

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

September 18, 2023

[REDACTED], NHA/EXECUTIVE DIRECTOR
REDSTONE PRESBYTERIAN SENIORCARE
6 GARDEN CENTER DRIVE
GREENSBURG, PA, 15601

RE: REDSTONE HIGHLANDS
4 GARDEN CENTER DRIVE
GREENSBURG, PA, 15601
LICENSE/COC#: 44336

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/08/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: REDSTONE HIGHLANDS License #: 44336 License Expiration: 11/23/2023
 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: 6 GARDEN CENTER DRIVE, GREENSBURG, PA, 15601
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 57 Waking Staff: 43

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 08/18/2023

Inspection Dates and Department Representative

08/08/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 61 Residents Served: 45

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 8

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45
 Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 12 Have Physical Disability: 1

Inspections / Reviews

08/08/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/04/2023

09/05/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/16/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/12/2023

Inspections / Reviews *(continued)*

09/06/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/16/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/17/2023

09/18/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/16/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

42c Treatment of Residents

1. Requirements

2600.

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

Description of Violation

On [REDACTED] at approximately [REDACTED], while serving dinner to resident #1 and resident #2, staff person A was observed by direct care staff person B, an LPN, direct care staff person C, a CNA, and direct care staff person D, a nursing assistant, to be treating residents #1 and #2 disrespectfully. Staff person A set the residents' dishes on the table in a very hard, loud manner like "Boom. Boom. Boom." according to direct care staff person B's account. When resident #1 said [REDACTED] didn't get [REDACTED] coleslaw [which had been indicated on [REDACTED] menu choices form], staff person A ignored [REDACTED] until staff person B addressed staff person A and pointed out that resident #1 did not receive [REDACTED] coleslaw. Staff person A got the coleslaw and proceeded to abruptly set it down on the resident's table. Staff person A also used a disrespectful tone when replying to resident #2 when [REDACTED] asked what [REDACTED] soup was. Staff person B immediately called [REDACTED] supervisor because [REDACTED] had concerns that staff person A was unapproachable.

Plan of Correction

Accept [REDACTED] - 09/05/2023)

Description of the immediate repair:

Staff person A was immediately removed from the premises on [REDACTED] pending investigation. Staff person A was terminated on [REDACTED]. Education was completed with all staff members on 8/9/23 regarding regulation 2600.42c.

Long Term Plan for the Problem:

Education regarding regulation 2600.42c will continue annually and documentation of the annual training shall be retained by the PCHA.

Monitoring Plan:

PCHA or designee will interview 5 random residents per month to ensure compliance with regulation 2600.42c. Resident interviews shall begin on 9/01/2023 and continue monthly thereafter. PCHA will retain documentation of completed interviews.

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

Licensee's Proposed Overall Completion Date: 11/29/2023

Implemented [REDACTED] - 09/18/2023)

51 Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Ancillary staff person A, a [REDACTED] employed by contracted [REDACTED] company, began working at the home on [REDACTED]. However, a criminal history check was not conducted in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. § 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and documented on the PA State Police Request for Criminal Record Check form (SP4-164), or via the e-patch system.

51 - Criminal Background Check (continued)

Plan of Correction

Directed () - 09/06/2023)

Description of immediate repair:

On 8/9/2023, education regarding regulation 2600.51 was provided to all Personal Care Department employees including the contracted Dietary Company, Cura. Also, on 8/9/2023, Cura was able to obtain a copy of staff person A's Pennsylvania criminal record check. A copy was provided to the PCHA and the PCHA will retain documentation of this. PCHA will complete an audit of all current personal care home employees records to ensure compliance 2600.51 by 9/8/23.

Long Term Plan:

Cura Director and PCHA will report new hires on daily morning meeting. PCHA will verify that criminal background checks have been completed and documentation retained prior to all personal care employees start date.

Monitoring Plan:

PCHA will complete monthly audits of all Cura and personal care home employee files for 3 months and randomly thereafter to ensure ongoing compliance with regulation 2600.51. PCHA will retain documentation of these audits.

DIRECTED

Within 10 calendar days of receipt of the accepted plan of correction: The audits indicated in the home's plan of correction will begin. 9/6/23 ()

Directed Completion Date: 09/16/2023

Implemented () - 09/18/2023)

65a - FS Orientation 1st Day

3. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Ancillary staff person A, a () employed by contracted () company, began working at the home on () However, an orientation was not completed in general fire safety and emergency preparedness that included the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

65a - FS Orientation 1st Day (continued)

- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

Plan of Correction

Directed () - 09/06/2023)

Description of Immediate Repair:

On 8/9/2023 education regarding regulation 2600.65a was provided to all Personal Care Department employees. On 8/9/2023, Cura completed an audit of all employee files to ensure compliance with regulation 2600.65a.

Long Term Plan:

On 8/17/2023, all Cura Managers and Directors attended a fire safety training and received fire safety train the trainer certification from a Certified Fire Safety Inspector. Cura Managers and Directors will complete general fire safety and emergency preparedness training with new Cura employees on their first day in the building and provide a copy of the completed training to the PCHA. PCHA or designee will complete general fire safety and emergency preparedness training with new personal care home employees on their first day in the building. PCHA will retain documentation of these trainings.

Monitoring Plan:

Cura Director and PCHA will report all new hires on the daily morning meeting. PCHA will complete audits of all Cura and personal care home employee files for 3 months and randomly thereafter to ensure compliance with regulation 2600.65a. PCHA will retain documentation of these audits.

DIRECTED

Within 10 calendar days of receipt of the accepted plan of correction: The audits indicated in the home's plan of correction will begin. 9/6/23 ()

Directed Completion Date: 09/16/2023

Implemented () - 09/18/2023)

65b - Rights/Abuse 40 Hours

4. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).

Description of Violation

Ancillary staff person A, a () employed by contracted () company, began working for the home on () and had completed 40 hours of work on (). However, training in the following topics had not been completed:

- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101-10225.5102).

Plan of Correction

Directed () - 09/06/2023)

Description of Immediate Repair:

65b - Rights/Abuse 40 Hours (continued)

On 8/9/2023 education regarding regulation 2600.65b was provided to all Personal Care employees. On 8/9/2023, Cura completed an audit of all employee files to ensure compliance with regulation 2600.65b.

Long Term Plan:

On September 13th, mandatory abuse training for all Personal Care employees is scheduled with a representative from Adult Protective Services. PCHA will retain documentation of the trainings. All new employees will receive an orientation according to regulation 2600.65b within the first 40 hours worked. Cura Director will provide PCHA with documentation of the complete orientation and the PCHA will retain the documentation.

Monitoring Plan:

Cura Director and PCHA will report all new hires on the daily morning meeting. PCHA will complete audits of Cura and personal care home employee files monthly for 3 months and randomly thereafter to ensure compliance with regulation 2600.65b. PCHA will retain documentation of these audits.

DIRECTED

Within 10 calendar days of receipt of the accepted plan of correction: The audits indicated in the home's plan of correction will begin. 9/6/23 JK

Directed Completion Date: 09/16/2023

Implemented [REDACTED] - 09/18/2023)