



**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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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services 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 February 3, 2017 until February 3, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447680**

Robert E. Robinson  
ISSUING OFFICER

Jay Baul  
DIRECTOR

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

FEB 06 2017

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 #: 447680

Dear Ms. Sepich:

As a result of the Department of Human Services' annual licensing inspection on October 20, 2016 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary

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

PCH Name: HIGHLAND OAKS AT WATER RUN		License Number: 44768
Address: 300 WATER RUN ROAD, CLARION, PA 16214		County: Clarion
Administrator: Faith O'Brien		Region: WEST
Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME		
Legal Entity Address: 995 ROUTE 28, BROOKVILLE, PA 16026		<b>RECEIVED</b>
Certificate(s) of Occupancy 1-2 05/04/2016 Monroe Township		DEC 08 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: N/A		Total Daily Staff: 53 Working Staff: 40
Type of Inspection: Full		BHA Docket Number: N/A Notice: Unannounced
Reason(s) for Inspection(s) Provisional, Interim		
On-Site Inspections Dates and Department Representatives On-Site 10/20/2016: Park, Belh; Marini, Michael		
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 Served: 49 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: 1 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 2 Are 80 Years of Age or Older: 49 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 4 Have a Physical Disability: 0

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44768 - 10/20/2016 - Park, Beth  
PCH Name: HIGHLAND OAKS AT WATER RUN

1. REGULATION 56 Pa.Code §2800

2800.65(d) - Direct care staff persons hired after April 24, 2008 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person D, hired [redacted] 2016, began providing unsupervised ADL services on [redacted] 2016. This staff person has not successfully completed the Department-approved direct care training course, and passed the competency test.

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.

Staff Person completed the training on 10/21/16.  
A copy of the certificate is attached.

Attachment A.

See page 2<sup>a</sup> of 4

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>F. A. Obner</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
F. A. Obner, Administrator		12/6/16	

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

The above plan of correction is approved as of <u>12/12/16</u> (Date)	Plan of correction implementation status as of <u>12/12/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>PN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44768 - 10/20/2016 - Park, Belh PCH Name: HIGHLAND OAKS AT WATER RUN	
<p><b>1. REGULATION 55 Pa.Code §2600</b>                  2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:</p> <ul style="list-style-type: none"> <li>(1) Training that includes a demonstration of job duties, followed by supervised practice.</li> <li>(2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.</li> <li>(3) Initial direct care staff person training to include the following:                         <ul style="list-style-type: none"> <li>(i) Safe management techniques.</li> <li>(ii) ADLs and IADLs.</li> <li>(iii) Personal hygiene.</li> <li>(iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.</li> <li>(v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.</li> <li>(vi) Implementation of the initial assessment, annual assessment and support plan.</li> <li>(vii) Nutrition, food handling and sanitation.</li> <li>(viii) Recreation, socialization, community resources, social services and activities in the community.</li> <li>(ix) Gerontology.</li> <li>(x) Staff person supervision, if applicable.</li> <li>(xi) Care and needs of residents with special emphasis on the residents being served in the home.</li> <li>(xii) Safety management and hazard prevention.</li> <li>(xiii) Universal precautions.</li> <li>(xiv) The requirements of this chapter.</li> <li>(xv) Infection control.</li> <li>(xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.</li> </ul> </li> </ul>	
<p><b>2a. DESCRIPTION OF VIOLATION</b>                  Direct care staff person D, hired [redacted] 2016, began providing unsupervised ADL services on [redacted] 2016. This staff person has not successfully completed the Department-approved direct care training course, and passed the competency test.</p>	
<p><b>3. PLAN OF CORRECTION (POC)</b> (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.</p> <p>Within 15 days of receipt of the plan of correction: a designated staff person will review staff training records to ensure that every direct care staff person has completed all items included in 2600.65d, including successful completion of the Department-approved direct care training course and passing the competency test, prior to providing unsupervised ADL services.</p> <p>Within 30 days of receipt of the plan of correction: the administrator will develop a tracking system to ensure that all new direct care staff persons complete all items included in 2600.65d, including successful completion of the Department-approved direct care training course and passed the competency test, prior to providing unsupervised ADL services.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Farthobren</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Farthobren, Administrator</i>	
Date <i>12-12-16</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)

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Human Services Licensing

Violation Report: 44768 - 10/20/2016 - Park, Both  
PCH Name: HIGHLAND OAKS AT WATER RUN

1. REGULATION 66 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #2's Ipratropium Spray 42mcs per spray was discontinued on 7/13/2016. However, this medication was still present in the home's medication cart.

Resident #3's Acetaminophen 325mg was discontinued on 8/8/2016. However, this medication was still present in the home's medication cart.

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 role of Medication Aide was developed to ensure all medication orders are current and correct. This position is responsible to the Resident Care Coordinator/Administrator. The Role became effective on November 20, 2016. A copy of the job description is attached.

Attachment B

See page 3<sup>a</sup> of 4

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Faith Obrien*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Faith Obrien, Administrator*

Date *12/6/16*

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

The above plan of correction is approved as of 12/12/16  
(Date)

Plan of correction implementation status as of 12/12/16  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *FO*
- Partially Implemented - Inadequate Progress
- Not Implemented

DEC 12 2016

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Violation Report: 44788 - 10/20/2016 - Park, Beth  
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #2's Ipratropium Spray 42mcs per spray was discontinued on 7/13/2016. However, this medication was still present in the home's medication cart.

Resident #3's Acetaminophen 325mg was discontinued on 8/8/2016. However, this medication was still present in the home's medication cart.

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's and #3's discontinued medications were destroyed.

Within 15 days of receipt of the plan of correction: a designated staff person, qualified to administer medication, will conduct an initial and monthly check of resident prescriptions, medications, and medication administration records to ensure medications that are expired, discontinued or for residents who are no longer served at the home are not present in the home or administered to residents.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Faith Obrien, Administrator* Date *12/12/16*

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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Human Services Licensing

Violation Report: 44768 - 10/20/2016 - Park, Beth  
PCH Name: HIGHLAND OAKS AT WATER RUN

1. REGULATION 55 Pa.Code §2600  
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
At 4:10pm, direct care staff person E was observed documenting the administration of resident #1's Diazepam in resident #1's October MAR. However, the medication was not yet administered.

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.

Staff person was counseled on the importance of following Medication Administration Guidelines and that medications shall not be documented as given until the medication is given to the resident and the staff person observes the resident ingest the medication. A copy of the written counseling is attached in addition to a copy of the Medication Error Corrective Action Policy.

Attachment C  
Attachment D

See pg. 4<sup>9</sup> of 4

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

Signature of Legal Entity Representative (Required on EVERY Page) *E. H. H. H.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Faith O'Brien, Administrator Date 12/16/16

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

The above plan of correction is approved as of <u>12/12/16</u> (Date)	Plan of correction implementation status as of <u>12/12/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>pl</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 44768 - 10/20/2016 - Park, Bath PCH Name: HIGHLAND OAKS AT WATER RUN		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.			
2a. DESCRIPTION OF VIOLATION At 4:10pm, direct care staff person E was observed documenting the administration of resident #1's Diazepam in resident #1's October MAR. However, the medication was not yet administered.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>  Within 30 days of receipt of the plan of correction: all staff persons who are qualified to administer medication will be educated on the proper procedures for medication administration including documentation of medication administration at the time of administration. Documentation of education shall be kept.			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Faith O'Brien</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Faith O'Brien Administrator</i>			Date <i>12/12/16</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of _____ (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by _____ (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	