

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

January 16, 2026

[REDACTED]  
REDSTONE PRESBYTERIAN SENIORCARE  
[REDACTED]

RE: REDSTONE HIGHLANDS  
4949 CLINE HOLLOW ROAD  
MURRYSVILLE, PA, 15668  
LICENSE/COC#: 44338

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/20/2025 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 #: 44338 License Expiration: 06/20/2026  
 Address: 4949 CLINE HOLLOW ROAD, MURRYSVILLE, PA 15668  
 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: Other Date: 06/10/2002 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 76 Waking Staff: 57

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 11/20/2025

**Inspection Dates and Department Representative**

11/20/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 58 Residents Served: 46

**Secured Dementia Care Unit**  
 In Home: Yes Area: Terrace Capacity: 20 Residents Served: 20

**Hospice**  
 Current Residents: 13

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 46  
 Diagnosed with Mental Illness: 20 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 30 Have Physical Disability: 0

**Inspections / Reviews**

11/20/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/14/2025

12/10/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 01/15/2026  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/15/2026

Inspections / Reviews *(continued)*

01/16/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/15/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 81b - Resident Personal Equipment

## 2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

## Description of Violation

Resident [REDACTED] had a bedside floor to roof poll enabler that had two open spaces approximately 6 by 12 inches in size.

## Plan of Correction

Accept [REDACTED] - 12/10/2025)

On 11/20/2025 all staff were educated on regulation 2600.81b. On 11/20/2025 a mesh covering was immediately placed on the enabler pole to cover the open space. This is the only enabler pole in the home.

PCHA or designee will conduct audits to ensure that the mesh covering remains intact to all transfer poles weekly for 4 weeks, then monthly for 3 months, and then randomly thereafter to ensure compliance with regulation 2600.81B. Any new residents coming into the home requiring an enabler pole will be added to this audit. PCHA shall retain documentation of these audits.

Education on regulation 2600.81B 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: 02/01/2026

Implemented [REDACTED] 01/16/2026)

## 82a - Poisonous Materials

## 3. Requirements

2600.

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

## Description of Violation

At approximately 12:24 p.m., there was a clear plastic spray bottle with black magic marker writing indicating "oxier". However, the bottle was originally purposed for a cleaning solution identified as "crew". The item was located in janitor closet A [REDACTED].

## Plan of Correction

Accept [REDACTED] - 12/10/2025)

On 11/20/2025, the incorrectly labeled bottle was immediately removed from Janitor closet A and disposed of. On 11/21/25, PCHA completed education with all staff on regulation 2600.82.a. PCHA will retain documentation of staff education.

PCHA or designee will complete janitor cart and closet audits to monitor for compliance with regulation 2600.82a weekly for 4 weeks, monthly for 3 months, and then randomly thereafter. PCHA shall retain documentation of all audits.

Education on regulation 2600.82a will continue with staff monthly for 3 months and then annually thereafter. PCHA shall 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.

82a - Poisonous Materials (*continued*)

Licensee's Proposed Overall Completion Date: 12/10/2025

Implemented (████) - 01/16/2026)

## 86b - Bathroom

**4. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**Description of Violation**

*At 11:55 a.m., there was no ventilation fan in the common bathroom located on the 19 hall of the secured dementia care unit. The ventilation fan had been removed. The bathroom did not have any windows.*

**Plan of Correction**

Accept (████) 12/10/2025)

*On 11/20/2025 all staff were educated on regulation 2600.86B. On 11/21/2025 the ventilation fan that had been removed for repair was replaced and returned to being fully operational.*

*PCHA or designee will conduct audits on all bathrooms to ensure that they have either an operational ventilation fan or an outside window. Audits will occur weekly for 4 weeks, then monthly for 3 months, and then randomly thereafter to ensure ongoing compliance with regulation 2600.86B. PCHA shall retain documentation of these audits.*

*Education on regulation 2600.86 B 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: 02/01/2026

Implemented (████) 01/16/2026)

## 95 - Furniture and Equipment

**5. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*At 12:18 pm the right door of the double set of fire doors located on the Courtyard 1 hall did not close completely, leaving an approximate gap of 1-inch along the entire length of the door's edge opposite of its hinges.*

**Plan of Correction**

Accept (████) 12/10/2025)

