

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

February 27, 2026

[REDACTED]
REDSTONE PRESBYTERIAN SENIORCARE
[REDACTED]

RE: REDSTONE HIGHLANDS
12921 REDSTONE DRIVE
NORTH HUNTINGDON, PA, 15642
LICENSE/COC#: 44337

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/12/2025 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: 06/17/2026
 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: North Huntingdon TWP
 Type: C-2 LP Date: 05/21/2023 Issued By: Dept. L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 79 Waking Staff: 59

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 11/12/2025

Inspection Dates and Department Representative

11/12/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 54 Residents Served: 48
 Secured Dementia Care Unit
 In Home: Yes Area: Terrace Capacity: 20 Residents Served: 20
 Hospice
 Current Residents: 10
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 48
 Diagnosed with Mental Illness: 21 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 31 Have Physical Disability: 0

Inspections / Reviews

11/12/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/15/2025

12/26/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/17/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/02/2026

Inspections / Reviews *(continued)*

02/12/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/17/2026

02/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/17/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] resides in the secure dementia care unit (SDCU). [redacted] resident assessment and support plan (RASP), dated [redacted], indicates diagnoses of [redacted] and [redacted]. Resident [redacted] requires extensive supervision in the home, has severe problems with [redacted] and [redacted], and is easily upset. Resident [redacted] resides in the SDCU. [redacted] RASP, dated [redacted], indicates diagnoses of [redacted] and [redacted]. Resident [redacted] has a moderate problem with agitation. Staff interviews indicate [redacted] has episodes of [redacted], and sometimes [redacted], and [redacted] when they provide care or attempt to redirect.

On [redacted] at 10:00 a.m., staff person A, staff person B and staff person C heard a loud bang near the kitchen/dining area. When they responded, they observed resident # [redacted] holding resident [redacted] by the head, hitting [redacted] head against the wall. Resident [redacted] was observed punching resident [redacted] in the forehead, resulting in a small abrasion on resident [redacted] right [redacted] and [redacted] on [redacted] forehead and the bridge of [redacted] nose, and a bruise in the corner of [redacted] right eye. Resident [redacted] sustained a large mark on [redacted] right upper back, with a 2" skin tear at the top of the mark.

Plan of Correction

Accept [redacted] - 02/12/2026

On 11/12/2025 all staff were educated on regulation 2600.42b by the PCHA. On 9/28/2025 following this incident both residents were immediately placed on 15 minute safety checks. Residents were also placed on behavior charting every shift to monitor for signs of aggression or irritability. No further incidents occurred. Both resident support plans were updated to include this information.

PCHA or designee will conduct 5 random resident interviews weekly for 4 weeks, monthly for 3 months, and then randomly thereafter to ensure ongoing compliance with regulation 2600.42b. PCHA will retain documentation of these resident interviews.

Education on regulation 2600.42b 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 12/1/2025 and shall include training for all current staff persons.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented [redacted] - 02/27/2026

224c - Preadmission Screening

2. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

Resident [redacted] preadmission screening form, dated [redacted], was not signed by the assessor.

224c Preadmission Screening (continued)

Plan of Correction

Accept [redacted] - 02/12/2026)

On 11/12/2025 all staff were educated on regulation 2600.224c by the Executive Director. On 11/12/2025 PCHA designee updated resident [redacted] preadmission screening form to include a signature for the assessor. PCHA designee also completed audit of all resident preadmission screens on 11/12/2025 to certify they were filled out and signed by the assessor to ensure compliance with regulation 2600.224c.

PCHA will conduct 5 random audits of resident preadmission screens monthly for 3 months and then randomly thereafter to ensure ongoing compliance with regulation 2600.224c. Documentation of these audits shall be retained by the PCHA.

Education on regulation 2600.224c 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 12/1/2025 and shall include training for all current staff persons

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented [redacted] - 02/27/2026)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Staff interviews indicate resident [redacted] has episodes of [redacted], and sometimes [redacted] and [redacted] when they provide care or attempt to redirect. However, [redacted] assessment, dated [redacted], indicates [redacted] does not have a problem with [redacted] or [redacted].

Plan of Correction

Accept [redacted] - 02/12/2026)

On 11/12/2025 all staff were educated on regulation 2600.225c by the Executive Director. On 11/12/2025 PCHA designee updated resident #2's support plan to include a service plan for episodes of irritability and aggression including hitting, fighting, grabbing and kicking staff when attempting to complete care. A plan to meet this service need was also added. PCHA designee also completed audit of all resident support plans on 11/12/2025 to ensure information regarding behavior needs are included in their RASP to ensure compliance with regulation 2600.225c.

PCHA will conduct 5 random audits of resident support plans monthly for 3 months and then randomly thereafter to ensure ongoing compliance with regulation 2600.225c. Documentation of these audits shall be retained by the PCHA.

Education on regulation 2600.225c 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 12/1/2025 and shall include training for all current staff persons

Licensee's Proposed Overall Completion Date: 01/15/2026

225c Additional Assessment (continued)

Implemented [redacted] - 02/27/2026)

227d Support Plan Medical/Dental

4. 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 [redacted] assessment, dated [redacted] indicates the resident has a severe problem with [redacted]. However, the resident's support plan, dated [redacted] does not indicate a plan to meet this service need.

Repeat Violation [redacted]

Plan of Correction

Accept [redacted] - 02/12/2026)

On 11/12/2025 all staff were educated on regulation 227d. On 11/12/2025 PCHA updated resident [redacted] support plan to include a plan to the service need for a severe problem with aggression. PCHA also completed audit on 11/12/2025 of all resident support plans to ensure that any service needs identified have a support plan included in their RASP to ensure compliance with regulation 2600.227d.

Beginning 12/1/2025 PCHA will conduct 5 random audits of resident support plans monthly for 3 months to ensure ongoing compliance with regulation 227d. Documentation of these audits shall be retained by the PCHA. 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 12/1/2025 and shall include training for all current staff persons.

Licensee's Proposed Overall Completion Date: 01/15/2026

Implemented [redacted] - 02/27/2026)