

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

April 1, 2026

[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 12/17/2025 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 #: 44336 License Expiration: 11/22/2026
 Address: 4 GARDEN CENTER DRIVE, GREENSBURG, PA 15601
 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: C-2 LP Date: 12/05/1995 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 63 Waking Staff: 47

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/17/2025

Inspection Dates and Department Representative

12/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 61 Residents Served: 42
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42
 Diagnosed with Mental Illness: 22 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 21 Have Physical Disability: 14

Inspections / Reviews

12/17/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/05/2026

02/20/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/11/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/27/2026

Inspections / Reviews *(continued)*

03/06/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/11/2026

04/01/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2026

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in following training topics during the 1/1/24 - 12/31/24 training year:

- * *Medication self-administration training*
- * *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan*

Plan of Correction

Accept (█) - 03/06/2026

Staff member A cannot retroactively complete medication self-administration training and Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan training for 2024 calendar year. Staff Person A completed training in medication self-administration on 12/22/25 for the 2025 annual education year. Staff Person A completed training in meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan on 8/24/2025 for the 2025 annual education year.

PCHA audited staff training plans for 2025 on 1/29/26, of current direct care staff to ensure compliance of annual training requirements of regulation 2600.65f. PCHA and ED will review 2026 training plan to ensure compliance for training requirements of direct care staff in accordance with regulation 2600.65.f.

Starting 2/1/2026, PCHA or designee will conduct monthly audits for 3 months and yearly thereafter to ensure compliance and assignment of training topics for additional hires during the 2026 Calendar year.

PCHA will retain documentation of all staff education and audits.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented (█) - 04/01/2026

81b - Resident Personal Equipment

3. Requirements

2600.

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

81b - Resident Personal Equipment (continued)

Description of Violation

At 11:15 a.m., 2 large oxygen tanks were stored on the floor next to a chair in resident #1's bedroom.

Plan of Correction

Accept () - 03/06/2026

On 12/17/2025, Oxygen tanks were immediately removed from resident #1 room and placed in tank holder by CNA. All other residents identified to use oxygen were audited for safe storage and free of hazard by PCHA. On 12/18/2025 Education and review of regulation 2600.81.b was conducted with staff by PCHA at staff meeting.

1/28/26 an audit of all resident personal equipment was conducted to ensure cleanliness, good repair and free of hazards as defined in regulation 2600.81b. As of 2/1/2026 PCHA or designee will complete weekly audits for 3 weeks and then monthly for 3 months to ensure compliance of regulation 2600.81.b. Education regarding regulation 2600.81b will continue monthly for three months, and then annually thereafter.

PCHA will retain documentation of all staff education and audits completed.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented () - 04/01/2026

103d - Storing Food Off Floor

4. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

At 10:30 a.m., six boxes of frozen turkey were stored on the floor in the back section of the 2A walk-in freezer in the main kitchen.

Repeat Violation: 10/16/24

Plan of Correction

Accept () - 03/06/2026

On 12/17/25, the 6 boxes of frozen turkey were removed by Culinary Director and stored off the floor in the 2A walk-in freezer in the main kitchen. On 12/17/25 & 12/18/25, education was conducted by Culinary Director with dietary staff regarding the storing of food as defined in regulation 2600.103.d.

Starting 2/1/2026, Culinary Director or designee will conduct audits weekly for 3 weeks starting and then monthly for 3 months to ensure compliance with regulation 2600.103.d. The Culinary Director or Designee will conduct education regarding regulation 2600.103.d monthly for three months, and then annually thereafter.

PCHA will retain documentation of all staff education and audits completed.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented () - 04/01/2026

103f - Refrigerator/Freezer Temps

5. Requirements

2600.

103f - Refrigerator/Freezer Temps (continued)

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:35 a.m., there was no thermometer in the back section of the 2A walk-in freezer in the main kitchen.

At 10:45 a.m., there was no thermometer in the freezer section of the silver freezer/refrigerator in the 3rd floor Country Kitchen food prep area.

Plan of Correction

Accept () - 03/06/2026

On 12/17/25, thermometers were immediately replaced by Culinary Director upon identified absence in the 2A walk-in freezer in the main kitchen and in the freezer section of the 3rd floor Country Kitchen freezer/refrigerator. Culinary Director conducted education with dietary staff on 12/17/25 & 12/18/25 regarding regulation 2600.103f. On 12/18/26 Direct care staff was educated regarding regulation 2600.103f by PCHA.

Starting 2/1/26, Dietary Director or designee will conduct audits weekly for 3 weeks and monthly for 3 months to ensure compliance with regulation 2600.103f. Education regarding regulation 2600.103f will continue monthly for three months, and then annually thereafter.

PCHA will retain documentation of all staff education and audits completed.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented () - 04/01/2026

103i - Outdated Food

6. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 10:15 a.m., the following can goods in the main kitchen dry storage area were dented:

Quantity:	Description:
3	3lb 7oz cans of olives
2	6lb 10oz cans of spaghetti sauce
1	6lb 9oz can of tropical fruit salad

Plan of Correction

Accept () - 03/06/2026

On 12/17/25, the 6 identified dented canned goods were removed and moved to the designated area for the items by the Culinary Director. On 12/17/25 & 12/18/25 education was conducted by the Culinary Director with dietary staff regarding the regulation 2600.103.i.