*On 11/20/2025 all staff were educated on regulation 2600.95. On 11/21/2025 the fire doors located in Courtyard 1 were adjusted so that the door would close completely, to ensure compliance with regulation 2600.95. On 11/21/2025 PCHA conducted an audit of all fire doors in the personal care home to ensure compliance with regulation 2600.95.*

*PCHA or designee will complete 5 random fire door audits weekly for 4 weeks, monthly for 3 months, and then randomly thereafter to ensure compliance with regulation 2600.95. PCHA will retain documentation of these audits.*

95 - Furniture and Equipment (continued)

Education on regulation 2600.95 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: 02/01/2026

Implemented [redacted] - 01/16/2026)

103c - Food Protected

6. Requirements

2600.

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

Description of Violation

At 11:31 a.m., an uncovered small white bowl of pink ice cream was inside the freezer compartment of the white stand-up refrigerator located in the home's main kitchen.

At 11:36 a.m., multiple opened and unsealed food items were observed in the "big standing freezer" located in the rear right corner of the home's main kitchen. These items included: an opened waxed brown paper bag containing large steak-cut French fries; a 5-gallon container of ice cream with a lid that was not completely sealed, leaving a gap of approximately 1/4 inch around roughly 180 degrees of the container's opening; and an unsealed box of frozen hamburger patties containing approximately three patties that were partially freezer-burned.

Plan of Correction

Accept [redacted] - 12/10/2025)

On 11/20/2025, all staff were educated on regulation 2600.103c. On 11/20/2025, all opened, unsealed items were immediately removed and thrown away. All dietary staff were immediately instructed that any open items stored in the refrigerator or freezer must be in sealed containers.

PCHA or designee will randomly audit the kitchen refrigerators & freezers weekly for 4 weeks, monthly for three months, and then randomly thereafter to ensure ongoing compliance with regulation 103c. PCHA will retain documentation of these audits.

Education on regulation 2600.103c 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: 02/01/2026

Implemented [redacted] - 01/16/2026)

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.

103e Left Overs (continued)

**Description of Violation**

At 11:29 there were multiple unlabeled, undated food items in refrigerator #6 located in the home's main kitchen to include, approximately 4 pieces of white bread in a clear plastic bag, and a small portion of seasoned French fries in a clear plastic bag.

At 11:20 a.m., there was an unlabeled, undated plastic bag approximately 1/3 full of wedding soup pasta on the right side shelf of the dry food storage area located in the home's main kitchen.

**Plan of Correction**

Accepted [redacted] - 12/10/2025)

On 11/20/2025 all staff were educated on regulation 103e. On 11/20/2025, all unlabeled, undated items in the main kitchen were immediately removed and disposed of. All dietary staff were immediately instructed that any open items must be labeled and dated.

PCHA or designee will randomly audit open items in the kitchen areas to ensure they are labeled and dated properly weekly for 4 weeks, monthly for three months, and then randomly thereafter to ensure ongoing compliance with regulation 103e. PCHA will retain documentation of these audits.

Education on regulation 2600.103e 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: 02/01/2026

Implemented [redacted] - 01/16/2026)

131f - Fire Extinguisher Inspection

**8. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**Description of Violation**

At 11:23 a.m., there were unauthorized hole punches in the fire extinguisher's certification tag attached to the fire extinguisher located in the home's main kitchen. The months of January through September 2025, had been punched by staff members who were not certified fire safety experts.

**Plan of Correction**

Accepted [redacted] - 12/10/2025)

On 11/20/2025 all staff were educated on regulation 131f. On 11/20/2025 the Maintenance supervisor reached out to the fire safety expert to have the tag on the fire extinguisher certification tag replaced by the fire expert. The new tag was received and placed on 12/10/2025. PCHA conducted a whole house audit of fire extinguishers on 11/21/2025 to ensure compliance with regulation 131f.

PCHA or designee will conduct 5 random audits of fire extinguisher tags a week for 4 weeks, and then 5 random audits monthly for three months to ensure ongoing compliance with regulation 131f. Documentation of these audits shall be retained by the PCHA.

Education on regulation 2600.131f will continue with staff monthly for 3 months and then annually thereafter.

