

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396021	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Redstone Highlands Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>48809</p> <p>Based on a 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 physician was notified in a timely manner about a change in condition for one of 25 residents reviewed (Resident 40).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 40, dated February 15, 2024, indicated that the resident was understood and could understand, was cognitively impaired, required substantial assistance for care, and was receiving a diuretic (a drug that causes increased passing of urine). A care plan for Resident 40, dated February 9, 2024, revealed that the resident had a risk for dehydration due to diuretic use.</p> <p>Physician's orders for Resident 40, dated April 20, 2024, included an order for the resident to have daily weights taken and to notify the physician if the resident had an increase of three pounds in one day or five pounds in one week.</p> <p>Resident 40's electronic health record revealed that the resident refused his daily weights.</p> <p>A physician communication form for Resident 40, dated April 23, 2024, at 9:00 a.m., revealed a note to the physician that the resident was refusing daily weights. There is no documented evidence of a physician's response to the communication as of April 25, 2024.</p> <p>Interview with the Director of Nursing on April 25, 2024, at 2:54 p.m. confirmed that there was no documented evidence that Resident 40's physician was notified about the refusals of daily weights and there should have been.</p> <p>28 Pa. Code 211.12(d)(3) Nursing Services.</p>

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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>47819</p> <p>Based on observations, as well as resident and staff interviews, it was determined that the facility failed to provide comfortable air temperatures on the second-floor dining/activity room.</p> <p>Findings include:</p> <p>The facility's policy homelike environment, dated March 22, 2024, revealed that the facility would provide comfortable and safe temperature levels and that the ambient temperature should be in a relatively narrow range that minimizes residents' susceptibility to loss of body heat and risk of hypothermia, or hyperthermia, and is comfortable for the residents.</p> <p>Observations on April 22, 2024, at 12:12 p.m. revealed that there were residents eating lunch in the second floor dining room with blankets and long sleeves on and verbalizing that the room is cold.</p> <p>An interview with a group of residents on April 23, 2024, at 1:27 p.m. revealed that the second floor dining room is very cold and that they freeze when attending activities.</p> <p>An interview with Activities Aide 1 on April 24, 2024, at 10:08 a.m. revealed that the room thermometer was set at 70 degrees Fahrenheit and that she has a hard time getting residents to attend activities and meals in the second floor dining room due to the cold temperature.</p> <p>Interview with the Maintenance Director on April 24, 2024, at 10:57 a.m. revealed that the facility has turned on the air conditioner throughout the entire facility and turned off the heat to the facility. He stated the heat and air conditioner cannot run at the same time. He stated that the residents did voice concerns of being cold and that he had put portable heaters in the dining room during the winter.</p> <p>Observations and interview with the Maintenance Director on April 24, 2024, at 11:35 a.m. confirmed that the temperature of the second floor dining room was 67 degrees F. The Maintenance Director indicated that the room has a lot of windows, which were not sealed, letting in cold air.</p> <p>Interview with the Director of Nursing on April 24, 2024, at 12:15 p.m. confirmed the room should be at a comfortable temperature for the residents.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(b)(1) Management.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 201.29(j) Resident Rights.</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>47819</p> <p>Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a comprehensive annual Minimum Data Set assessment was completed in the required time frame for two of 25 residents reviewed (Residents 11, 52).</p> <p>Findings include:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that an admission MDS assessment was to be completed no later than 14 days following admission, that the Assessment Reference Date (ARD - the last day of an assessment's look-back period) must be set within 366 days after the ARD of the previous comprehensive assessment, and within 92 days since the ARD of the previous quarterly assessment (ARD of previous quarterly assessment plus 92 calendar days), and that the assessment was to be completed no later than the ARD plus 14 calendar days.</p> <p>An annual MDS assessment for Resident 11 revealed that the ARD was February 1, 2023, and the ARD of the next annual MDS was March 7, 2024 (35 days late).</p> <p>An annual MDS assessment for Resident 52 revealed that the ARD was December 9, 2023, and the ARD of the next annual MDS was January 3, 2024 (25 days late).</p> <p>Interview with the Director of Nursing on April 25, 2024, at 1:21 p.m. confirmed that the annual MDS assessments for Residents 11 and 52 were completed late.</p> <p>28 Pa. Code 211.5(f) Clinical Records.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48809</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to develop an individualized care plan for exit-seeking behavior for one of 25 residents reviewed (Resident 30).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 30, dated March 26, 2024, revealed that the resident was usually understood and could sometimes understand, was cognitively impaired, dependent on staff for care, and exhibited behaviors such as hitting, kicking, yelling, screaming and rummaging.</p> <p>A nursing note for Resident 30, dated February 29, 2024, revealed that the resident was attempting to leave the locked unit and a visitor left her out. The resident was brought directly back into the unit by a nurse aide, and the visitor was educated that the resident was not allowed to leave the unit.