As of 2/1/2026, Culinary Director or designee will conduct audits weekly for 3 weeks and then monthly for 3 months to ensure compliance with regulation 2600.103.i. Culinary Director will conduct education regarding regulation 2600.103.i monthly for three months, and then annually thereafter.

103i - Outdated Food (continued)

PCHA will retain documentation of all staff education and audits completed.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented () - 04/01/2026

132e - Fire Drill Sleeping Hours

7. Requirements

2600.

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

Description of Violation

The last fire drill conducted during sleeping hours was on 9/9/25 at 4:45 a.m. The previous sleeping hours fire drill was conducted on 2/6/25 at 3:15 a.m.

Repeat Violation: 10/16/24

Plan of Correction

Accept () - 03/06/2026

On 12/17/25, it was identified the previous sleeping hours fire drills were conducted 7 months apart not in compliance with regulation of 2600.132.e as home unable to retroactively correct violation. PCHA and Facilities Manager reviewed 2026 calendar year fire drill schedule to ensure sleeping hours fire drills are scheduled every 6 months in accordance with regulation 2600.132.e. On 12/18/26 education was provided by PCHA to staff regarding the requirements outlined in regulation 2600.132.e.

Starting 2/1/2026, PCHA or Designee will audit fire drills monthly for 3 months to ensure 2026 calendar year fire drill schedule is followed to ensure compliance with sleeping hours fire drill occurring every 6 months in accordance with regulation 2600.132.e. Education regarding regulation 2600.132.e will continue monthly for three months, and then annually thereafter with staff by the PCHA.

PCHA will retain documentation of all staff education and audits completed.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented () - 04/01/2026

171b5 - First Aid Kit

8. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

At 10:35 a.m., the first aid kit in the 2024 Chrysler Voyager Van used to transport residents did not include a thermometer.

Plan of Correction

Accept () - 03/06/2026

On 12/17/25, thermometer was immediately placed in the First Aid kit of the 2024 Chrysler Voyager Van by the

171b5 - First Aid Kit (continued)

Director of Purchasing and Logistics. Director of Purchasing and Logistics conducted education and full audit of first aid kits were completed to ensure compliance with regulation 2600.171.b.

On 1/29/26, PCHA and Director of Purchasing and Logistics reviewed and updated standard vehicle checklists to include additional system to ensure full contents of first aid kit in accordance with regulation 2600.171.b.

Starting 2/1/2026, Director of Purchasing and Logistics or designee will audit vehicle checklists weekly for 3 weeks and monthly for 3 months to ensure compliance with regulation 2600.171.b. Director of Purchasing and Logistics will continue education regarding regulation 2600.171.b monthly for three months, and then annually thereafter.

PCHA will retain documentation of all staff education and audits completed.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented (█) - 04/01/2026

185a - Implement Storage Procedures

9. 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 #1 is prescribed continuous oxygen via nasal canula while in █ bedroom. The manufacturer's instructions recommend changing the nasal canula tubing at least every 2-3 weeks; however, the tubing has not been changed since 11/10/25.

Plan of Correction

Accept (█) - 03/06/2026

On 12/17/25, nasal canula tubing was changed immediately by CNA for resident #1, and an audit of all residents utilizing oxygen was completed by Personal Care Unit Clerk to ensure compliance with regulation 2600.185.a. On 12/18/25 PCHA added point of care task to direct care staff documentation for weekly changes of nasal canulas and education completed with staff.

PCHA or designee started audits on 12/22/26 to occur weekly for 8 weeks and then monthly for 3 months to ensure compliance with regulation 2600.185.a. PCHA will continue to conduct education regarding regulation 2600.185.a monthly for three months, and then annually thereafter.

PCHA will retain documentation of all staff education and audits completed.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented (█) - 04/01/2026

224a - Preadmission Screen Form

10. Requirements

2600.

224a - Preadmission Screen Form (continued)

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3's preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ([REDACTED] - 03/06/2026)

On 12/17/26, Resident #3's preadmission screening form was checked off by PCHA to include a determination that the needs of the resident can be met by services provided by the home and dated. On 12/18/26 PCHA conducted an audit of all current resident preadmission screenings to ensure full completion of the preadmission screenings in accordance with regulation 2600.224.a.

Starting 2/1/2026, Executive Director or designee will complete monthly audits for 3 months to ensure preadmission screenings are completed in accordance with regulation 2600.224.a for all new admissions.

PCHA will retain documentation of all audits completed.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented ([REDACTED] - 04/01/2026)

225c - Additional Assessment

11. 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.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #4 is prescribed 2 liters of continuous concentrated Oxygen via nasal canula. However, this is not indicated on the resident's assessment, dated [REDACTED]

Plan of Correction

Accept ([REDACTED] - 03/06/2026)

On 12/18/25, resident #4's assessment was updated by PCHA to include the prescribed 2 liters of continuous concentrated Oxygen via nasal canula. On 12/18/25, PCHA provided staff education and review of regulation 2600.225.c.

Starting 2/1/2026, PCHA or designee will conduct audits of 5 random residents assessment and support plan will be completed monthly for 3 months starting to ensure all care needs are assessed and support plan reflects as such in accordance with 2600.225.c. PCHA will continue to conduct education monthly for 3 months and yearly thereafter.

PCHA will retain documentation of all staff education and audits completed.

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented ([REDACTED] - 04/01/2026)