

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

January 12, 2024

[REDACTED], CAMPUS DIRECTOR
REDSTONE PRESBYTERIAN SENIORCARE
[REDACTED]
[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 12/13/2023 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 #: 44337 License Expiration: 06/17/2024
 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: I-2 Date: 05/21/2021 Issued By: Township of North Huntingdon
 Type: C-2 LP Date: 05/21/2023 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 81 Waking Staff: 61

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/13/2023

Inspection Dates and Department Representative

12/13/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 54 Residents Served: 50
 Secured Dementia Care Unit
 In Home: Yes Area: Terrace Capacity: 20 Residents Served: 19
 Hospice
 Current Residents: 12
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 31 Have Physical Disability: 0

Inspections / Reviews

12/13/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/05/2024

Inspections / Reviews *(continued)*

01/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/11/2024

01/12/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

133.1 - Exit Signs

1. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There is no exit sign over the exit door from the boiler room. The home currently serves 50 residents.

Plan of Correction

Accept (████) - 01/04/2024)

On 12/14/2023 all staff were educated on regulation 2600.133.1. On 12/14/2023 PCHA completed building audit of all exit doors within the personal care home to ensure compliance with regulation 2600.133.1. An exit sign was placed over the exit door from the boiler room on 12/14/2023. PCHA or designee will audit all exit doors to ensure ongoing compliance with regulation 2600.133.1 weekly for 4 weeks, and then monthly for 3 months. Documentation of these audits will be retained by the PCHA. Staff education on regulation 2600.133.1 will occur monthly for 3 months and then annually thereafter. PCHA will retain documentation of the staff education in accordance with regulation 2600.65i. The monthly staff training shall begin on 1/9/2023 and shall include training for all current staff persons.

Licensee's Proposed Overall Completion Date: 04/09/2024

Implemented (████) - 01/12/2024)

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

Resident #1 has a bed enabler pole next to the bed; however, the resident's support plan, dated █████/2023, does not address the specific need for the pole, risks associated with its use or that staff should be checking it regularly to make sure that it is secure.

Plan of Correction

Accept (████) - 01/04/2024)

On 12/14/2023 all staff were educated on regulation 2600.227d. Resident #1's RASP was updated to include the following; specific need for the transfer pole, risks associated with its use and regular checks by staff to ensure it is secure. PCHA will conducted whole house audit on all residents who have transfer poles on 12/14/2023 to ensure compliance with regulation 2600.227d. PCHA or designee will complete monthly audits for three months, and then annually thereafter. PCHA will retain documentation of these audits. Education on regulation 2600.227d will continue with staff monthly for 3 months and then annually thereafter. PCHA will retain documentation of the staff education in accordance with 2600.65i. The monthly staff training shall begin on 1/9/2023 and shall include training for all current staff persons.

Licensee's Proposed Overall Completion Date: 04/09/2024

Implemented (████) - 01/12/2024)