



May 28, 2019

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 annual inspection on November 2, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

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.

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,

A handwritten signature in black ink that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 44768 - 11/02/2018 - Barone, Barbara
 PCH Name: HIGHLAND OAKS AT WATER RUN

1. REGULATION 65 Pa.Code §2600
 2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION
 The steam table in the 2nd floor kitchenette was turned on with lids covering the food stations. The surface temperature of the lids was 146.2 degrees Fahrenheit at approximately 10:25 AM and 123.6 degrees Fahrenheit at approximately 3:25 PM. Each time the area was unattended and accessible to residents.
 The steam table in the 3rd floor kitchenette was turned on with lids covering the food stations. The surface temperature of the lids was 180 degrees Fahrenheit at approximately 10:40 AM and 157.6 degrees Fahrenheit at approximately 3:20 PM. Each time the area was unattended and accessible to residents.

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.


Dining was moved to first floor as of December 1, 2018. Steam table from third floor was moved to the first floor country kitchen behind the swinging door. Steam table from second floor is no longer in use. All steam tables are used in the first floor country kitchen area only. All steam tables on first floor are behind glass and/or a swinging door. Staff are in country kitchen when steam tables are in use. See photos attached in Attachment #1.

Immediately, then at least daily, the administrator or designated staff person shall inspect all heat sources in the home, such as steam tables, steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F to ensure they are either inaccessible to residents or are equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

 5/10/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Shelby Graft Administrator			2/20/2019

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

The above plan of correction is approved as of <u>5/10/19</u> (Date)	Plan of correction implementation status as of <u>5/10/19</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44768 - 11/02/2018 - Barone, Barbara
 PCH Name: HIGHLAND OAKS AT WATER RUN

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

A carpet square and a stack of 4 carpet squares with a cardboard box of vinegar and a rag sitting on top of it was within approximately 8 inches of the gas boiler.

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.

Combustible and flammable materials removed from area immediately.
 Areas around boilers marked safety paint to prevent other items
 from being placed near boilers. See photos attached in Attachment #2.

Immediately, then at least weekly, the administrator or designated staff person shall inspect the home to ensure no flammable materials are located near heat sources or hot water heaters.

 5/10/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shelby Groff Administrator	Date 5/20/2019
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Violation Report: 44768 - 11/02/2018 - Barone, Barbara
 PCH Name: HIGHLAND OAKS AT WATER RUN

1. REGULATION 55 Pa.Code §2600
 2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The boiler certificate located on the boiler expired and the certificate was initialed by hand as inspected on 10/4/18 with no documentation of the inspection.

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.

Updated boiler certificate posted upon receipt of certificate. See photos in Attachment #3. "Boiler Inspection Monthly Check" sheet created. Boiler certificate will be checked each month with mandatory fire drills to ensure certificate is up to date. See sheet in Attachment #3.

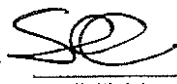
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shelby Goff Administrator	Date 2/20/2019
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Violation Report: 44768 - 11/02/2018 - Barone, Barbara
 PCH Name: HIGHLAND OAKS AT WATER RUN

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The annual medical evaluation for resident #1, dated 12/12/17, did not include the medical professional license number. The section was blank.

The annual medical evaluation for resident #2, dated 8/1/18, did not include the medical professional name or the professional license number. These sections were blank.

The annual medical evaluation for resident #3, dated 2/14/18, did not include the resident's health status or cognitive function. These sections were blank.

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.


All current Direct Medical Evaluations were reviewed by Resident Care Coordinator, Michelle Roney, and Administrator, Shelby Goff, on 2/19/19. Any Direct Medical Evaluations with missing information were sent to physicians to be completed and returned. Direct Medical Evaluations are to be reviewed by Resident Care Coordinator and Administrator upon receipt and prior to filing in resident record. Resident Care Coordinator and Administrator are to date and initial bottom of first page of Direct Medical Evaluation once confirmed that all sections are completed appropriately. See updated Direct Medical Evaluations for resident #1, resident #2 and resident #3 in Attachment #4.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shelby Goff Administrator* Date *2/20/2019*

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Violation Report: 44768 - 11/02/2018 - Barone, Barbara
 PCH Name: HIGHLAND OAKS AT WATER RUN

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Humalog Kwikpen 100 unit/ml; however, there was no open date on the container.

Resident #4 is prescribed Humalog Humalog Kwikpen 100 unit/ml; however, there was no open date on the container.

Resident #4 is prescribed Lantus Solostar 100 unit/ml; however, there was no open date on the container.

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.

"Open/Discard" labels created, See template for "Open/Discard" labels in Attachment #5. Labels will be created for all medications requiring discarding after opening. Labels will be requested by medication aides using the "Medication Label Request" form in Attachment #5. Labels for resident #3's Humalog Kwikpen 100unit/ml prescription can be found in Attachment #6. Labels for resident #4's Humalog Kwikpen 100unit/ml prescription and Lantus Solostar 100unit/ml prescription can be found in Attachment #7. Medication cart audits for the first floor medication cart will be completed the first Monday of each month. First floor medication cart audit can be found in Attachment #8. Medication cart audits for the second floor medication cart audit will be completed the second Monday of each month. Second floor medication cart audit can be found in Attachment #9. Medication cart audits for the third floor medication cart will be completed the third Monday of each month. Third floor medication cart audit can be found in Attachment #10. All medication cart audits will be completed by Medication Aides and/or the Resident Care Coordinator or Administrator.


Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/02/2017 et al
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Shelby Goff Administrator Date 2/20/2019

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Violation Report: 44768 - 11/02/2018 - Barone, Barbara
PCH Name: HIGHLAND OAKS AT WATER RUN

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Humalog on a sliding scale; however, the November medication administration record (MAR) did not include the sliding scale.

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.

Sliding scales for all sliding scale medications will be present on medication label and MAR. Pharmacy educated on need for sliding scale presence on MAR. Pharmacy altered eMAR program to ensure sliding scale is placed on label and MAR. Medication cart audits for the first floor medication cart will be completed on the first Monday of each month. First floor medication cart audit can be found in Attachment #8. Medication cart audits for the second floor medication cart will be completed on the second Monday of each month. Second floor medication cart audit can be found in Attachment #9. Medication cart audits for the third floor medication cart will be completed on the third Monday of each month. Third floor medication cart audit can be found in Attachment #10. All medication cart audits will be completed by Medication aide and/or Resident Care Coordinator and/or Administrator. All prescribers orders and MARs will be audited with carts to ensure accuracy. *SE* 5/10/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shelby Groff Administrator* Date *5/10/2019*

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