

Department of Human Services  
Bureau of Human Service Licensing

August 12, 2022

[REDACTED]  
REDSTONE PRESBYTERIAN SENIORCARE  
[REDACTED]

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 07/18/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: REDSTONE HIGHLANDS License #: 44337 License Expiration: 06/17/2023  
Address: 12921 REDSTONE DRIVE, NORTH HUNTINGDON, PA 15642  
County: WESTMORELAND Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: REDSTONE PRESBYTERIAN SENIORCARE  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 05/21/2021 Issued By: Labor and Industry  
Type: I-2 Date: 05/21/2021 Issued By: Twp. of North Huntington

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 78 Waking Staff: 59

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Incident Exit Conference Date: 07/18/2022

Inspection Dates and Department Representative

07/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 54 Residents Served: 45

Secured Dementia Care Unit

In Home: Yes Area: Terrace, 2nd floor Capacity: 20 Residents Served: 19

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 33 Have Physical Disability: 0

Inspections / Reviews

07/18/2022 - Partial

Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 08/03/2022

Inspections / Reviews (*continued*)

08/02/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/08/2022*

08/02/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/15/2022*

08/02/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/15/2022*

08/12/2022 - Document Submission

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

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted]/22, numerous incidents of verbal abuse involving staff person B were reported; however, these incidents were not reported to the Department until [redacted]/22 at approximately [redacted] p.m.

Plan of Correction

Directed

Description of the Immediate Repair: Education with staff regarding regulation 2600.16c was completed on 7/18/2022. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. LM 8/2/22).

Long Term Plan for the Problem: PCHA or designee will continue monthly education with the staff for 3 months followed by annual education regarding regulation 2600.16c.

Monitoring Plan: PCHA or designee will complete monthly audits of incident reports timeliness for 3 months followed by random ongoing audits.

Compliance Date: The above will be completed 90 days from the approved POC.

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall review all internal incidents and conditions on a daily basis to ensure all incidents outlined in 2600.16a are reported to the Department within 24 hours. [redacted] 8/2/22

Completion Date: 10/31/2022

Document Submission

Implemented

2600.16c

Description of the Immediate Repair: Education with staff regarding regulation 2600.16c was completed on 7/18/2022. The PCHA will keep documentation of the completed staff education.

Long Term Plan for the Problem: PCHA or designee will continue monthly education with the staff for 3 months followed by annual education regarding regulation 2600.16c. The PCHA will keep documentation of the completed staff education.

Monitoring Plan: PCHA or designee will complete daily audits of internal incident reports for 3 months followed by random ongoing audits.

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Throughout the morning of [REDACTED] 22, staff person B treated multiple residents disrespectfully, to include the following:

Resident #1 requested assistance from staff person B in getting off the elevator to go to the dining room for breakfast. Staff person B refused to assist resident #1, and loudly told resident #1 that [REDACTED] can push the wheelchair [REDACTED] off the elevator.

Resident #2 rang [REDACTED] call bell for assistance to the bathroom. Staff person B entered resident #2's bedroom and said, in front of resident #2, "I am sick of them pressing the pendant every fifteen minutes". Staff person B turned off the pendant and left the room, without providing assistance to resident #2. Staff person A was present during the incident and assisted resident #2 to the bathroom.

When staff person A entered resident #3's bedroom to administer medications to resident #3, the resident was crying and told staff person A that the resident needed assistance to the bathroom, but was afraid to push the call bell for assistance, because [REDACTED] was afraid of staff person B. Resident #3 reported to staff person A that staff person B is mean, gets upset, and had cursed at resident #3 in the past. Resident #3 also reported that staff person B had made several rude and loud comments to [REDACTED] in the past, to include: "you are ugly", "nobody likes you", "you only think of yourself" and "don't you call me under any circumstances".

After these incidents, at approximately [REDACTED] a.m. on [REDACTED] 22, staff person B got into a verbal altercation with another staff person in the secured dementia care unit (SDCU) dining room, where staff person B was yelling and swearing. Numerous residents were present in the dining room at the time of the verbal altercation.

Plan of Correction

Directed

Description of the immediate repair: Staff person B was removed from the premises on [REDACTED]/2022 pending investigation. Staff person B was terminated on [REDACTED]/2022. Education was immediately completed with all staff members on [REDACTED]/2022 regarding regulation 2600.42c. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 8/2/22)

Long Term Plan for the Problem: Education regarding regulation 2600.42c will continue annually. (DIRECTED: Documentation of the annual training shall be kept in accordance with 2600.65i. LM 8/2/22)

Monitoring Plan: PCHA or designee will interview 5 random residents per month to ensure compliance with regulation 2600.42c. PCHA will retain documentation of completed interviews. (DIRECTED: The resident interviews shall begin on 8/15/22 and continue monthly thereafter. [REDACTED] 8/2/22)

Completion Date: 10/31/2022

Document Submission

Implemented

2600.42c

Description of the immediate repair: Staff person B was removed from the premises on [REDACTED]/2022 pending investigation. Staff person B was terminated on [REDACTED] 2022. Education was immediately completed with all staff members on [REDACTED]/2022 regarding regulation 2600.42c. PCHA will retain documentation of completed staff education. Long Term Plan for the Problem: Education regarding regulation 2600.42c will continue annually. PCHA will retain

42c - Treatment of Residents (continued)

documentation of completed staff education.

Monitoring Plan: PCHA or designee will interview 5 random residents per month beginning September 1st, 2022 to ensure compliance with regulation 2600.42c. PCHA will retain documentation of completed interviews.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #4, [REDACTED], fell in the home on [REDACTED]/22 and [REDACTED]/22; however, resident #4 s support plan, dated [REDACTED]/21, was not updated to include the recent falls, as well as a plan to meet to meet the resident's need due to the increased fall risk.

Plan of Correction

Directed

Description of Immediate Repair: Resident #4's support plan was updated to include recent falls and plan to meet the residents need on 7/18/2022. Staff also educated on regulation 2600.227d on 7/18/2022. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 8/2/22)

Long Term Plan for the Problem: Staff will be educated on regulation 2600.227d annually. (DIRECTED: Documentation of the annual training shall be kept in accordance with 2600.65i. [REDACTED] 8/2/22)

Monitoring Plan: PCHA or designee will complete random audits of support plans to ensure compliance of regulation 2600.227d (DIRECTED: The random audits shall begin on 8/15/22, and shall include a review of at least 8 resident support plans monthly to ensure resident support plans accurately reflect resident care needs. [REDACTED] 8/2/22).

DIRECTED: By 8/15/22: A designated staff person shall develop and implement a system to ensure resident support plans are updated as resident care needs change. Documentation of the system shall be kept. All staff persons involved in the development and updating of resident support plans shall be educated on the new system. Documentation of the education shall be kept. [REDACTED] 8/2/22

Completion Date: 10/31/2022

Document Submission

Implemented

2600.227d

Description of Immediate Repair: Resident #4 s support plan was updated to include recent falls and plan to meet the residents need on 7/18/2022. Staff also educated on regulation 2600.227d on 7/18/2022.

Long Term Plan for the Problem: Staff will be educated on regulation 2600.227d annually beginning 8/18/2022 at staff meeting.

Monitoring Plan: PCHA or designee will review daily report sheets and internal incident reports and update resident support plans as needed upon completion of daily review. PCHA or designee complete random monthly audits of 5 residents support plans beginning 9/1/2022 to ensure compliance of regulation 2600.227d

*227d - Support Plan Medical/Dental (continued)*