131f Fire Extinguisher Inspection (continued)

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: 02/01/2026

Implemented (█ - 01/16/2026)

133.1 - Exit Signs

9. 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 resident dining hall exit door. The home currently serves 46 residents.

Plan of Correction

Accept (█ - 12/10/2025)

On 11/20/2025 all staff were educated on regulation 133.1. On 11/20/2025 a temporary exit sign was placed at the courtyard dining hall exit door, and a permanent sign was ordered and hung on 12/9/2025. PCHA also completed audit of all exit doors in the personal care home to ensure compliance with regulation 2600.133.1.

PCHA will conduct 5 random audits of exit doors to ensure proper signage is in place monthly for 3 months to ensure ongoing compliance with regulation 133.1. Documentation of these audits shall be retained by the PCHA.

Education on regulation 2600.133.1 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: 02/01/2026

Implemented (█ - 01/16/2026)

184a - Resident's Meds Labeled

10. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident █ is prescribed █. █ subcutaneously one time a day for █. However, the medication's label does not include this medication's administration instructions.

Resident █ was prescribed █ inject as per sliding scale if; █ greater than call MD subcutaneously three times a day for █. However. The medication label indicated █ greater than call MD.

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept [redacted] - 12/10/2025)

On 11/20/2025 all staff were educated on regulation 184a. On 11/20/2025 PCHA contacted the pharmacy to have resident #3's medication label updated to include the medication administration instructions for the Novlog pen. A whole house audit of insulin pens was immediately conducted and all other pens contained accurate labels.

PCHA will conduct 5 random audits of resident support plans monthly for 3 months to ensure ongoing compliance with regulation 184a. Documentation of these audits shall be retained by the PCHA.

Education on regulation 2600.184a 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: 02/01/2026

Implemented [redacted] - 01/16/2026)

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 [redacted] was prescribed [redacted] inject as per sliding scale if [redacted] greater than call MD., subcutaneously three times a day for [redacted]. The resident's November 2025, Medication Administration Record indicates a blood glucose reading of [redacted] at 11:00 a.m., and [redacted] at 4:00 p.m., on [redacted] and [redacted] at 11:00 a.m., and [redacted] at 11:00 a.m., at 4:00 p.m., on [redacted]. However, the resident's glucometer does not have a record of these blood glucose measurements.

Plan of Correction

Accept [redacted] - 12/10/2025)

On 11/20/25 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 boxes also labeled with the residents name. All current and future residents will be issued glucometers labeled with the residents name and placed in a box labeled with their name. On 11/21/25, PCHA completed education with PC staff regarding regulation 2600.185.a. PCHA will retain documentation of staff education.

Beginning 11/20/2025, PCHA will complete audits of the glucometers weekly for 4 weeks, monthly for 3 months and randomly thereafter.

Beginning 12/1/25, 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 training for all current staff members.

Licensee's Proposed Overall Completion Date: 02/01/2026

Implemented [redacted] 01/16/2026)

185a - Implement Storage Procedures (continued)

187a - Medication Record

12. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [redacted] was prescribed a [redacted] patches topically to [redacted] one time a day for pain. However, the resident's November 2025, Medication Administration record indicates [redacted] apply 1 patch topically to [redacted] twice a day.

Plan of Correction

Accept ( [redacted] - 12/10/2025)

On 11/20/2025 all staff were educated on regulation 187a. Resident [redacted]'s order for the [redacted] was immediately clarified with [redacted] physician to apply 1 patch to the right posterior rib topically daily for pain. Order reads apply in the morning, and remove at bedtime. Medication administration record was immediately updated to reflect the revision, and a new box of lidocaine patches with the correct order was obtained from the pharmacy.

Beginning 11/20/2025, PCHA or designee will conduct 5 random MAR to med audits weekly for 4 weeks, then monthly for three months, and then randomly thereafter.

Beginning 12/1/25, 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 training for all current staff members.

Licensee's Proposed Overall Completion Date: 02/01/2026

Implemented ( [redacted] - 01/16/2026)

187c - Refusal of Medication

13. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] solution by mouth daily, [redacted] solution by mouth twice daily and [redacted] tablet by mouth twice daily. On multiple dates and times the resident refused all medications. Medication dates and times include: On [redacted] at 0630 the resident refused [redacted] and [redacted]. On [redacted] and [redacted] at 7:00 p.m., the resident refused [redacted], at 6:30 a.m., and [redacted] at 7:00 p.m., the resident refused [redacted] tablet. However, there was no documentation of the notification of the provider or the providers instruction within 24 hour of the refusals.

