



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: mmclaughlin@wrc.org
rmcconnell@wrc.org

MAILING DATE: February 5, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 5, 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 that reads "Jody Garvey".

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *HIGHLAND OAKS AT WATER RUN* License Number: *44768*
Address: *300 WATER RUN ROAD,, CLARION, PA 16214*
County: *CLARION* Region: *WESTERN*

Administrator

Name: *Michelle McLaughlin* 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: *I-2* Date: *05/26/2016* Issued By: *Monroe Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

Inspection

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

Inspection Dates and Department Representative

11/05/2019 - On-Site: Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *45*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *44*
Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *17* Have Physical Disability: *1*

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's assessment and support plan, dated 2/28/19, indicates that he is totally immobile and is a total physical assist requiring two staff to assist him with ambulating and toileting due to an unsteady gait and diagnoses of Parkinson's Disease, Ataxia and Vertigo. On 10/28/19 at approximately 1:30 pm., staff person A escorted resident #1 to his bedroom after lunch. During this escort, staff person A pushed resident #1 in his wheelchair very fast, bumped into walls and did not slow down even after the resident asked her to. Resident #1 told staff person A two times that he needed to use the bathroom. Staff person A took resident #1 to his room, pointed him toward the bathroom entrance, told him she would get an aid to help him and left the room to answer a call bell on another floor. Staff person A failed to assist resident #1 to the bathroom and did not ask another staff person to assist resident #1. When staff persons B and C responded to resident #1's call bell they found the resident in his bathroom facing the toilet, sitting on the foot rests of his wheel chair, hanging onto the toilet grab bars with both hands trying to hold himself up from falling onto the floor after attempting to use the bathroom unassisted.

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.)

The incident was reported to the administrator by staff persons B&C at 2pm on 10/28/2019. At 2:15pm Staff person A was brought to the administrator's office by the administrator. Staff person A was asked to write a statement about the incident. Staff person A was immediately suspended pending the results of an investigation. Staff person A was walked out of the building. The administrator notified DHS and AAA on 10/28/2019. Staff person A has been reeducated (see attachment) and has received one on one training. A new specific duty list has been created and is now on each care base. The duty list specifies what exactly to do when returning a resident to a particular unit (see attachment). All direct care staff have been made aware of this new policy and it is printed out for each shift on every care base (see attachment). All newly hired direct care staff will be educated and sign off that they have read and understand the duties of each shift.

Effective 2/1/2020 all direct care staff will be required to sign off that they have read and understand the duty list (see attachment). This sheet will be placed in the front of the ADL/ADL binder and will change monthly when the new ADL/ADL sheets are changed. Changing this sheet monthly will ensure we are able to reach all old and new staff and keep up with any changes in resident needs.

Legal Entity Representative


Signature 

Printed Name and Title Michelle McLaughlin, RN
Date 1/28/2020

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The above plan of correction is approved as of 1/30/2020 Plan of correction implementation status as of 1/30/2020
(Date) (Date)

Fully Implemented

The above plan of correction was approved by 
(Initials)

Not Implemented

42c - Treatment of Residents

Regulations

2600.

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

Description of Violation

On 10/28/19 at approximately 1:30 pm., staff person A escorted resident #1 to his bedroom after lunch. During this escort, staff person A pushed resident #1 in his wheelchair very fast, bumped into walls and did not slow down even after the resident asked her to. Resident #1 told staff person A two times that he needed to use the bathroom. Staff person A took resident #1 to his room, pointed him toward the bathroom entrance, told him she would get an aid to help him and left the room to answer a call bell on another floor. Staff person A failed to assist resident #1 to the bathroom and did not ask another staff person to assist resident #1. When staff persons B and C responded to resident #1's call bell they found the resident in his bathroom facing the toilet, sitting on the foot rests of his wheelchair, hanging onto the toilet grab bars with both hands trying to hold himself up from falling onto the floor after attempting to use the bathroom unassisted.

Repeat Violation: 07/19/19

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.)

The incident was reported to the administrator by staff persons B&C at 2pm on 10/28/2019. At 2:15pm Staff person A was brought to the administrator's office by the administrator. Staff person A was asked to write a statement about the incident. Staff person A was immediately suspended pending the results of an investigation. Staff person A was walked out of the building. The administrator notified DHS and AAA on 10/28/2019. Staff person A has been reeducated (see attachment) and has received one on one training. A new specific duty list has been created and is now on each care base. The duty list specifies what exactly to do when returning a resident to a particular unit (see attachment). All direct care staff have been made aware of this new policy and it is printed out for each shift on every care base (see attachment). All newly hired direct care staff will be educated and sign off that they have read and understand the duties of each shift. The administrator reached out to Deb Hillard (the ombudsman for Clarion County) on 12/23/19 to come into the building with the Area Agency on Aging to perform education on resident rights and abuse and neglect. Tentative schedule of 2nd week in January. ***Update Deb Hillard and AAA have confirmed that they will be here on 2/12/2020 to educate staff on residents rights and abuse and neglect. Education will start at 2pm. Direct care staff have been told this is a required educational session.*** Effective 2/1/2020 all direct care staff will be required to sign off that they have read and understand the duty list (see attachment). This sheet will be placed in the front of the ADL/IADL binder and will change monthly when the new ADL/IADL sheets are changed. Changing this sheet monthly will ensure we are able to reach all old and new staff and keep up with any changes in resident needs.

Legal Entity Representative

Michelle McLaughlin
Signature

Michelle McLaughlin RCH
1/30/2020
Printed Name and Title Date

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The above plan of correction is approved as of 1/30/2020 Plan of correction implementation status as of 1/30/2020
(Date) (Date)

Fully Implemented

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

Not Implemented