



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 29, 2016

Ms. Barbara Sepich, President/CEO
WRC Pennsylvania Memorial Home
985 Route 28
Brookville, Pennsylvania 15825

RE: Edgewood Heights
612 Keck Avenue
New Bethlehem, Pennsylvania 16242
License #440970

Dear Ms. Sepich:

As a result of the Department of Human Services' licensing inspection on August 6, 2015, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: EDGEWOOD HEIGHTS		License Number: 44097
Address: 612 KECK AVENUE, NEW BETHLEHEM, PA 16242		County: Clarion
Administrator: FAITH O'BRIEN		Region: WEST
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		
Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15825		RECEIVED
Certificate(s) of Occupancy C-2 LP 02/20/1997 L & I		APR 13 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 33	Waking Staff: 25
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/06/2015: Bartlett, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 32 Number of Residents Served: 28 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served In Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 1		Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 28 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 0

Violation Report: 44097 - 08/06/2015 - Bartlett, Patricia
PCH Name: EDGEWOOD HEIGHTS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.226(b) - If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

2a. DESCRIPTION OF VIOLATION

The support plan, dated 5/18/15, for resident #2, indicates the resident requires supervision or oral assistance during fire drills or emergency evacuation to ensure safety. However, the assessment, dated 5/18/15, indicates the resident is mobile.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident # 2 was mobile as indicated on DME and RASP that were completed and signed 5/18/2015. It was indicated on the RASP that "DCS will provide supervision or oral assistance during evacuation or drills." All residents that resides at Edgewood Heights receive oral verbalization of the emergency occurring, drill and/or where safe area is located with the reassurance all residents are in safe area. This was not specified in the RASP. Since inspection, resident was discharged on [redacted] 2015 to [redacted] HealthCenter.

All RASP will be reviewed by administrator or designee within the next 60 days to be individualized to their specific mobile need. All new RASP will also be individualized to the specific mobile need.

All RASP will be reviewed and monitored on a regular basis to reassure the RASP are individualized to residents specific needs.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Ashley Buzard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashley Buzard Administrator Date 4/13/2016

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/20/16 (Date) Plan of correction implementation status as of 4/26/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented
The above plan of correction was approved by [initials] (Initials)