

Legal Entity	
Name: <i>REDSTONE PRESBYTERIAN SENIORCARE</i>	
Address: <i>6 GARDEN CENTER DRIVE, GREENSBURG, PA, 15601</i>	
Phone: <i>7248328400</i>	Email: <i>sshevick@redstone.org</i>

Certificate(s) of Occupancy		
Type: <i>C-2 LP</i>	Date: <i>12/08/1995</i>	Issued By: <i>L&I</i>

Staffing Hours		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>45</i>	Waking Staff: <i>34</i>

Inspection		
Type: <i>Partial</i>	Notice: <i>Unannounced</i>	BHA Docket #:
Reason: <i>Complaint,Incident</i>		Exit Conference Date: <i>06/05/2020</i>

Inspection Dates and Department Representative
<i>06/05/2020 - On-Site: Michael Marini</i>

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: <i>61</i>		Residents Served: <i>45</i>	
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>6</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>		Are 60 Years of Age or Older: <i>45</i>	
Diagnosed with Mental Illness: <i>0</i>		Diagnosed with Intellectual Disability: <i>0</i>	
Have Mobility Need: <i>0</i>		Have Physical Disability: <i>1</i>	

Inspections / Reviews		
06/05/2020 - Partial		
Lead Inspector: <i>Michael Marini</i>	Follow-Up Type:	Follow-Up Date:

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Repeat Violation

The home was notified of an allegation of verbal abuse on 6/2/2020. The report stated that resident #1 was in the 2nd floor hall talking to another resident when staff person A grabbed the handles of her wheelchair and took resident #1 to her room while yelling at her.

Staff person A was immediately suspended. However, staff person A returned to work unsupervised on 6-4-2020 from 6:00 AM to 2:30 PM. This was before the Department was able to conduct an investigation.

Repeat violation: 8/19/2019

Plan of Correction

Empty table area for Plan of Correction details.

Completion Date: