



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 27, 2018

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
Certificate #: 447680

Dear Ms. Sepich:

As a result of the Department's Bureau of Human Services Licensing inspection on February 7, 2018, 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: 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: 985 ROUTE 28, BROOKVILLE, PA 15825		
Certificate(s) of Occupancy I-2 05/26/2016 Monroe Township		RECEIVED MAR 16 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 61	Waking Staff: 46
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/07/2018: McConnell, Deb		
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: 55 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: 3	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 55 Have Mental Illness: 0 Have an Intellectual Disability: 3 Have a Mobility Need: 6 Have a Physical Disability: 2	

Violation Report: 44768 - 02/07/2018 - McConnell, Deb
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 1/2/18, at approximately 10:00 a.m., an allegation of abuse against staff regarding resident #1 was reported to staff person A. The resident reported that 3 days prior, staff slapped his/her face when applying his/her facial medication. The home did not report the allegation to the local Area Agency on Aging until 1/17/18, at 2:30 p.m.

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.

See POC #1 attached - Page 2A of 7

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 *3/16/18*

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

The above plan of correction is approved as of 3/20/18
(Date)

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

Plan of correction implementation status as of 3/20/18
(Date)

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

MAR 16 2018

WEST REGION FIELD OFFICE
Human Services Licensing


March 16, 2018

POC #1

1. To ensure compliance with Regulation 2600.15(a), immediately upon receiving report of an allegation of abuse the Administrator or designated person will immediately implement the following steps:
 - a. Call the local Area Agency on Aging (AAA).
 - b. Complete the Act 13 form and send to the AAA within 48 hours.
 - c. Immediately notify the resident and the resident's designated person.
 - d. Complete the Reportable Incident and Condition Form and Fax to Adult Residential Licensing (ARL) within 24 hours.
 - e. Conduct an internal investigation and submit the final report to ARL immediately following conclusion of the investigation.
2. Direct Care workers were provided with education on suspected resident abuse reporting requirements.
3. Instructions were given to the staff to report all allegations of abuse as though the allegation were true, even if the report seems far-fetched or unlikely.
4. References for the training was provided by the local Area Agency on Aging and posted for staff viewing at all times.



Faith O'Brien, Administrator



Violation Report: 44768 - 02/07/2018 - McConnell, Deb
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 1/2/18, at approximately 10:00 a.m., an allegation of abuse against staff regarding resident #1 was reported to staff person A. The resident reported that 3 days prior, staff slapped his/her face when applying his/her facial medication. Staff person B administered the medication on that day. Staff person B was not suspended or placed on a plan of supervision until 1/18/18. Also, staff person B returned to providing unsupervised direct care on 1/19/18, on the 7:00 a.m through 3:00 p.m. shift, prior to completion of the Department's investigation.

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.

See POC # 2 attached - Page 3A of 7

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 *03/16/18*

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

Plan of correction implementation status as of 3/20/18 (Date)

- Fully Implemented
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- Not Implemented

RECEIVED

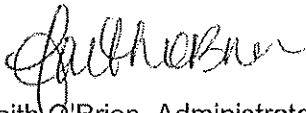
MAR 16 2018

WEST REGION FIELD OFFICE
Human Services Licensing

March 16, 2018

POC #2

1. To ensure compliance with Regulation 2600.15(b), if there is an allegation of abuse involving a staff person, the Administrator or designated person will immediately suspend the staff person involved in the alleged incident.
2. The employee suspension is a requirement of the WRC Employee Handbook and does not include a plan of supervision when a suspected abuse is reported.
3. The suspension will be in place until both ARL and the home conclude the investigation.



Faith O'Brien, Administrator

OK 3/20/18

Violation Report: 44768 - 02/07/2018 - McConnell, Deb

PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION

On 1/2/18, at approximately 10:00 a.m., an allegation of abuse against staff regarding resident #1 was reported to staff person A. The resident reported that 3 days prior, staff slapped his/her face when applying his/her facial medication. Staff person B administered the medication on that day. Staff person B was not suspended or placed on a plan of supervision until 1/18/18. Also, staff person B returned to providing unsupervised direct care on 1/19/18, on the 7:00 a.m through 3:00 p.m. shift, prior to completion of the Department's investigation. The home did not submit a plan of supervision or notice of suspension of the staff person to the Department.

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.

See POC #3 attached - Page 4A of 7

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

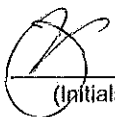
Signature of Legal Entity Representative
(Required on EVERY Page) *Faith O'Brien*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Faith O'Brien* Date *03/16/18*

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(Date)

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(Date)

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(Initials)

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MAR 16 2018

March 16, 2018

NORTH REGION FIELD OFFICE
Human Services Licensing

POC #3

1. To ensure compliance with Regulation 2600.15(c), if there is an allegation of abuse involving a staff person, the Administrator or designated person will immediately suspend the staff person involved in the alleged incident.
2. The employee suspension is a requirement of the WRC Employee Handbook and does not include a plan of supervision when a suspected abuse is reported.
3. The suspension will be in place until both ARL and the home conclude the investigation.



