

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

November 19, 2024

[REDACTED], NHA/EXECUTIVE DIRECTOR
REDSTONE PRESBYTERIAN SENIORCARE
[REDACTED]

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 10/16/2024 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: 11/22/2024
 Address: 4 GARDEN CENTER DRIVE, GREENSBURG, PA 15601
 County: WESTMORELAND Region: WESTERN

Administrator

Name: [REDACTED]

Legal Entity

Name: REDSTONE PRESBYTERIAN SENIORCARE
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/05/1995 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 65 Waking Staff: 49

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/16/2024

Inspection Dates and Department Representative

10/16/2024 - 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: 9
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45
 Diagnosed with Mental Illness: 22 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 20 Have Physical Disability: 0

Inspections / Reviews

10/16/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/09/2024

11/06/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/08/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/01/2024

Inspections / Reviews *(continued)*

11/19/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 12:10 p.m., there was an unlabeled plastic spray bottle approximately 40% full of off-white liquid on the mobile cleaning cart located on the second floor next to resident room #202.

Plan of Correction

Accept (█) - 11/06/2024)

Immediate intervention: On 10/16/24, The unlabeled bottle was immediately removed from the cart and disposed of. On 10/17/24, PCHA completed education with the Staff on regulation 2600.82.a. PCHA will retain documentation of staff education.

Long Term: Beginning 11/1/24, PCHA or designee will complete Staff education on regulation 2600.82.a monthly for 3 months and annually thereafter. PCHA or designee will complete weekly cart audits to monitor for compliance with regulation 2600.82.a weekly for 4 weeks, monthly for 3 months followed by random audits. PCHA will retain documentation of all audits and education in accordance with 2600.65.i and shall include all current staff members.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented (█) - 11/19/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 12:15 p.m., there were two unmarked used toothbrushes belonging to resident #1 and #2 laying on top of one another on the resident's semi-private bathroom's sink.

Plan of Correction

Accept (█) - 11/06/2024)

Immediate Intervention: On 10/16/24, PCHA removed and disposed of resident #1 and resident #2's the toothbrushes and issued new toothbrushes to the both residents labeled with the individual residents name. On 10/17/24, PCHA completed education with the staff on regulation 2600.85.a and also ordered toothbrush holders and toothbrushes. PCHA will retain documentation of staff education.

Long Term: Beginning 11/1/24, All residents that reside in or admit to a semi private room will be issued a toothbrush holder and toothbrush labeled with their name by the PCHA or designee. Beginning 11/1/24, PCHA or

85a - Sanitary Conditions (continued)

designee will complete monthly education with the staff for 3 months and annually thereafter. PCHA or designee will complete weekly audits to monitor for compliance with regulation 2600.85.a for 4 weeks, monthly for 3 months followed by random audits. PCHA will retain documentation of all audits and education in accordance with 2600.65.i and shall include all current staff members.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented () - 11/19/2024)

86a - Ventilation

3. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

At approximately 11:57 a.m., the continuous air draw vent located in the in the Country Kitchen's common bathroom was not operational. There was no window in the bathroom.

Plan of Correction

Accept () - 11/06/2024)

Immediate Intervention: On 10/16/24, the belt was replaced and the air draw vent was immediately fully functional. On 10/17/24, PCHA completed education with the staff on regulation 2600.86.a. PCHA will retain documentation of staff education.

Long Term: Beginning 11/1/24, PCHA or designee will complete audits to ensure compliance with regulation 2600.86.a weekly for 4 weeks, monthly for 3 months and every 6 months thereafter. PCHA or designee will also complete education with the PC staff on regulation 2600.86.a monthly for 3 months and annually thereafter. PCHA will retain documentation of all audits and education in accordance with 2600.65.i and shall include all current staff members.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented () - 11/19/2024)

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At approximately 12:02 p.m., there were two unseated ceiling tiles immediately next to the rear left corner of the laundry room located in the Country Kitchen. The unseated ceiling tiles created multiple gaps in the ceiling ranging in size from approximately 3 through 5 inches in size.

