



MAILING DATE: September 25, 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 inspection on July 19, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig". The signature is fluid and cursive, written over a light blue horizontal line.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *HIGHLAND OAKS AT WATER RUN*
Address: *300 WATER RUN ROAD, CLARION, PA 16214*
County: *CLARION* Region: *WESTERN*

License Number: *44768*

Administrator

Name: *Shelby Groff* Phone: *8142263799* Email: *BSEPICH@WRC.ORG*

Legal Entity

Name: *WRC PENNSYLVANIA MEMORIAL HOME*
Address: *985 ROUTE 28, BROOKVILLE, PA, 15825*

Certificate(s) of Occupancy

Type: *1-2* Date: Issued By:

Staffing Hours

Resident Support Staff: Total Daily Staff: *56* Waking Staff: *42*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Incident*

Inspection Dates and Department Representative

07/19/2019 - On-Site: Debora McConnell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *46*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *na*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *46*
Diagnosed with Mental Illness: *25* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *10* Have Physical Disability: *2*

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 7/10/19, at approximately 2:00 am. resident #1 was in distressed about urinary retention and rang for assistance. Staff person A responded and retrieved a pitcher of water and directed the resident to drink the water and give it time. Approximately 5 minutes later, resident #1 came out of her bedroom upset, yelling for help and indicating she wanted to go to the hospital. Staff person A again directed the resident to drink more water and allow the water to work. Resident #1 became more agitated and verbally aggressive toward and called staff person A names. Staff person A said to resident #1 to wait to go to the hospital and, "If I call the fucking ambulance, they'll just send you back."

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 A was suspended as soon as we became aware of this incident. Staff person A remained suspended during the course of the investigation. Staff person A was terminated from employment once the investigation was complete. The Area Agency of Aging was informed of Staff person A's termination. We implemented a new hire checklist (see attachment). All new hires on day one of employment receive resident rights essentials training. The new hire checklist outlines the training new employees receive. To ensure that no employees miss training on resident rights, reporting of reportable incidents, and abuse prevention, training will be conducted to educate all employees on 9-16-19, 9-18-19, and 9-20-19. All employees will have training completed by 9-30-19. Training requirements will then be tracked on an annual and on-going basis (see attached for annual training schedule).

Legal Entity Representative


Michelle McLaughlin
Signature

Michelle McLaughlin
Printed Name and Title Administrator Date 9-17-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/20/19
(Date)

Plan of correction implementation status as of 9/20/19
(Date)

The above plan of correction was approved by 
(Initials)

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

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person B completed their 40th scheduled work hour in early 2019. Staff person did not receive orientation training in reporting of reportable incidents and conditions.

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.)

We implemented a new hire checklist (see attachment). All new hires on day one of employment receive resident rights essentials training. The new hire checklist outlines the training new employees receive. To ensure that no employees miss training on resident rights, reporting of reportable incidents, and abuse prevention, training will be conducted to educate all employees on 9-16-19, 9-18-19, and 9-20-19. All employees will have training completed by 9-30-19. Training requirements will then be tracked on an annual and on-going basis (see attached for annual training schedule).

Legal Entity Representative

Michelle McLaughlin
Signature


Michelle McLaughlin
Printed Name and Title
Administrator

9-17-19
Date

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65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person C did not receive training in fire safety during training year 2018.

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.)

We developed an annual ongoing training schedule (see attached). All employees will have training completed by 9-30-19. Training requirements will then be tracked on an annual and on-going basis (see attached for annual training schedule).

By 10/30/19 and at least quarterly thereafter - The administrator will review staff training as part of the next quality management plan review to ensure all staff receive required annual training. - JRW 9/20/19

Legal Entity Representative

Michelle McLaughlin
Signature

Michelle McLaughlin
Printed Name and Title Administrator

9-17-19
Date

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225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The assessment for resident #1, dated 8/3/18, does not address the residents diagnoses of Parkinson's Disease as indicated in the resident's medical evaluation, dated 12/20/18. The resident is prescribed medication for this condition.

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.)

We developed a tracking system that the resident care coordinator monitors monthly to alert us when medical evaluations and resident assessment support plans need updated (see attached). DME unable to be completed for Resident 1 due to hospital leave since 7/30/2019. Upon her return new medical evaluation will be completed.

Legal Entity Representative

Michelle McLaughlin
Signature

Michelle McLaughlin Administrator
9-17-19
Printed Name and Title Date

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(Date)

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