Faith O'Brien, Administrator

OK 3/20/18

MAR 1 8 2018

WEST BUCKINGHAM FIELD OFFICE
Human Services Licensing

Violation Report: 44768 - 02/07/2018 - McConnell, Deb
PCH Name: HIGHLAND OAKS AT WATER RUN

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 1/2/18, approximately 10:00 a.m., an allegation of abuse against resident #1 was reported to staff person A. The resident reported that 3 days prior, staff slapped his/her face when applying his/her facial medication. The home did not submit an incident report to the Department until 1/18/18.

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.

See POC # 4 attached - Page SA # 7

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

03/14/18

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The above plan of correction is approved as of 3/20/18
(Date)

Plan of correction implementation status as of 3/20/18
(Date)

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

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Page 5A of 7

MAR 16 2018

REGULATORY OFFICE

March 16, 2018

POC #4

1. To ensure compliance with Regulation 2600.16(c), immediately upon receiving report of an allegation of abuse the Administrator or designated person will immediately implement the following steps:
 - a. Call the local Area Agency on Aging (AAA).
 - b. Complete the Act 13 form and send to the AAA within 48 hours.
 - c. Immediately notify the resident and the resident's designated person.
 - d. Complete the Reportable Incident and Condition Form and Fax to Adult Residential Licensing (ARL) within 24 hours.
 - e. Conduct an internal investigation and submit the final report to ARL immediately following conclusion of the investigation.

All staff will be educated on the home's procedures for filing incident reports, including who will send the report to the Department.

Faith O'Brien
 Faith O'Brien, Administrator

JH 3/21/18

MAR 16 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44768 - 02/07/2018 - McConnell, Deb
PCH Name: HIGHLAND OAKS AT WATER RUN

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #2's glucometer was used to measure resident #3's blood glucose levels on 1/14/18, 1/15/18, 1/16/18 and 1/17/18 at 6:00 a.m.

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.

See POC #5 attached Page 6A of 7

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) <i>Faith O'Brien, Administrator</i>	Date <i>03/16/18</i>
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The above plan of correction is approved as of 5/20/18
(Date)

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

Plan of correction implementation status as of 5/25/18
(Date)

- Fully Implemented
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- Not Implemented

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MAR 16 2018

JOY H. O'BRIEN FIELD OFFICE
Division of Professional Licensing

March 16, 2018

POC #5

1. To ensure compliance with Regulation 2600.85(a), the PM Medication Aide is responsible for a monthly medication cart audit.
2. This audit will include an inspection of the quantity of test strips available for each resident.
3. Each resident glucometer is labeled and stored in a basket with only that resident's supplies.
4. Immediately upon discovery that glucometer sharing had occurred; the Direct Care Staff involved with the use of the glucometers were provided with coaching and disciplinary action related to the safe management techniques and misappropriation of resident property.
5. The pharmacy provided a new glucometer and test strips at no charge for Resident #2. The old glucometer was discarded.

jm 5/25/18

Faith O'Brien, Administrator

Immediately - Each resident's physician (for those that receive blood sugar testing) will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) should be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review.

Immediately - The administrator or designee who is has current diabetes training shall observe each staff responsible for diabetic care perform blood glucose checks. Each staff will be observed once per week for a period of 1 month. After which, each staff will be observed once per month for a period of 3 months. Documentation of the observations shall be maintained by the home for Department review.

The home shall review and amend the home's policies regarding 2600.185a, specifically addressing the safe storage, access, distribution, and use of glucometers and testing equipment. A copy of the updated policy will be provided to and reviewed with all medication administration staff. This shall be completed by June 30, 2018.

jm 5/25/18

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44768 - 02/07/2018 - McConnell, Deb
PCH Name: HIGHLAND OAKS AT WATER RUN

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 12/29/17, the home received a 50 day supply of blood glucose test strips for resident #3 from the pharmacy. On 1/14/18, at 6:00 a.m. through 1/17/18, at 6:00 a.m., resident #2's blood glucose test strips and glucometer were used for resident #3 due to the home's inability to locate resident #3's test strips.

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.

See POC # 6 attached Page 7A of 7

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 Ornen, Administrator Date 03/16/18

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

The above plan of correction is approved as of 3/20/18
(Date)

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

Plan of correction implementation status as of 5/25/18
(Date)

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

RECEIVED

Page 11 of 7

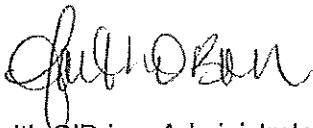
MAR 16 2018

March 16, 2018

WEST REGION FIELD OFFICE
Human Services Licensing

POC #6

1. To ensure compliance with Regulation 2600.185(a), the PM Medication Aide is responsible for a monthly medication cart audit.
2. This audit will include an inspection of the quantity of test strips available for each resident.
3. Each resident glucometer is labeled and stored in a basket with only that resident's supplies.
4. Immediately upon discovery that glucometer sharing had occurred; the Direct Care Staff involved with the use of the glucometers were provided with coaching and disciplinary action related to the safe management techniques and misappropriation of resident property.
5. The pharmacy provided a new glucometer and test strips at no charge for Resident #2. The old glucometer was discarded.



Faith O'Brien, Administrator

D 5/16/18