



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 23, 2023

[REDACTED]
Redstone Presbyterian Seniorcare
[REDACTED]

RE: Redstone Highlands
4 Garden Center Drive
Greensburg, Pennsylvania 15601
License/COC #: 443361

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on December 13, 2022, December 28, 2022, December 29, 2022, January 6, 2023, and March 24, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), failure to submit an acceptable plan to correct noncompliance items, and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 443360) dated December 23, 2022 – December 23, 2023, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 23, 2023 to November 23, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide

to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *REDSTONE HIGHLANDS* License #: *44336* License Expiration: *12/23/2023*
Address: *4 GARDEN CENTER DRIVE, GREENSBURG, PA 15601*
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: *12/05/1995* Issued By: *Dept L&I*

Staffing Hours

Resident Support Staff: Total Daily Staff: *61* Waking Staff: *46*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *03/24/2023*

Inspection Dates and Department Representative

03/24/2023 - On: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *61* Residents Served: *49*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *1*

Inspections / Reviews

03/24/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/13/2023*

Inspections / Reviews (*continued*)

04/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/27/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/20/2023

04/26/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/03/2023

05/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #1's glucometer was used to test resident #2's blood sugar on 3/9/23 at 1:36 p.m.

Plan of Correction

Directed [REDACTED] 04/26/2023)

PCHA educated all staff regarding regulation 2600.85a on 4/3/2023. All glucometers were immediately labeled on 4/3/2023 with the residents name and will be placed in their personal care home room in a locking box to prevent glucometer sharing. Effective immediately all nursing staff are completing audits at change of shift to check the glucometer readings for accuracy against the documentation in the MAR to ensure ongoing compliance with regulation 2600.85a. Any discrepancies will immediately be reported to PCHA so that further education and investigation can be conducted. PCHA or designee will conduct audits of glucometers readings and documentation, as well as safe storage weekly for four weeks and then monthly for three months. PCHA or designee will conduct education regarding regulation 2600.85a with all personal care staff monthly for three months, and then annually thereafter.

DIRECTED

Within 2 calendar days of receipt of the accepted plan of correction: The administrator shall notify each resident's physician (for those that receive blood sugar testing) will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) should be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. 4/26/23 [REDACTED]

Directed Completion Date: 04/28/2023

Not Implemented [REDACTED] 05/04/2023)

184a - Resident's Meds Labeled

2. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #3 is prescribed Humalog-Inject as per sliding scale: if 120-150=0 units; 151-180=2 units; 181-200=4 units; 201-250=6 units; 251-300=8 units; 301-350= 10 units; 351-400=12 units; >400 call MD; subcutaneously 2 times a day. Inject 4 units subcutaneously 2 times a day before lunch and dinner. However, the pharmacy label does not include, if >400, call MD.

Resident #4 is prescribed Lantus Solostar-Inject 6 units subcutaneously at bedtime; however, there is no pharmacy label on the pen on the medication cart, and the pharmacy on the unopened vial indicates-Inject 10 units subcutaneously at bedtime.

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accepted [redacted] 04/26/2023)

All staff were educated by PCHA regarding regulation 2600.184a on 4/3/2023. All resident medications were immediately audited on 4/3/2023 by PCHA to ensure that each medication was labeled with a pharmacy label that included resident name, name of medication, date the prescription was issued, prescribed dosage, and the name and title of the prescriber. Resident #3's label was immediately replaced to include the missing information. Resident #4's order was clarified and the insulin pen was immediately replaced with correct labels. PCHA or designee will conduct 5 random audits weekly for four weeks, and then monthly for 3 months to ensure ongoing compliance with regulation 2600.184a. Any identified problems will be immediately corrected. Education regarding regulation 184 a will be conducted with all personal care staff monthly for three months, and then annually thereafter by PCHA or designee.

Licensee's Proposed Overall Completion Date: 07/07/2023

Not Implemented [redacted] 05/04/2023)

185a - Implement Storage Procedures

3. 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

The glucometers belonging to resident #2, resident #3, resident #4, resident #5, and resident #6 were not calibrated to the correct time.

On the following dates and times, resident #2's blood sugar readings on her glucometer did not match the blood sugar readings documented on the resident's March 2023 medication administration record (MAR):

- On 3/9/23 at 8:00 p.m., the glucometer reading indicated 208; however, the MAR indicates a blood sugar reading of 204.
- On 3/12/23 at 11:00 a.m., the glucometer reading indicated 162; however, the MAR indicates a blood sugar reading of 164.

Plan of Correction

Accepted [redacted] - 04/26/2023)

All staff were educated regarding regulation 2600. 185a on 4/3/2023. All glucometers were immediately labeled with the residents name and placed in their personal care home room in a locking box on 4/3/2023. Effective immediately all nursing staff are completing audits at change of shift to check the glucometer readings and calibrations for accuracy against the documentation in the MAR to ensure ongoing compliance with regulation 2600.185a. Any identified errors with calibrated times will immediately be corrected by the Nurse on duty and PCHA will be notified. PCHA or designee will conduct audits of glucometers readings, calibrations, and documentation as well as safe storage weekly for four weeks and then monthly for three months. Education regarding regulation 2600.185a will be conducted with all personal care staff monthly for three months, and then annually thereafter by PCHA or designee.

Licensee's Proposed Overall Completion Date: 07/07/2023

Not Implemented [redacted] 05/04/2023)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation*Resident #5 is prescribed blood sugar readings before meals and at bedtime along with the following medications:*

- *Aspart-Inject per sliding scale: if 170-200=0 units; 201-230=1 unit; 231-250=2 units; 251-300=3 units; 301-350=4 units; 351-400=6 units; 401-450=8 units; over 450 call MD, subcutaneously at 12 noon and at bedtime; however, the resident's glucometer and March 2023 MAR indicate that the resident's blood sugar reading was not taken on 3/3/23 at noon.*
- *Novolog-Inject per sliding scale: if 170-200=0 units; 201-230=1 unit; 231-250=2 units; 251-300=3 units; 301-350=4 units; 351-400=6 units; 401-450=8 units; over 450 call MD, subcutaneously at 5:00 p.m.; however, the resident's glucometer and March 2023 MAR indicate that the resident's blood sugar readings were not taken on 3/11/23 at 5:00 p.m., and 3/12/23 at 5:00 p.m., and the resident was administered 3 units of insulin on these dates and times.*

Plan of Correction**Accept** [REDACTED] **04/26/2023)**

All staff were educated regarding regulation 2600.187d on 4/3/2023 by PCHA. Effective immediately all nursing staff are completing audits at change of shift to check the glucometer readings for accuracy against the documentation in the MAR to ensure ongoing compliance with regulation 2600.187d. PCHA or designee will conduct audits of glucometers readings and documentation to ensure accuracy with physician orders weekly for four weeks and then monthly for three months. Education regarding regulation 2600.187d will be conducted with all personal care staff monthly for three months, and then annually thereafter by PCHA or designee.

Licensee's Proposed Overall Completion Date: 07/07/2023**Not Implemented** [REDACTED] **05/04/2023)**