



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to WRC PENNSYLVANIA MEMORIAL HOME
LEGAL ENTITY

To operate HIGHLAND OAKS AT WATER RUN
NAME OF FACILITY OR AGENCY

Located at 300 WATER RUN ROAD, CLARION, PA 16214
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 72
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

PROVISIONAL

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 28, 2016 until January 28, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 447681

Robert E. Robinson
ISSUING OFFICER

Jay Baulk
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 28 2016

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

RE: Highland Oaks at Water Run
300 Water Run Road
Clarion, Pennsylvania 16214
License #: 447681

Dear Ms. Sepich:

As a result of the Department of Human Services' licensing inspection on July 6, 2016 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosures
License
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600

PCH Name: HIGHLAND OAKS AT WATER RUN		License Number: 44788
Address: 300 WATER RUN ROAD, CLARION, PA 16214		County: Clarion
Administrator: FAITH OBRIEN		Region: WEST
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		
Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15825		
Certificate(s) of Occupancy Other 06/04/2016 Monroe Township		RECEIVED JUL 21 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 0	Working Staff: 0
Type of Inspection: Partial	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s) New		
On-Site Inspections Dates and Department Representatives On-Site 07/06/2016: Garrigan, Laurie		
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: 72	Number of Residents who:	
Number of Residents Served: 0	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 80 Years of Age or Older: 0	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

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Violation Report: 44768 - 07/06/2016 - Garrigan, Laurie
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The home does not allow smoking in the building; however, there is no signage at the home's entrance indicating this as required by the Clean Indoor Air Act of 2008.

The home does not have a "Certificate of Boiler or Pressure Vessel Operation" from the Pennsylvania Department of Labor and Industry for either of the two boilers in the home.

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.

- No Smoking sign has been installed at the entrance to the building. A picture is attached to show the location.
- Boiler inspection took place on July 20, 2016. Inspector to call Larry Mazza.

The home's boilers both passed the Pa. Department of Labor and Industry inspection on 7/20/16. *nd. 7/25/16*

Within 30 days of receipt of the approved plan of correction - the administrator will develop and implement a tracking system to ensure the home's boilers are inspected by the Pa. Department of Labor and Industry and issued a Certificate of Boiler or Pressure Vessel Operation certificate prior to the current certificate's expiration. *nd. 7/25/16*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Faith O'Brien*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Faith O'Brien, Administrator* Date *7/20/16*

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

The above plan of correction is approved as of 7/25/16
(Date)

Plan of correction implementation status as of 7/25/16
(Date)

The above plan of correction was approved by *nd.*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *nd.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44768 - 07/06/2016 - Garrigan, Laurie
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At 10:19 a.m., the hot water temperature in the second floor dining room/kitchen area sink measured 131.9 degrees Fahrenheit.
At 10:23 a.m., the hot water temperature in the first floor dining room/kitchen area sink measured 131.7 degrees Fahrenheit.
At 10:45 a.m., the hot water temperature in the beauty salon sink measured 128.8 degrees Fahrenheit.

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.

The thermostat on the water heater that supplies to the Country Kitchens and beauty salon has been decreased to 119°. A water temperature log will be kept and documented once a week.

Within 15 days of receipt of the approved plan of correction - a designated staff person will check the hot water temperature in areas accessible to the residents at least weekly to ensure that the temperature does not exceed 120 degrees Fahrenheit.

[Signature] 7/25/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Faith O'Brien, Administrator Date 7/20/16

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The above plan of correction is approved as of 7/25/16 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 7/25/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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JUL 21 2016

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Violation Report: 44768 - 07/06/2016 - Garrigan, Laurie
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The home did not have emergency evacuation diagrams posted on the 1st, 2nd or 3rd floors of the home. The home's licensed capacity is 72.

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.

Evacuation diagrams have been ordered. Temporary diagrams have been posted in the main entrance and at the entrance to each level of Personal Care living quarters. Photographs of the diagrams displayed on the walls is attached.

Within 15 days of receipt of the approved plan of correction - a designated staff person will check the home, at least monthly, to ensure an emergency evacuation diagram showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals is posted in a conspicuous and public place on each floor of the home.

J.V. 7/25/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Faith O'Brien*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Faith O'Brien, Administrator* Date *7/20/16*

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The above plan of correction is approved as of 7/25/16 (Date)

Plan of correction implementation status as of 7/25/16 (Date)

The above plan of correction was approved by *J.V.* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.V.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44768 - 07/06/2016 - Garrigan, Laurie
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.130(b) - The smoke detectors specified in § 2600.130(a) shall be located in hallways.

2a. DESCRIPTION OF VIOLATION

Smoke detectors are not in the hallways within 15 feet of resident bedrooms throughout the home. Smoke detectors are present in all the bedrooms; however, the hallways do not have smoke detectors to include hallways of the following bedrooms:

- * bedrooms 110 to 118
- * bedrooms 210 to 218
- * bedrooms 310 to 318

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.

Battery operated Smoke detectors have been installed and contractor has been scheduled to add hard wired smoke detectors at a later date.

Copy of Receipt and photos of installed smoke detector attached.

Within 15 days of receipt of the approved plan of correction – a designated staff person will test all battery operated smoke detectors, which are not interconnected to the home’s fire system, at least monthly to ensure they are operable. A written record of the monthly tests shall be kept.

J.W. 7/25/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Faith O'Brien

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Faith O'Brien, Administrator

Date *7/20/16*

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

The above plan of correction is approved as of 7/25/16
(Date)

Plan of correction implementation status as of 7/25/16
(Date)

The above plan of correction was approved by *J.W.*
(Initials)

- Fully Implemented *J.W.*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented