STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396021	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Redstone Highlands Health Care	6 Garden Center Drive Greensburg, PA 15601

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of policies, investigation reports, and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents were free from neglect for one of four residents reviewed (Residents 3), resulting in a fracture. This deficiency is being cited as Past Non-Compliance. The facility's policy for Abuse Prohibition dated July 11, 2025, indicated that residents have the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. Neglect is defined as the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress. The facility's policy for Using the Kardex in PCC: a quick guide, dated July 11, 2025, indicated that the Kardex (nursing documentation system used for quick, daily reference of patient care information, such as medications, allergies, activity levels, and treatment plans) is an essential tool within PCC (Point Click Care- type of electronic health record) for organizing, updating, and accessing crucial patient care information. Check at the start of your shift to make sure you have accurate information on transfer status, bed mobility, etc. An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated January 25, 2026, revealed that the resident was cognitively impaired, required substantial to maximum assistance for chair/bed-to-chair transfers, and had diagnoses that included dementia. The resident's care plan, dated January 20, 2025, revealed that the resident had self-care deficit because of decreased mobility and required the assistance of two staff for transfers. A nursing note for Resident 3, dated February 12, 2026, at 7:00 p.m. revealed that the resident complained of left knee pain, and that the knee was red, warm to touch, and had slight edema (swelling). A physician's progress note for Resident 3 dated February 13, 2026, at 2:38 p.m. revealed that the resident had left knee swelling, erythema (redness), and pain that developed the prior evening. On examination today, she continues to have erythema and swelling, as well as warmth to the left knee. Staff report that she experiences pain with weight-bearing, though the patient herself denies any pain. An X-ray of the left knee was ordered. A physician progress note dated February 16, 5:39 p.m. revealed that the resident was seen for an evaluation of left knee pain and swelling that started on Friday. It was initially thought to be pseudogout (form of inflammatory arthritis causing sudden, severe pain, swelling, and warmth in joints, most commonly the knee or wrist), however an x-ray revealed a nondisplaced patella fracture (knee injury where the kneecap breaks into two or more pieces but remains properly aligned). The reason for the fracture is unclear as the patient reports no fall. A documented interview by the Director of Nursing with Nurse Aide 1 on February 16, 2026, at 4:00 p.m. revealed that Nurse Aide 1 admitted to providing care to Resident 3 on February 12, 2026, and transferring the resident by herself. She revealed that she believed that Resident 3 required the assistance of one staff for transfers, and she did not look at the transfer status of the resident that day. She knew you had to [NAME] on something on the kiosk to find the Kardex. Around lunch time the resident stated her leg hurt, and in the evening, she could not put any weight on it and was complaining of pain, and she reported it to the nurse. Review of an accident/injury report completed by the facility on February 16, (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0600 Level of Harm - Actual harm Residents Affected - Few	2026, revealed that the resident had an acute fracture to the left knee and neglect was substantiated in the incident. Interview with Nurse Aide 1 on March 12, 2026, at 12:57 p.m. revealed that on February 12, 2026, she transferred Resident 3 from her bed to her wheelchair by herself like she always did, because she thought she was a one assist transfer. During the transfer, the resident stated, oh my leg. Nurse Aide 1 did not notice any obvious injuries or complaints of pain at the time of the transfer. Later in the day she noticed her knee was red and told the nurse. She had not accessed Resident 3's Kardex to identify what her transfer status was, she knew it was found on the kiosk but did not remember how to access it, and she never looked at the Kardex's for her residents. Interview with the Nursing Home Administrator and Director of Nursing on March 12, 2026, at 2:23 p.m. confirmed that Nurse Aide 1 neglected to follow care plan interventions for transfers for Resident 3 which resulted in an injury. A review of the facility's plan of correction included the following:Caregiver immediately suspendedRN and physician completed an assessment of the resident, which revealed no further injuries or complaintsStatements collected from all applicable parties and thoroughly reviewedAll nursing staff were reeducated on F600 (Freedom from Abuse, Neglect and Misappropriation); Kardex process specifically related to care plans and resident transfer statusInitiated resident transfer status audits.Interviews with nursing staff on March 12, 2026 revealed that they had been educated on the Kardex process related to care plans and transfer status.Review of the facility's corrective actions revealed that they were in compliance with F600 on February 16, 2026. 