88a Surfaces (continued)

Plan of Correction

Accept (█ - 11/06/2024)

Immediate Intervention: On 10/16/24, PCHA placed a work order for Maintenance to correct the ceiling tiles. On 10/17/24, the work was complete and in compliance with regulation 2600.88.a. On 10/17/24, PCHA completed education with the PC staff on regulation 2600.88.a. PCHA will retain documentation of staff education.

Long Term: Beginning 11/1/24, PCHA or designee will complete audits to ensure continued compliance with regulation 2600.88.a weekly for 4 weeks, monthly for 3 months and random thereafter. PCHA or designee will also conduct education on regulation 2600.88.a with the staff monthly for 3 months followed by annually thereafter beginning 11/1/24. PCHA will retain documentation of all audits and education in accordance with 2600.65.i and shall include all current staff members.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented (█ - 11/19/2024)

103c - Food Protected

5. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

At approximately 12:20 p.m., there were three uncovered chicken salads in the main kitchen's walk in freezer.

At 12:22 p.m., there was one box of Tri Taters frozen potatoes placed directly on the floor of the main kitchen's walk in refrigerator.

At approximately 12:25 p.m., there was an open bag of frozen stuffed shells on the left side of the main kitchen's walk in freezer.

Plan of Correction

Accept (█ - 11/06/2024)

Immediate Intervention: On 10/16/24, Dining Director immediately disposed of the uncovered chicken salads and stuffed shells. The tri Tater potatoes were removed from the floor and placed up onto a shelf in the refrigerator. On 10/17/24, PCHA completed education with the PC staff on regulation 2600.103.c. PCHA will retain documentation of staff education.

Long Term: Beginning 11/1/24, PCHA or designee will complete weekly audits for 4 weeks to ensure continued compliance with regulation 2600.103.c followed by monthly audits for 3 months and random thereafter. Also, beginning 11/1/24, PCHA or designee will complete monthly education with PC staff on regulation 2600.103.c for 3 months and annually thereafter. PCHA will retain documentation of all audits and education in accordance with 2600.65.i and shall include all current staff members.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented (█ - 11/19/2024)

103d - Storing Food Off Floor

6. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

At approximately 12:30 p.m., there were three 5-gallon Hershey's ice cream premium ice cream containers stored in direct contact with the main kitchen's walk-in freezer's floor.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

Immediate Intervention: On 10/16/24, Dining Director, lifted the ice cream containers off the floor and placed onto a shelf in the freezer. On 10/17/24, PCHA conducted education with the PC staff on regulation 2600.103.d. PCHA will retain documentation of staff education.

Long Term: Beginning 11/1/24, PCHA or designee will complete weekly audits for 4 weeks followed by monthly audits for 3 months and random thereafter to ensure compliance of regulation 2600.103.d. Also beginning 11/1/24, PCHA or designee will conduct education with the PC staff regarding regulation 2600.103.d monthly for 3 months and annually thereafter. PCHA will retain documentation of all audits and education in accordance with 2600.65.i and shall include all current staff members.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [REDACTED] - 11/19/2024)

103e - Left Overs

7. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 12:27 p.m., there was an opened and undated non-descriptive bag of approximately 30 frozen omelets located on the left side of the main kitchen's walk-in freezer.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

Immediate Intervention: On 10/16/24, the Dining Director immediately removed the frozen omelets from the freezer and disposed of them. On 10/17/24, PCHA completed education with the PC staff on regulation 2600.103.e. PCHA will retain documentation of the education.

Long Term: PCHA or designee will conduct audits weekly for 4 weeks, monthly for 3 months and random thereafter to ensure compliance with regulation 2600.103.e. Beginning 11/1/24, PCHA or designee will complete education with PC staff on regulation 2600.103.e monthly for 3 months and annually thereafter. PCHA will retain documentation of all audits and education in accordance with 2600.65.i and shall include all current staff members.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [REDACTED] - 11/19/2024)

105g Lint Removal and Duct Cleaning

8. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At approximately 12:02 p.m., there was lint in the lint trap of the dryer on the right side of the laundry room located in the Country Kitchen. The lint measured approximately .25 inches thick and covered the entirety of the lint trap's screen. The lint was approximately the size of a billiard ball when removed from the lint trap's screen. There were no items of clothing in the dryer.