187c - Refusal of Medication (continued)

Plan of Correction

Accept [redacted] - 12/10/2025)

On 11/20/2025 all staff were educated on regulation 187c. Resident [redacted]'s prescribing provider was notified on 11/20/25 that resident is frequently refusing medications. Instructions were obtained regarding further medication refusals were obtained and documented in the resident's clinical record and MAR. CRNP wrote order stating that refusals should be documented in the medical record and [redacted] does not need notification after every refusal. No further orders are needed if resident continues to refuse medications. A whole house audit of medication administration records and refusal documentation for all residents was completed by PCHA on 11/25/2025 to ensure that prescriber notifications were completed and documented within 24 hours.

Beginning 11/20/2025, PCHA or designee will review all medication refusals daily Monday–Friday for 4 weeks to verify timely provider notification and proper documentation. After 4 weeks, monitoring will occur monthly for 3 months, then randomly thereafter.

Beginning 12/1/25, PCHA will conduct education with the PC staff regarding regulation 2600.187c monthly for 3 months and annually thereafter. PCHA will retain documentation of audits and education in accordance with 2600.65.i and shall include training for all current staff members.

Licensee's Proposed Overall Completion Date: 02/01/2026

Implemented [redacted] - 01/16/2026)

187d - Follow Prescriber's Orders

14. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] was prescribed [redacted] topically to right posterior ribs one time a day for pain. However, the resident was administered [redacted] twice a day for multiple dates to include [redacted], through [redacted].

Resident [redacted] was prescribed [redacted] as per sliding scale if [redacted] and call MD., subcutaneously before meals and at bedtime. On multiple dates and at multiple times to include, [redacted] at 11:00 a.m., and 8:00 p.m., blood glucose measurements of [redacted] and [redacted] were indicated on the resident's November 2025, Medication Administration Record. However, there was no record of the blood glucose measurements on any of the Glucometers found within the home.

Plan of Correction

Accept [redacted] - 12/10/2025)

On 11/20/2025 all staff were educated on regulation 187d. Resident [redacted]'s order for the [redacted] was immediately clarified with [redacted] physician to apply 1 patch to the right posterior rib topically daily for pain. Order reads apply in the morning, and remove at bedtime. Medication administration record was immediately updated to reflect the revision, and a new box of lidocaine patches with the correct order was obtained from the pharmacy. Resident #5's glucometer was disposed of and replaced with a new glucometer on 11/20/2025. The glucometer was then labeled with resident #5s name and placed in a box labeled with resident #5's name as well.

187d - Follow Prescriber's Orders (continued)

Beginning 11/20/2025, PCHA or designee complete will complete 5 random resident MAR to med audits weekly for 4 weeks, then monthly for 3 months, and then randomly thereafter. PCHA or designee will also complete audits of all glucometer readings in comparison to the residents MAR weekly for 4 weeks, monthly for 3 months and randomly thereafter.

Beginning 12/1/25, PCHA will conduct education with the PC staff regarding regulation 2600.187c monthly for 3 months and annually thereafter. PCHA will retain documentation of audits and education in accordance with 2600.65.i and shall include training for all current staff members.

Licensee's Proposed Overall Completion Date: 02/01/2026

Implemented ( [redacted] - 01/16/2026)

225c - Additional Assessment

15. Requirements

2600.

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

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

Description of Violation

Resident [redacted] most recent annual assessment of care needs most recently completed on [redacted] did not address the resident's care needs for regular refusal of all medication multiple times from [redacted], to [redacted], at 6:30 a.m. and 7:00 p.m.

Plan of Correction

Accept ( [redacted] - 12/10/2025)

On 11/20/2025 all staff were educated on regulation 2600.225c by the PCHA. On 11/20/2025 PCHA updated resident [redacted]'s support plan to include regular refusals of all medications. PCHA designee also completed audit of all resident support plans to ensure residents have additional assessments for significant changes that occur prior to their annual assessments and 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: 02/01/2026

Implemented ( [redacted] - 01/16/2026)