





**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

August 3, 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 the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase from 44 to 54. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer".

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License

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

**Facility Information**

Name: *REDSTONE HIGHLANDS* License #: *44337* License Expiration Date: *06/17/2022*  
Address: *12921 REDSTONE DRIVE, NORTH HUNTINGDON, PA 15642*  
County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *724-858-0937* Email: [REDACTED]

**Legal Entity**

Name: *REDSTONE PRESBYTERIAN SENIORCARE*  
Address: *126 MATHEWS STREET, GREENSBURG, PA, 15601*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *05/27/2021* Issued By: *TWP North Huntingdon*  
Type: *C-2 LP* Date: *08/06/2001* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

**Inspection**

Type: *Partial* Notice: *Announced* BHA Docket #:  
Reason: *Interim* Exit Conference Date: *07/08/2021*

**Inspection Dates and Department Representative**

*07/08/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *44* Residents Served: *33*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *2nd Floor Terrace* Capacity: *20* Residents Served: *14*

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

07/08/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/22/2021*

7/19/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/26/2021*

7/23/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

#### Description of Violation

*On 7/8/21 at approximately 10:36 a.m., the binders labeled, "Courtyard RASP's" and "Terrace RASP's" containing current resident RASP's and Admission Records, to include resident #1 and #2, were unlocked, accessible and unattended inside the closet in the activity room on the Secured Care Dementia Unit (SCDU) on the 2nd floor.*

#### Plan of Correction

**Accept**

*Description of Immediate repair: The binders were immediately removed from the closet and placed into the secured Nurses office.*

*Long Term Plan for the Problem: A new lock was placed on the door on July 13th, 2021 that requires a code to access the closet. The door will automatically lock when it closes. Education with PC staff on Regulation 2600.17 will occur on July 21st, 2021.*

*Monitoring Plan: The PCHA or designee will complete weekly audits for 4 weeks and monthly audits thereafter to ensure that lock is in good working order to ensure compliance with Regulation 2600.17.*

*Compliance Date: The above will be completed 30 days from the approved POC.*

**Completion Date:** 07/16/2021

#### Document Submission

**Implemented**

*Audit Attached*

## 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 7/8/21, the telephone on wall in small kitchen just off the activity room in the Secured Care Dementia Unit (SCDU) on the 2nd floor did not have any of the required emergency numbers posted on or near the telephone.*

*Repeat Violation 12/12/19*

#### Plan of Correction

**Accept**

*Description of immediate repair: Emergency number sticker was immediately placed on the telephone receiver.*

*Long Term Plan for the Problem: The Unit Clerk or designee will complete monthly audits to ensure that all telephones that can make external calls have the emergency number sticker posted on or near the telephone. Staff will be reeducated on Regulation 2600.91 on July 21st, 2021.*

*Monitoring Plan: The Unit Clerk or designee will complete monthly audits to ensure compliance of Regulation 2600.91.*

*Compliance Date: The above will be completed 30 days from the approved POC.*

**Completion Date:** 07/16/2021

91 - Telephone Numbers *(continued)*

**Document Submission**

**Implemented**

*Audit Attached*

92 - Windows

**1. Requirements**

2600.

- 92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**Description of Violation**

*On 7/8/21, the screen in the right window of the hallway by the elevator on the 2nd floor, is in disrepair. The bottom of the screen was pulled away from the screen frame. The edges of the screen were frayed in areas and rolled allowing an opening in the screen of approximately 1/4" along the bottom.*

*The stairwell from the second floor to the fourth floor has a total of 4 windows, which all open. However, there are no screens in the windows.*

**Plan of Correction**

**Accept**

*Description of Immediate Repair: Missing screens were immediately placed back into the windows and damaged screens were replaced with screens in good repair.*

*Long Term Plan for the Problem: The Director of Building Services or designee will complete weekly inspections for 4 weeks and monthly thereafter to ensure that all screens are in place and in good working order. Staff will be reeducated on Regulation 2600.92 on July 21st, 2021.*

*Monitoring Plan: The PCHA will review and sign off on the inspection results rto ensure compliance with Regulation 2600.92*

*Compliance Date: The above will be completed 30 days from the approved POC.*

**Completion Date:** 07/16/2021

**Document Submission**

**Implemented**

*Audit Attached*

95 - Furniture and Equipment

**1. Requirements**

2600.