Plan of Correction

Accept (█ - 11/06/2024)

Immediate Intervention: On 10/16/24, surveyor immediately removed the lint from the dryer. On 10/16/24, PCHA conducted a whole house audit of all dryers to ensure compliance with regulation 2600.105.g. On 10/17/24, PCHA completed education with PC staff regarding regulation 2600.105.g. PCHA will retain documentation of the audit and staff education.

Long Term: Beginning 11/1/24, PCHA or designee will conduct daily audits for 1 week, weekly audits for 4 weeks, monthly audits for 3 months and random thereafter to ensure continues compliance with regulation 2600.105.g. Also beginning 11/1/24, PCHA or designee will complete staff education regarding regulation 2600.105.g monthly for 3 months and annually thereafter. PCHA will retain documentation of all audits and staff education in accordance with 2600.65.i and shall include all current staff members.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented (█ - 11/19/2024)

121a Unobstructed Egress

9. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The automatic double exit doors located at the Tower Exit are kept off whenever facility personnel are not manning the area. The doors were able be manually opened in case of an emergency. However, the carpeting on the opposite/exit side of the doors did not allow the doors to completely open blocking the egress.

Plan of Correction

Accept (█ - 11/06/2024)

Immediate Intervention: On 10/16/24, The Director of Building Services immediately removed the carpet and disposed of it. On 10/17/24, PCHA completed education with the PC staff regarding regulation 2600.121.a. PCHA will retain documentation of the staff education.

Long Term: Beginning 11/1/24, PCHA or designee will conduct audits weekly for 4 weeks, monthly for 3 months and random thereafter to ensure continued compliance with regulation 2600.121.a. Also beginning 11/1/24, PCHA or designee will complete education with the PC staff regarding regulation 2600.121.a. PCHA will retain documentation of all audits and staff education in accordance with 2600.65.i and shall include all current staff members.

121a - Unobstructed Egress (continued)

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented () - 11/19/2024)

132e - Fire Drill Sleeping Hours

10. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

There was no fire drill conducted during sleeping hours from October 2023, through June 2024.

Plan of Correction

Accept () - 11/06/2024)

Immediate Intervention: On 10/17/24 at 4am, an unannounced fire drill was completed. PCHA created a monthly schedule for fire drills to be completed to ensure compliance with regulation 2600.132.e and provided the Director of Building Services with the schedule for the fire drills to be conducted. On 10/17/24, PCHA also completed education with the PC staff regarding regulation 2600.132.e. PCHA will retain documentation of the fire drill and the staff education.

Long Term: Beginning 11/1/24, PCHA will audit fire drill records monthly for 3 months and random thereafter to ensure continued compliance with regulation 2600.132.e. Also beginning 11/1/24, PCHA will complete staff education regarding regulation 2600.132.e monthly for 3 months and annually thereafter. PCHA will retain documentation of all audits and staff education in accordance with 2600.65.i and shall include all current staff members.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented () - 11/19/2024)

185a - Implement Storage Procedures

11. 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

Resident #3 was prescribed [redacted] [redacted], if greater than [redacted] call MD, subcutaneously before meals and at bedtime. Resident #3's [redacted] 2024, medication administration record indicated a blood glucose measurement of [redacted] on [redacted], at [redacted] and [redacted], at [redacted]. However, the resident #3's glucometer indicated blood sugar readings of [redacted], and [redacted] for the corresponding dates/times.

Plan of Correction

Accept () - 11/06/2024)

Immediate Intervention: On 10/16/24, All residents glucometers were immediately removed from the med carts, disposed of and replaced with new glucometers labeled with the residents name and placed into individual bags

185a Implement Storage Procedures (continued)

also labeled with the residents name. All current and future residents will be issued glucometers labeled with the residents name and placed in a bag labeled with their name. On 10/17/24, PCHA completed education with PC staff regarding regulation 2600.185.a. PCHA will retain documentation of staff education.

Long Term: Beginning 11/1/24, PCHA will complete audits of the glucometers weekly for 4 weeks, monthly for 3 months and random thereafter. Also beginning 11/1/24, PCHA will conduct education with the PC staff regarding regulation 2600.185.a monthly for 3 months and annually thereafter. PCHA will retain documentation of audits and education in accordance with 2600.65.i and shall include all current staff members.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [REDACTED] - 11/19/2024)