</p> <p>There was no documented evidence in the clinical record to indicate that a care plan regarding exit-seeking behavior was developed for Resident 30 since the incident on February 29, 2024.</p> <p>Interview with the Director of Nursing on April 25, 2024, at 2:25 p.m. confirmed that a care plan to address Resident 30's exit-seeking behavior was not developed and should have been.</p> <p>28 Pa. Code 201.24(e)(4) Admission Policy.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>41233</p> <p>Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a resident's care plan was updated/revised to reflect the resident's specific care needs for two of 25 residents reviewed (Residents 8, 20).</p> <p>Findings include:</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 8, dated February 8, 2024, revealed that the resident was cognitively impaired and required extensive assistance with daily care needs.</p> <p>A care plan for Resident 8, dated February 5, 2023, revealed the use of heparin (a medication used to prevent blood clots) and antibiotics (a medication used against bacterial infections); however, the resident was not receiving heparin or taking antibiotics on April 22, 2024.</p> <p>An interview with the Director of Nursing on April 24, 2024, at 11:55 a.m. confirmed that Resident 8 did not have an active order for heparin and was not being treated with antibiotics, and that the resident's care plan was not updated as it should have been.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 20, dated March 12, 2024, revealed that the resident was severely cognitively impaired and required extensive assistance with daily care needs. The resident's care plan, revised March 5, 2024, indicated that the resident wore a Wanderguard (a roam alert bracelet) and was an elopement risk.</p> <p>A nursing note, dated October 2, 2023 for Resident 20, revealed that the resident left the unit via her wheelchair and took the elevator by her room and was found in the chapel area on the first floor.</p> <p>Resident 20's care plan, revised on March 5, 2024, revealed that the new interventions put in place to help prevent further elopements were not added to the care plan. Those interventions included that the activities team would assist the resident to the chapel throughout the week and the chaplain would sit down with the resident periodically.</p> <p>An interview with the Director of Nursing on April 25, 2024, at 10:23 a.m. confirmed that Resident 20's care plan was not updated to reflect the new interventions put in place after the resident's recent elopement, and it should have been.</p> <p>28 Pa. Code 201.24(e)(4) Admission Policy.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>48809</p> <p>Based on review of policies and clinical records, as well as resident and staff interviews, it was determined that the facility failed to provide appropriate care for one of 25 residents reviewed (Resident 8) who had an indwelling urinary catheter.</p> <p>Findings include:</p> <p>The facility's policy regarding indwelling urinary catheter care (a tube placed and held in the bladder to drain urine), dated March 22, 2024, indicated that catheter care should be performed at least twice daily as part of routine perineal care, after bowel incontinence, or when secretions have accumulated around the urinary meatus.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 8, dated February 8, 2024, revealed that the resident was cognitively impaired, required extensive assistance with daily care needs, and had a urinary catheter. The care plan for Resident 8, dated February 2, 2024, indicated that he had an indwelling urinary catheter and that catheter care should be provided every shift.</p> <p>Review of Resident 8's electronic health record, as well as nurse aide documentation for March and April 2024, revealed that he was scheduled for catheter care every shift. However, there was no documented evidence that catheter care was completed during the evening shift on March 24 and April 22, and the night shift on March 6, March 12, March 13, March 16, March 18, March 22, April 7, and April 8, 2024.</p> <p>Interview with the Assistant Director of Nursing on April 25, 2024, at 2:21 p.m. confirmed that Resident 8's catheter care should have been completed every shift as care planned.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>43856</p> <p>Based on a review of the facility's policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that there were timely re-weighs, physician notification, and intervention for one of 25 residents reviewed (Resident 320) who had a significant weight loss.</p> <p>Findings include:</p> <p>The facility's policy regarding weight management, dated March 22, 2024, indicated that if a resident's month-to-month weight has a change of five percent or more since the last weight assessment, it will be retaken as recommended by the dietician. If there is an actual 5 percent or more gain or loss in one month, notify the resident's family, physician and the nutrition services director and document the notification per facility protocol.</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 320, dated April 15, 2024, revealed that the resident was cognitively intact and required extensive assistance of staff for daily care needs. The resident's weight records revealed that he experienced a 10.4 pound weight loss in five days when his weight dropped from 175.2 pounds on April 11, 2024, to 165.6 pounds on April 16, 2024. His weight record revealed that he lost additional weight when his weight dropped to 151.4 pounds on April 23, 2024.</p> <p>A dietary note, dated April 19, 2024, indicated that dietary was aware the resident had a significant weight loss of 13.6 percent in two weeks and recommendations were made for supplements three times a day that would provide an additional 360 kcal/20 grams if consumed. Resident 320 requires extensive to total assist with meals and consumes 56 percent of his meals, which provides 54 percent of estimated needs. Weight loss was of an unknown etiology. The resident receives no diuretic or diagnoses that would contribute to expected weight loss. Continue to monitor the resident's status.