- 95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 - Furniture and Equipment *(continued)*

**Description of Violation**

On 7/8/21, the white cordless window blind in the dining room of the Secured Care Dementia Unit (SCDU) is in disrepair. The bottom of the blind is bent and crimped. On the right side of the blind there is a piece of a slat, approximately 10" that is cracked hanging from blind at the cord approximately ¼ way down blind and approximately 10" piece of a slat broken off the blind ½ way down the blind.

On 7/8/21, the plexiglass to the fire extinguisher case on the wall between bedrooms 3306 and 3308 was in disrepair. There is a piece of the plexiglass missing measuring approximately 1" by 5" and is cracked in several areas with rough edges posing a hazard.

On 7/8/21, there is a crack measuring approximately 1 ¼" on the back left side on the floor of the shower stall floor in the private bathroom of bedroom 249.

**Plan of Correction**

**Accept**

*Description of Immediate Repair:* The white cordless blind and the plexiglass surrounding the fire extinguisher were immediately replaced. The shower stall was ordered on July 13th, 2021 and will be installed by July 23rd, 2021.  
*Long Term Plan for the Problem:* The Director of Building Services or designee will complete weekly inspections for 4 weeks and monthly thereafter to ensure that all furniture and equipment are in good repair, clean and free of hazards. Staff will be reeducated on Regulation 2600.95 on July 21st, 2021.  
*Monitoring Plan:* The PCHA will reivev and sign off on the inspection results to ensure compliance with Regulation 2600.95.  
*Compliance Date:* The above will be completed 30 days from the approved POC.

**Completion Date:** 07/16/2021

**Document Submission**

**Implemented**

Audit Attached

103g - Storing Food

**1. Requirements**

2600.  
 103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

On 7/8/21, the at approximately 11:55 a.m., the following items were open/unsealed in the walk-in freezer, to include:

- A 2lb 8oz bag of Beer Battered Onion Rings, approximately ½ full.
- A 10lb box of Crispy Portion Chicken Breast, approximately ½ full. . The box and bag were opened.
- A 9.58lbs box of Pork Butt Country Ribs. Almost full. The ribs were in plastic pouch that was cut open. The plastic just laying over top of the meat and the box is not closed. The ribs appeared to have freezer burn.

103g - Storing Food (continued)

**Plan of Correction**

**Accept**

*Immediate Repair of the Problem: The food identified in the licensing inspection summary were immediately removed from the freezer and disposed.*

*Long Term Plan for the Problem: All food items in the freezer will be stored in a closed or sealed container or packaging. The Director of Dining Services or designee will complete weekly audits for 4 weeks of the food in the walk in freezer and provide the audit report to the PCHA weekly. Staff will be reeducated on Regulation 2600.13.g on July 21st, 2021.*

*Monitoring Plan: The PCHA will review and sign off on the weekly audit reports for 4 weeks to ensure compliance with Regulation 2600.13.g.*

*Compliance Date: The above will be completed within 30 days of the approved POC.*

**Completion Date:** 07/16/2021

**Document Submission**

**Implemented**

*Audit Attached*

233c - Key-Locking Devices

**1. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

*On 7/8/21, the directions for operating the home's locking mechanism keypad were not posted near the door to exit from the dining room into the courtyard of the Secured Care Dementia Unit (SCDU).*

*On 7/8/21, the directions for operating the home's locking mechanism keypad were not posted near the emergency exit door by the Terrace Library in the Secured Care Dementia Unit (SCDU).*

**Plan of Correction**

**Accept**

*Immediate repair of the Problem: The code required to operate the locking mechanism on the doors to exit the secured dementia unit into the courtyard were immediately posted conspicuously near the keypads at all doors.*

*Long Term plan for the problem: The Unit Clerk or Designee will complete monthly audits to ensure that the code to operate the doors are posted conspicuously near the keypad at each door. Staff will be reeducated on Regulation c on July 21st, 2021.*

*Monitoring Plan: The Unit Clerk or designee will complete monthly audits to ensure compliance with Regulation 2600.13.c*

*Compliance Date: The above will be completed within 30 days of the approved POC.*

**Completion Date:** 07/16/2021

**Document Submission**

**Implemented**

*Audit Attached*