

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

February 1, 2024

[REDACTED], CAMPUS DIRECTOR
REDSTONE PRESBYTERIAN SENIORCARE
[REDACTED]

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 11/09/2023, 11/27/2023 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 #:** 44338 **License Expiration:** 06/20/2024
Address: 4949 CLINE HOLLOW ROAD, MURRYSVILLE, PA 15668
County: WESTMORELAND **Region:** WESTERN

Administrator

Name: Stefani Lauffer **Phone:** 7247339494 **Email:**
srothrauff@redstone.org;
SLAUFFER@REDSTONE.ORG

Legal Entity

Name: REDSTONE PRESBYTERIAN SENIORCARE
Address: [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 **Date:** 06/24/2010 **Issued By:** Municipality of Murrysville

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 83 **Waking Staff:** 62

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/27/2023

Inspection Dates and Department Representative

11/09/2023 On Site: [REDACTED]
11/27/2023 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	58	Residents Served:	45
Secured Dementia Care Unit			
In Home:	Yes	Area:	SDCU
Capacity:	20	Residents Served:	20
Hospice			
Current Residents:	5		
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:	38	Have Physical Disability:	0

Inspections / Reviews

11/09/2023 - Full
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 12/31/2023

Inspections / Reviews *(continued)*

01/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/09/2024

01/08/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/31/2024

02/01/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

132f - Alternate Exit Routes

1. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The 1st and 2nd floor lobby exit routes were the only exit routes used during the fire drills conducted on 1/31/23, 2/28/23, 3/28/23, 4/26/23, 5/16/23, 6/28/23, and 9/19/23.

Plan of Correction

Directed (████ - 01/08/2024)

On 11/29/23, PCHA completed staff education on regulation 2600.132f with all staff. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. █████ 1/8/24). PCHA also developed and implemented a monthly fire drill schedule for the 2024 calendar year that includes plan of exit routes to be used in accordance with regulation 2600.132f. PCHA will observe all monthly fire drills for 3 months and randomly thereafter to ensure compliance with regulation 2600.132f. PCHA will retain documentation of all monthly fire drills. Education with staff regarding regulation 2600.132f will continue monthly for 3 months and annually thereafter. PCHA will retain documentation of staff education in accordance with regulation 2600.132f.

DIRECTED: Beginning on 1/15/24: The administrator shall review all fire drill records monthly to ensure alternate exit routes are used during each monthly fire drill and that monthly fire drill documentation is present in accordance with 2600.132c. LM 1/8/24

Proposed Overall Completion Date: 03/31/2024

Directed Completion Date: 01/15/2024

Implemented █████ - 02/01/2024

227d - Support Plan Medical/Dental

2. 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

The assessment for resident #1, dated █████, indicates the resident has a need for a dysphagia diet. The resident's support plan, dated 2/24/23, does not document how this need will be met and does not include the resident's need to be provided one food item at a time to decrease impulsivity for self feeding.

Plan of Correction

Directed █████ - 01/08/2024

On █████, res #1 support plan was updated with the correct plan of how to meet █████ dietary needs. A whole facility audit of resident support plans was completed on █████ to ensure compliance of regulation 2600.227d. On █████ PCHA completed staff education on regulation 2600.227d. PCHA will complete staff education regarding reg 2600.227d monthly for 3 months and annually thereafter. PCHA will retain documentation of this education. PCHA or designee will audit all resident charts for changes in care needs daily for 30 days, monthly for 3 months and annually thereafter to ensure all resident support plans are updated accordingly. (DIRECTED; The daily audits shall begin on 1/15/24. LM 1/8/24). PCHA will retain documentation of these audits.

227d - Support Plan Medical/Dental (continued)

Proposed Overall Completion Date: 03/31/2024

Directed Completion Date: 01/15/2024

Implemented [REDACTED] - 02/01/2024)

231e - No Objection Statement

3. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #2 was admitted to the secured dementia care unit (SDCU) on [REDACTED]; however, there is no documentation present indicating resident #2 and resident #2's designated person have not objected to resident #2's admission to the SDCU.

Plan of Correction

Directed [REDACTED] - 01/08/2024)

On 11/29/2023, PCHA completed staff education regarding regulation 2600.231e. PCHA will retain documentation of this education. On 12/22/23, an audit was completed on all current residents that reside in the SDCU by the Campus Director. On 12/28/23, the SDCU form was updated to include that the resident and residents designated person do not object to the residents admission into the SDCU. On 1/4/2024, Resident #2 and Resident #2's designated person signed the updated SDCU admission consent form. Upon completion of the full facility audit on 12/22, All current SDCU residents and residents designated persons whose admission consent forms were not compliant with reg 2600.231e were contacted and notified. All resident SDCU forms compliant with reg 2600.231e will be signed by the residents and the resident designated person by 1/31/2024. On 12/28/2023, the community liaisons were provided the SDCU consent form that complies with reg 2600.231e to be used for all future admissions. PCHA or designee will complete monthly audits of admission documents for residents admitting into the SDCU for 3 months and randomly thereafter to ensure compliance with reg 2600.231e. (DIRECTED: The monthly audits shall begin on 1/15/24. [REDACTED] 1/8/24). PCHA will retain documentation of these audits.

DIRECTED: By 1/15/24: The administrator shall develop and implement a new admission checklist to ensure documentation is obtained at the time of admission indicating the resident and the resident's designated person have not objected to the resident's admission or transfer to the SDCU for all newly-admitted residents. Documentation of the completed checklist, as well as documentation that the resident and the resident's designated person have not objected to the admission/transfer to the home's SDCU shall be kept in each newly-admitted resident's record. All staff persons involved in the admission process shall be educated on the new checklist by 1/15/24. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 1/8/24).

Proposed Overall Completion Date: 01/31/2024

Directed Completion Date: 01/31/2024

Implemented [REDACTED] - 02/01/2024)