

Department of Human Services
Bureau of Human Service Licensing

April 15, 2021

[REDACTED] CAMPUS DIRECTOR
REDSTONE PRESBYTERIAN SENIORCARE
126 MATHEWS STREET
GREENSBURG, PA 15601

RE: REDSTONE HIGHLANDS
12921 REDSTONE DRIVE
NORTH HUNTINGDON, PA, 15642
LICENSE/COC#: 44337

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/15/2021, 03/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

03/15/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *03/29/2021*

3/29/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *04/02/2021*

4/15/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

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

Description of Violation

In accordance with the Influenza Awareness Act, enacted 5/17/2016, each facility shall ensure that the required influenza information is posted in a public place in the facility year round. However, on 3/15/21 the home did not have the Department of Health's influenza awareness poster posted in a public place.

Plan of Correction

Accept

On March 15th, 2021, the Influenza poster was immediately posted in our Courtyard and SDCU. The unit clerk will complete monthly audits for three months followed by annual audits to ensure that the Influenza information is posted.

Compliance Date: April 1st, 2021

Completion Date: 04/01/2021

Document Submission

Implemented

See Attached

185a - Implement Storage Procedures

1. Requirements

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

Resident #1 is ordered HumaLOG KwikPen Solution Pen-Injector 100 UNIT/ML (Insulin Lispro (1 Unit Dial)) Inject as per sliding scale: if 181 – 200 = 2 units; 201 – 250 = 4 units; 251 – 300 = 6 units; 301 – 350 = 8 units; 351 – 400 = 10 units, if greater than 400 call Dr. Kowalyk. However, on 3/12/21 at 10:32 a.m. resident #1's glucometer had a blood glucose reading of 295 that was documented on the medication administration record as a blood glucose reading of 306.

Plan of Correction

Accept

On March 29th, 2021 education completed with nursing staff regarding safe storage, access, security, distribution and use of medications and medical equipment. The Personal Care Home Administrator or designee will complete weekly audits for 4 weeks followed by monthly audits for 4 months to ensure that the glucometer documentation is accurate.

Compliance Date: April 1st, 2021

Completion Date 04/01/2021

Document Submission

Implemented

See Attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #1 is ordered HumaLOG KwikPen Solution Pen-Injector 100 UNIT/ML (Insulin Lispro (1 Unit Dial)) Inject as per sliding scale: if 181 – 200 = 2 units; 201 – 250 = 4 units; 251 – 300 = 6 units; 301 – 350 = 8 units; 351 – 400 = 10 units, if greater than 400 call Dr. Kowalyk. However, on 3/12/21 at 10:32 a.m. resident #1's glucometer had a blood glucose reading of 295 and the resident was administered 8 units of insulin.

Plan of Correction

Accept

On March 16th, 2021 the residents physician and POA were notified via phone of the error. The Personal Care Home Administrator or designee will complete weekly audits for 4 weeks and then monthly audits for 4 months.
Compliance Date: April 1st, 2021

Completion Date: 04/01/2021

Document Submission

Implemented

See attached

191 - Resident Right to Refuse

1. Requirements

2600.

- 191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [REDACTED], has not been educated on the right to question or refuse medication if the resident believes the medication is being administered in error.

Resident #2, admitted [REDACTED], has not been educated on the right to question or refuse medication if the resident believes the medication is being administered in error.

Resident #3, admitted [REDACTED], has not been educated on the right to question or refuse medication if the resident believes the medication is being administered in error.

Resident #4, admitted [REDACTED], has not been educated on the right to question or refuse medication if the resident believes the medication is being administered in error.

191 - Resident Right to Refuse (*continued*)**Plan of Correction****Accept**

On March 25th, 2021, residents #1, 2, 3 and 4 signed an addendum regarding regulation 2600.91. All other in house residents also signed this addendum on March 26th, 2021. On March 15th, 2021 wording related to Regulation 2600.91 was added to the Personal Care Home residency agreement. The Personal Care Home Administrator or designee will ensure that all new residents have signed the updated residency agreement on admission to ensure compliance with Regulation 2600.91.

Compliance Date: March 26th, 2021

Completion Date 03/26/2021

Document Submission**Implemented**

See Attached