</p> <p>There was no documented evidence that Resident 320 was re-weighed or that resident's family, physician or nutrition services director were notified of the weight loss on April 16, 2024, or on April 23, 2024, according to the facility's policy.</p> <p>Interview with the Director of Nursing on April 24, 2024, at 2:49 p.m. confirmed that there was no documented evidence that Resident 320 was re-weighed or that his weight loss was noted until April 19, 2024 (five days after her weight loss was first noted).</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing Services.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>43856</p> <p>Based on review of the facility policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure the physician's order for oxygen was followed for one of 25 residents reviewed (Resident 10).</p> <p>Findings include:</p> <p>The facility policy for oxygen administration, dated March 22, 2024, indicated that oxygen is to be started at the prescribed liter flow and may be titrated according to physician orders to maintain resident comfort.</p> <p>A admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 10, dated March 16, 2024, indicated that the resident was cognitively intact and required assistance of staff for daily care needs. A diagnosis record for Resident 10, dated March 10, 2024, included pulmonary fibrosis (a disease where there is scarring of the lungs called fibrosis, which makes it difficult to breathe) and pneumonia (a form of acute respiratory infection that affects the lungs).</p> <p>Physician's orders for Resident 10, dated March 10, 2024, indicated that the resident was to be provided oxygen therapy at 0-6 liter flow rate. The resident's care plan, dated March 10, 2024, indicated that the oxygen flow rate was to be at 0-6 liters.</p> <p>Observations of Resident 10 on April 23, 2024, at 10:27 a.m. revealed that she was using oxygen via a concentrator (device to provide oxygen) with a set flow rate of 7 liters via nasal canula (tube prongs in the nares to deliver the oxygen).</p> <p>Interview with Licensed Practical Nurse 2 on April 25, 2024, at 12:53 p.m. confirmed that the concentrator setting was on 7 liters flow rate and it should be on 0-6 liters.</p> <p>Interview with the Director of Nursing on April 25, 2024, at 1:47 p.m. indicated that the physician's order for oxygen flow rate should be followed.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>47819</p> <p>Based on review of facility policies, resident interviews, observations, and staff interviews, it was determined that the facility failed to serve food items at palatable temperatures.</p> <p>Findings include:</p> <p>The facility's policy regarding food temperatures, dated March 22, 2024, revealed that a delivery standard for cold food must be served at a temperature between 33 and 50 degrees Fahrenheit (F) and hot food at 135 and 155 degrees F.</p> <p>An interview with a group of residents on April 23, 2024, at 1:27 p.m. revealed that the food served by the facility is served cold.</p> <p>Food committee meeting reviewed for March 25, 2024, revealed that the residents stated the temperature of food is inconsistent for residents served in their room's, hot food is not always hot and cold food is not always cold, and that their plates are cold to touch.</p> <p>Observations of the lunch meal service in the main kitchen on April 24, 2024, revealed that the second unit cart containing a test tray left the main kitchen at 11:28 a.m. and arrived on second unit at 11:32 p.m. Trays were passed to the residents that were in their rooms. The last resident was served at 11:44 a.m. The test tray was tested from the cart at 11:44 a.m. and the temperature of the iced tea was 49 degrees F, the coffee was 138 degrees F, the mixed vegetables were 119 degrees F, the pork was 129 degrees F, and the rice was 136.2 degrees F. The sweet and sour pork and rice, mixed vegetables, and coffee were lukewarm and not at a palatable or appetizing temperature.</p> <p>Interview with the Dietary Director on April 24, 2024, at 11:45 p.m. confirmed that the food on the test tray was not at an appetizing temperature.</p> <p>28 Pa. Code 201.18(b)(1)(2)(e) Management.</p> <p>28 Pa. Code 211.6(c) Dietary Services.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>47819</p> <p>Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies.</p> <p>Findings include:</p> <p>The facility's deficiencies and plans of corrections for State Survey and Certification (Department of Health) survey ending May 24, 2023, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending April 25, 2024, identified repeated deficiencies related to development and implement comprehensive care plans, care plan timing and revision, and respiratory care.</p> <p>The facility's plan of correction for a deficiency regarding development and implement comprehensive care plans, cited during the survey ending May 24, 2023, revealed that development and implement comprehensive care plans would be monitored by QAPI. The results of the current survey, cited under F656, revealed that the QAPI committee was ineffective in maintaining compliance with regulation regarding development and implement comprehensive care plans.</p> <p>The facility's plan of correction for a deficiency regarding care plan timing and revision, cited during the survey ending May 24, 2023, revealed that care plan timing and revision would be monitored by QAPI. The results of the current survey, cited under F657, revealed that the QAPI committee was ineffective in maintaining compliance with regulation regarding care plan timing and revision.</p> <p>The facility's plan of correction for a deficiency regarding respiratory care, cited during the survey ending May 24, 2023, revealed that respiratory care would be monitored by QAPI. The results of the current survey, cited under F695, revealed that the QAPI committee was ineffective in maintaining compliance with regulation regarding respiratory care.</p> <p>Refer to F656, F657, F695.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p>		