



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES



CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REDSTONE PRESBYTERIAN SENIORCARE

LEGAL ENTITY

To operate REDSTONE HIGHLANDS

NAME OF FACILITY OR AGENCY

Located at 4 GARDEN CENTER DRIVE, GREENSBURG, PA 15601

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 61

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 23, 2020 until December 23, 2021,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **443360**

Robert E. Robinson

ISSUING OFFICER

Jamie J. Buchenauer

Deputy Secretary

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 6/20



Emailing Date: December 29, 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 October 8, 2020, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style with a large initial "J".

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *REDSTONE HIGHLANDS* License #: *44336* License Expiration Date: *01/17/2021*
 Address: *4 GARDEN CENTER DRIVE, GREENSBURG, PA 15601*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: *Vicki Loucks* Phone: *7248328400* Email: *Vloucks@redstone.org*

Legal Entity

Name: *REDSTONE PRESBYTERIAN SENIORCARE*
 Address: *6 GARDEN CENTER DRIVE, GREENSBURG, PA, 15601*
 Phone: *7248328400* Email: *SSHEVCHIK@REDSTONE.ORG*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/05/1995* Issued By: *Labor@Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *65* Waking Staff: *49*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal,Provisional* Exit Conference Date: *10/08/2020*

Inspection Dates and Department Representative

10/08/2020 - On-Site: Cindy Mulick, Deborah McConnell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *61* Residents Served: *46*

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: *46*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *19* Have Physical Disability: *1*

Inspections / Reviews

10/08/2020 - Full

Lead Inspector: *Cindy Mulick* Follow-Up Type: *POC Submission* Follow-Up Date: *11/01/2020*

Inspections / Reviews *(continued)*

10/28/2020 - POC Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *Document Submission*Follow-Up Date: *10/31/2020*

12/23/2020 - Document Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At approximately 1:38 p.m., the janitor room next to the Country Kitchen, that was unlocked and accessible to residents, contained a 32-ounce non- acid disinfectant bathroom cleaner with a label indicating "Call a poison control center or doctor if accidentally ingested".

At approximately 1:45 p.m., the 2nd floor bathroom shower area, that is accessible to residents, contained a 19-ounce spray can of disinfectant spray, with a label indicating "Call poison control or doctor for treatment if accidentally inhaled or ingested."

At approximately 2:35 p.m., the private dining room, which is accessible to residents, contained a cart labeled "C" which had a 32-ounce spray bottle of sanitizer with a label indicating "If swallowed contact poison control or a doctor immediately".

Not all residents of the home, including resident #1 and #2, have been assessed capable of safely using or avoiding poisonous materials.

Plan of Correction

Accept

On October 9, 2020, education was provided to all Personal Care staff regarding regulation 82c. A key code door lock was installed on the janitor closet room next to the Country Kitchen on 10/12/20. A new automatic door closer was added to the 2nd floor shower room door on 10/12/20. Education regarding regulation 82c will be reviewed annually with Personal Care staff. Random audits will be conducted monthly for 3 months by the Personal Care Home Administrator or designee to ensure ongoing compliance with regulation 82c.

Completion Date: 10/26/2020

Document Submission

Implemented

Monthly audits were completed on December 1, 2020. Audits are attached in portal.

91 - Telephone Numbers

1. Requirements

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 Repeat Violation

On 10/8/2020, at approximately 1:52 p.m., the telephone located on the wall, outside of the country kitchen, does not have any emergency numbers posted.

Repeat Violation: et.al 1/13/2020.

91 - Telephone Numbers *(continued)*

Plan of Correction

Accept

On October 9, 2020, emergency telephone numbers was added to the 3rd floor telephone, outside of the country kitchen. A full sweep of all phones was done on 10/9/20 to ensure all phones have emergency telephone numbers. Random audits will be conducted by the Personal Care Home Administrator or designee 1x/week for 4 weeks and then monthly for 3 months to ensure ongoing compliance with regulation 91.

Completion Date: 10/26/2020

Document Submission

Implemented

Weekly audits were completed on 11/25/2020. Monthly audits will continue monthly for 3 months.

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

On 10/8/2020, the fire extinguisher in the 2019 bus has not been inspected by a fire safety expert in the last year.