28 Pa. Code 201.14(a) Responsibility of Licensee.28 Pa. Code 201.18(b)(1)(e)(1) Management.28 Pa. Code 201.29(j) Resident Rights.28 Pa. Code 211.12 (d)(5) Nursing services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a resident's environment remained free of accident hazards by failing to ensure care-planned interventions were in place for one of four residents reviewed (Resident 3) who required assistance with transferring from a bed to a chair. This deficiency is being cited as Past Non-Compliance. Findings include:The facility's policy for Using the Kardex in PCC: a quick guide, dated July 11, 2025, indicated that the Kardex (nursing documentation system used for quick, daily reference of patient care information, such as medications, allergies, activity levels, and treatment plans) is an essential tool within PCC (Point Click Care- type of electronic health record) for organizing, updating, and accessing crucial patient care information. Check at the start of your shift to make sure you have accurate information on transfer status, bed mobility, etc. An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated January 25, 2026, revealed that the resident was cognitively impaired, required substantial to maximum assistance for chair/bed-to-chair transfers, and had diagnoses that included dementia. The resident's care plan, dated January 20, 2025, revealed that the resident had self-care deficit because of decreased mobility and required the assistance of two staff for transfers. A nursing note for Resident 3, dated February 12, 2026, at 7:00 p.m. revealed that the resident complained of left knee pain, and that the knee was red, warm to touch, and had slight edema (swelling). A physician's progress note for Resident 3 dated February 13, 2026, at 2:38 p.m. revealed that the resident had left knee swelling, erythema (redness), and pain that developed the prior evening. On examination today, she continues to have erythema and swelling, as well as warmth to the left knee. Staff report that she experiences pain with weight-bearing, though the patient herself denies any pain. An X-ray of the left knee was ordered. A physician progress note dated February 16, 5:39 p.m. revealed that the resident was seen for an evaluation of left knee pain and swelling that started on Friday. It was initially thought to be pseudogout (form of inflammatory arthritis causing sudden, severe pain, swelling, and warmth in joints, most commonly the knee or wrist), however an x-ray revealed a nondisplaced patella fracture (knee injury where the kneecap breaks into two or more pieces but remains properly aligned). The reason for the fracture is unclear as the patient reports no fall. A documented interview by the Director of Nursing with Nurse Aide 1 on February 16, 2026, at 4:00 p.m. revealed that Nurse Aide 1 admitted to providing care to Resident 3 on February 12, 2026, and transferring the resident by herself. She revealed that she believed that Resident 3 required the assistance of one staff for transfers, and she did not look at the transfer status of the resident that day. She knew you had to [NAME] on something on the kiosk to find the Kardex. Around lunch time the resident stated her leg hurt, and in the evening, she could not put any weight on it and was complaining of pain, and she reported it to the nurse. Review of an accident/injury report completed by the facility on February 16, 2026, revealed that the resident had an acute fracture to the left knee and neglect was substantiated in the incident. Interview with Nurse Aide 1 on March 12, 2026, at 12:57 p.m. revealed that on February 12, 2026, she transferred Resident 3 from her bed to her wheelchair by herself like she always did, because she thought she was a one assist transfer. During the transfer, the resident stated, oh my leg. Nurse Aide 1 did not notice any obvious injuries or complaints of pain at the time of the transfer. Later in the day she noticed her knee was red and told the nurse. She had not accessed Resident 3's Kardex to identify what her transfer status was, she knew it was found on the kiosk but did not remember how to access it, and she never looked at the Kardex's for her residents. Interview with the Nursing Home Administrator and Director of Nursing on March 12, 2026, at 2:23 p.m. confirmed that Nurse Aide 1 failed to follow care plan interventions for transfers for Resident 3 which resulted in an injury. A review of the facility's plan of correction included the following:Caregiver immediately (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	suspendedRN and physician completed an assessment of the resident, which revealed no further injuries or complaintsStatements collected from all applicable parties and thoroughly reviewedAll nursing staff were reeducated on F689 (Free of Accident hazards/supervision/devices); Kardex process specifically related to care plans and resident transfer statusInitiated resident transfer status audits.Interviews with nursing staff on March 12, 2026 revealed that they had been educated on the Kardex process related to care plans and transfer status.Review of the facility's corrective actions revealed that they were in compliance with F689 on February 16, 2026.28 Pa. Code 211.12 (d)(5) Nursing services.