

Department of Human Services
Bureau of Human Service Licensing

July 23, 2021

[REDACTED] PCHA
REDSTONE PRESBYTERIAN SENIORCARE
6 GARDEN CENTER DRIVE
GREENSBURG, PA 15601

RE: REDSTONE HIGHLANDS
4949 CLINE HOLLOW ROAD
MURRYSVILLE, PA, 15668
LICENSE/COC#: 44338

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/25/2021, 03/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jason Williams

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

03/25/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/17/2021*

6/8/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/14/2021*

7/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer’s instructions.

Description of Violation

There was an approximate 1/4 inch accumulation of lint in the lint trap of the second dryer of the second floor laundry room. There were no clothes in the dryer at the time.

Plan of Correction

Accept

Regulation Violation: Lint Removal and Duct Cleaning: 55 Pa. Code 2600.105.g

Description of Plan to correct violation:

Signs have been posted in every laundry room in personal care as of 5/5/21. Weekly audits of each laundry room will be conducted for 4 weeks followed by random monthly audits of each laundry room for 3 months. The staff will be reminded/educated to clean the laundry traps after each laundry load. Audit attached (Attachment A).

Long Term Plan for Problem:

The Personal Care Manager or designee will be responsible for randomly checking the dryer lint traps in all laundry rooms to ensure that staff is following protocol. There will be continued reminders to staff to clean the traps after each dryer use.

Monitoring Plan:

The Personal Care Manager or designee will be responsible to ensure the compliance of Pa Code 2600.105.g. The Personal Care manager will make sure the plan of correction is posted for public knowledge.

Compliance Date: 5/14/21

Completion Date: 09/30/2021

Document Submission

Implemented

See attached documentation

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The assessment for resident #2, admitted [REDACTED], was not dated. Therefore, it was not possible to determine if the assessment was completed timely.

225a - Assessment 15 Days (continued)

Plan of Correction

Accept

Description of plan to correct violation:

All DME's will be reviewed by RN/ PC Manager or designee for completeness. Audits will be completed over a 6 month period, utilizing the Admission Audit Tracking Form, to ensure learning has occurred. (Tracking/Audit Form Attached- Attachment B). Process and progress will be reviewed with Personal Care staff.

Long Term Plan for problem:

The Personal Care Manager or designee will be responsible for ensuring all documents are reviewed for completeness. The attached document check list will be for internal quality control of document collection.

Compliance date: 5/14/21

Please see Attachment B

Completion Date: 11/14/2021

Document Submission

Implemented

See attached documentation

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; however, a new medical evaluation was not completed to reflect this change in status.

Plan of Correction

Accept

Description of correction plan to correct violation:

All DME's will be completed within 60 days prior to known admission to a secured unit. Audits will be completed over a 6 month period, utilizing the Admission Audit Tracking Form, to ensure learning has occurred. (Tracking/Audit Form Attached- Attachment B). Process and progress will be reviewed with Personal Care staff.

Long Term Plan for problem:

The Personal Care Manager or designee will be responsible for ensuring all documents are reviewed for completeness. The attached document check list will be for internal quality control of document collection.

Compliance date: 5/14/21

Completion Date: 11/14/2021

231b - Medical Evaluation (continued)

Document Submission

Implemented

See attached documentation

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secured Dementia Care Unit (SDCU) on [REDACTED]. However, a written cognitive preadmission screening was not completed.

Plan of Correction

Accept

Description of plan to correct violation:

Once the admission is known to occur, the PC Manager or designee will complete the Preadmission Screening form. Audits will be completed over a 6 month period, utilizing the Admission Audit Tracking Form, to ensure learning has occurred. (Tracking/Audit Form Attached- Attachment B). Process and progress will be reviewed with Personal Care staff.

Long Term Plan for problem:

The Personal Care Manager or designee will be responsible for ensuring all documents are reviewed for completeness. The attached document check list will be for internal quality control of document collection.

Compliance date: 5/14/21

Completion Date: 11/14/2021

Document Submission

Implemented

See attached documentation