Plan of Correction

Accept

On October 9, 2020, the fire extinguisher in the 2019 bus was inspected by a fire safety expert from Advanced Fire Company. A full sweep of all other fire extinguishers was done on 10/12/20 to ensure all annual fire safety expert inspections have been completed. The transportation department amended the maintenance and safety inspection policy and vehicle inspection guidelines and tools, in reference to fire extinguishers, in order to maintain compliance with regulation 131f. Fire extinguishers, in vehicles that transport residents, will undergo annual fire safety expert inspections.

Completion Date: 10/26/2020

Document Submission

Implemented

A full sweep of all other fire extinguishers was done on 10/12/20 to ensure all annual fire safety expert inspections have been completed. The transportation department amended the maintenance and safety inspection policy and vehicle inspection guidelines and tools, in reference to fire extinguishers, in order to maintain compliance with regulation 131f. Fire extinguishers, in vehicles that transport residents, will undergo annual fire safety expert inspections.

184a - Labeling OTC/CAM

1. Requirements

2600.

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

4. The prescribed dosage and instructions for administration.

184a - Labeling OTC/CAM (continued)

Description of Violation

Resident #3 is ordered 10/325 Oxycodone Acetaminophen, 1 tablet by mouth every 8 hours as needed for pain. However, the medication label indicates 10/325 Oxycodone Acetaminophen take 1 tablet by mouth every 6 hours as needed for pain.

Resident #4 is ordered Acetaminophen Tablet 325MG, take 2 tablets by mouth every 6 hours as needed for pain or elevated temperature. However, the medication label indicates Acetaminophen 325MG tablet, take 2 tablets by mouth every 8 hours as needed for pain or elevated temperature.

Resident #4's Novolog Pen is being stored in the medication cart outside of the original box and does not have a pharmacy label indicating the date the prescription was issued, the name and title of the prescriber, or the instructions for administration.

Resident #5's Lantus insulin glargine pen is being stored in the medication cart outside of the original box and does not have a pharmacy label indicating the date the prescription was issued, the name and title of the prescriber, or the instructions for administration.

Resident #5's NovoLog insulin pen is being stored in the medication cart outside of the original box and does not have a pharmacy label indicating the date the prescription was issued, the name and title of the prescriber, or the instructions for administration.

Plan of Correction

Accept

On October 9, 2020, a label stating "directions changed refer to sticker on chart" was placed on the Oxycodone Acetaminophen for resident #3 and a new label was placed on the Acetaminophen Tablets for Resident #4. New process instituted as of 10/19/20 with the Pharmacy for Resident #4 Novolog insulin pen will be for all insulin pens to be packaged individually and each package labeled with orders and directions. Labels for Resident #5 Lantus insulin pen and Resident #5 Novolog insulin pen will be individually copied and added into a plastic bag with the insulin pen. Random audits will be conducted by the Personal Home Administrator or designee 1x/week for 4 weeks and then monthly for 3 months to ensure ongoing compliance with regulation 184a. Education will be conducted annually for all Personal Care Nurses regarding regulation 184a.

Completion Date: 10/26/2020

Update - 10/28/2020

All insulin pens being stored outside of the original labeled container shall be labeled in accordance with the April 2017 Q&A to include the resident's first and last name, the date it was opened and the staff's initials that opened the insulin pen.

Document Submission

Implemented

Weekly audits were completed on 11/20/2020. Monthly audits will continue for 3 months.

185a - Implement Storage Procedures

1. Requirements

2600.

185a - Implement Storage Procedures (continued)

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

On 10/1/20 at 8:57 p.m. resident #3's, Glucocard glucometer indicates a blood glucose reading of 328. However, the medication administration indicates a blood glucose reading of 238.

Plan of Correction**Accept**

On 10/27/20, nurse corrected the blood glucose reading in the MAR to match the blood glucose reading on the glucometer. Nurse was re-educated on ensuring the blood glucose readings match and educated on regulation 185a. All personal care nurses will be educated on regulation 185a and ensuring proper use of glucometers related to blood glucose readings. Audits of blood glucose readings and documentation will be done by the Personal Care Home Administrator or designee 1x/week for 4 weeks and then monthly for 3 months to ensure ongoing compliance with regulation 185a.

Completion Date: 10/27/2020

Document Submission**Implemented**

Weekly audits were completed on 11/20/2020. Monthly audits will continue for 3 months.