



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: June 26, 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 May 4, 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		<b>RECEIVED</b>
Certificate(s) of Occupancy I-2 05/26/2016 Monroe Township		MAY 23 2018 WEST REGION FACILITY OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 57	Waking Staff: 43
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 05/04/2018: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 72	Number of Residents who:	
Number of Residents Served: 51	Receive Supplemental Security Income: 3	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 50	
Area:	Have Mental Illness: 6	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 6	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 6		

MAY 23 2018

Violation Report: 44768 - 05/04/2018 - McConnell, Deb  
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

On or about 3/21/18, staff person A's dog, Roxie was present at the home. The home does not have a current certificate of rabies vaccination for the dog.

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, Page 2A

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 *05/23/18*

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

The above plan of correction is approved as of 5/25/18 (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

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Page 2A of 3

MAY 23 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

May 22, 2018

POC #1

1. On May 4, 2017 the Administrator was informed a staff member's pet was on the campus and a copy of the current rabies vaccination was not on file.
2. To ensure compliance with Regulation 2600.109(b), the administrator or designated person will review the home's pet policy with all new admissions and new employees.
3. When a visitor and/or staff member arrives with a pet, the receptionist or designated person will verify that a copy of the rabies vaccination is on file before the pet will be given permission to leave the reception area.
4. A copy of the vaccination records will be kept on file.



Faith O'Brien  
Administrator



Violation Report: 44768 - 05/04/2018 - McConnell, Deb  
PCH Name: HIGHLAND OAKS AT WATER RUN

WEST REGION FIELD OFFICE  
Human Services Licensing

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 5/4/18, glucometers for resident #1, #2 and #3 were not calibrated to the correct time.

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, Page 3A

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Fauthorn, Administrator*      Date *05/23/18*

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The above plan of correction is approved as of 5/25/18 (Date)

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

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MAY 23 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

May 22, 2018

POC #2

1. On May 4, 2018 the Administrator was informed that 3 resident glucometers were not calibrated to the correct time.
2. Upon notification, the Administrator inspected the named resident glucometer's and made the proper adjustments.
3. A staff meeting for the Medication Aides was held on May 7, 2017 and glucometer use was reviewed. Staff were instructed to review the glucometer for time and date at each use, and to enter every meter reading into the QuickMar.
4. To ensure compliance with Regulation 2600.185(a), staff will monitor the time recorded on the machine each time the glucometer is used and will make adjustments as needed.
5. The Resident Care Coordinator is responsible to monitor the glucometer readings a minimum of once monthly to verify the glucometers remain calibrated to the correct date and time.



Faith O'Brien  
Administrator

