



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [ashbuzard@wrc.org](mailto:ashbuzard@wrc.org)  
[bsepich@wrc.org](mailto:bsepich@wrc.org)

MAILING DATE: February 19, 2020

Ms. Barbara Sepich  
President/CEO  
WRC Pennsylvania Memorial Home  
985 Route 28  
Brookville, Pennsylvania 15825

RE: Edgewood Heights  
612 Keck Avenue  
New Bethlehem, Pennsylvania 16242  
License #:440970

Dear Ms. Sepich:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 9, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *EDGEWOOD HEIGHTS*

License Number: *44097*

Address: *612 KECK AVENUE,, NEW BETHLEHEM, PA 16242*

County: *CLARION*

Region: *WESTERN*

## Administrator

Name: *Ashley Buzard*

Phone: *8142752790*

Email: *ashbuzard@WRC.ORG*

## Legal Entity

Name: *WRC PENNSYLVANIA MEMORIAL HOME*

Address: *985 ROUTE 28, BROOKVILLE, PA, 15825*

## Certificate(s) of Occupancy

Type: *I-1*

Date: *02/07/2013*

Issued By: *New Bethlehem*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *37*

Waking Staff: *28*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*10/09/2019 - On-Site: Belinda Graziano, Laurie Garrigan, Mike Marini*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *71*

Residents Served: *34*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *3*

### Number of Residents Who:

Receive Supplemental Security Income: *3*

Are 60 Years of Age or Older: *34*

Diagnosed with Mental Illness: *11*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *3*

Have Physical Disability: *0*

25c2 - Fee Schedule

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident #1's contract, dated 1/17/2013, lists a \$90 daily rate for monthly room and board. However, the resident is currently paying a \$1124.30 monthly rate for room and board.

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.)

An addendum was put into effective on October 10, 2019 with the monthly room and board being \$1,124.30 and a personal care allotment of \$85.00. Attachment 1 will show the addendum with resident, POA and Facility representative signature.

An addendum to the contract will be completed by administrator/designee at the time of change.

Legal Entity Representative

*Ashtley Buzard*  
Signature

Ashtley Buzard RCHA/LPN 12/5/2019  
Printed Name and Title Date

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The above plan of correction is approved as of 2/14/20  
(Date)

Plan of correction implementation status as of 2/14/20  
(Date)

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

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

132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

A sleeping hour fire drill was conducted on 6/30/18 at 5:50 a.m.; however, another sleeping hour fire drill was not conducted until 3/28/19 at 5:35 a.m.

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.)

Our sleeping fire drill was performed in October 2019. Our next sleeping fire drill will be April 2020. A schedule with the tentative week of fire drill has been created for the next year. The schedule will be followed by maintenance, administrator or designee.

See attachment #2 of current fire drill log.  
See attachment #3 of fire drill schedule.

Legal Entity Representative

Ashley Buzard  
Signature

Ashley Buzard PCHA/LPN 12/5/2019  
Printed Name and Title Date

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183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Polyethylene glycol, prescribed for resident #2, was in the home's medication cart; however, the medication was discontinued on 2/13/2018.

Debrox 6.5 ear drops, prescribed for resident #1, were in the home's medication cart; however, the medication was discontinued on 8/18/19.

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.)

Weekly cart audits are being performed by designee of administrator. All medications will be pulled out of cart and then compared to the residents current MAR. When a medication is discontinued, the medication will immediately be removed from the med cart and either destroyed per policy or sent back to the pharmacy. This will be performed by resident care coordinator or designee.

The debrox ear drops were actually not discontinued. There was a transcription error and they were to be administered monthly x4 days. The resident care coordinator or designee will verify transcribed orders by pharmacy with physician order prior to approving. This will be monitored also during weekly audit.

Legal Entity Representative

*Ashley Buzard*  
Signature

Ashley Buzard, PCHA/LPN 12/5/19  
Printed Name and Title Date

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224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home on 12/28/18; however, the resident's preadmission screening form was completed on 11/13/18.

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.)

Administrator or designee will perform assessment within 30 days of admission. If admission occurs after 30 days, another assessment will be completed within the regulated timeframe.

Within 30 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure a preadmission screening, completed in its entirety, is in place for all residents.

JW 2/14/20

Legal Entity Representative

Ashley Buzard  
Signature

Ashley Buzard, RNHA/CPN 12/5/2019  
Printed Name and Title Date

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