

Department of Human Services
Bureau of Human Service Licensing

July 29, 2021

[REDACTED]
WATSON MEMORIAL HOME
1200 CONEWANGO AVENUE
WARREN, PA 16365

RE: WATSON MEMORIAL HOME
1200 CONEWANGO AVENUE
WARREN, PA, 16365
LICENSE/COC#: 44412

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2021, 03/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *WATSON MEMORIAL HOME* License #: *44412* License Expiration Date: *06/14/2021*
Address: *1200 CONEWANGO AVENUE, WARREN, PA 16365*
County: *WARREN* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *8147238310* Email: [REDACTED]

Legal Entity

Name: *WATSON MEMORIAL HOME*
Address: *1200 CONEWANGO AVENUE, WARREN, PA, 16365*
Phone: *8147238310* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/05/1982* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/12/2021*

Inspection Dates and Department Representative

03/11/2021 - On-Site: [REDACTED]
03/12/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* Residents Served: *19*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *19*
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

03/11/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/11/2021*

5/18/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/25/2021*

6/4/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/14/2021*

7/29/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

Multiple transactions on resident #1's financial record were not signed by the resident to include the following:

- *1/21/21 - \$20.00 withdrawal
- *1/28/21 - \$25.27 withdrawal
- *2/18/21 - \$10.00 withdrawal
- *3/4/21 - \$20.00 withdrawal

Multiple transactions on resident #2's financial record were not signed by the resident to include the following:

- *2/4/21 - \$10.00 withdrawal
- *2/11/21 - \$10.00 withdrawal
- *2/18/21 - \$10.00 withdrawal
- *3/4/21 - \$10.00 withdrawal

Multiple transactions on resident #3's financial record were not signed by the resident to include the following:

- *1/21/21 - \$20.00 withdrawal
- *1/28/21 - \$11.84 withdrawal
- *2/18/21 - \$5.28 withdrawal
- *3/4/21 - \$20.00 withdrawal

Plan of Correction

Accept

Fixed Immediately: On 3/15/2021, the Business Office Manager reviewed all 2021 unsigned disbursements with the residents and had them sign off on these after the review.

Beginning 3/15/2021, all cash disbursements will be signed by the resident at the time of the transaction. The signing of these will be completed by the resident with the Business Office Manager or the Activities Director because these employees are primarily responsible for the residents' accounts and their cash disbursements. The Administrator or DON will complete the review and sign for any resident who is unable to sign or refuses to sign. A policy has been written (see attachment) for the Business Office. The Business Office Manager, Activities Director, Director of Nursing, and Administrator have reviewed this policy and have signed off that they understand the policy. Policy was written and reviewed with the above employees on 4/23/2021.

Completion Date: 04/23/2021

Document Submission

Implemented

Documentation Sent

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

81b - Resident Personal Equipment (continued)

Description of Violation

Resident #4 has [redacted] attached to the upper left and upper right sides of the bedframe. Both [redacted] have an approximate 12 1/2 " X 7" opening between the frames, which are partially covered by a loosely attached pocket, posing entrapment hazards. There is also a gap of approximately 2 1/2" between the left [redacted] and the mattress posing an entrapment hazard.

Plan of Correction

Accept

This violation was fixed immediately by: Resident #4's bed rails were replaced with new bed rails on 3/18/2021. The opening on the new bed rails measure 3 1/2" X 5 1/2" and fit tightly to the mattress. Please see attached pictures of new bed rails.

To prevent a repeat violation of this, all bed rails in the facility will be replaced with new rails as seen in the pictures or something similar with a small opening. Nursing staff will be educated on correct installation of these bed rails and will monitor the bed rails on a daily basis. Nursing staff will also receive training on entrapment risks with use of enablers and the importance of correct installation and regular inspections (see documentations of this training). This training will be complete by 5/31/2021. Nursing staff will report to the maintenance department immediately if a bed rail becomes unsafe. Maintenance also will be doing monthly checks on all bed rails to ensure they have remained properly and safely installed. Bed rail changes have been completed. Nursing staff training will be completed by 5/31/2021.

Completion Date: 05/31/2021

Document Submission

Implemented

Documentation Sent

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2's initial assessment, dated [redacted] 0, indicates [redacted] can independently transfer in and out of bed and does not need assistance turning and positioning in bed. However, 2 [redacted] bars are attached to [redacted] bed frame which [redacted] uses to reposition in bed and to help transfer in and out of bed.

225a - Assessment 15 Days (continued)

Plan of Correction

Accept

Fix immediately: On 4/22/2021, the Director of Nursing added into the assessment, stating that the resident uses [redacted] for turning and positioning in bed. DON also added that the home will provide the [redacted] and will assess the safety and ability to use the bed rails on a quarterly basis with the bed rail assessment tool. (attached document). This assessment was also completed on 4/22/2021- please see attachment.

The DON did have an addendum with the assessment but on 5/19/2021, she documented more detail on how the home will meet the need with the [redacted] for this resident. (copy of this is attached)

To avoid this violation in the future, when a resident uses enablers on the bed, this will be written under the 'description of service need' section of the assessment and the quarterly safety assessment will be completed. The 15-day assessment and the safety assessment will be completed by the DON or by a LPN.

Also, to avoid this violation in the future, all 15 day assessments will be reviewed 14 days after completion to ensure no updates or changes are needed. These reviews will be conducted by the Director of Nursing and the DON will document these reviews have been completed.

Completion Date: 05/24/2021

Document Submission

Implemented

Documentation Sent

225c - Additional Assessment

1. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #4's annual assessment, dated [redacted], indicates [redacted] does not need assistance turning and positioning in bed. However, 2 [redacted] are attached to [redacted] bed frame which [redacted] uses to reposition in bed and to help transfer in and out of bed.

Plan of Correction

Accept

Fix immediately: On 4/22/2021, the Director of Nursing added into the annual assessment, stating that the resident uses [redacted] for turning and positioning in bed. DON also added that the home will provide the [redacted] and will assess the safety and ability to use the [redacted] on a quarterly basis. This assessment was also completed on 4/22/2021- please see attachment.

To avoid this violation in the future, when a resident uses [redacted] on the bed, this will be written under the 'description of service need' section of the assessment and the quarterly safety assessment will be completed. The annual assessment and the safety assessment will be completed by the DON or by a LPN.

Also, to avoid this violation in the future, all RASPs will be reviewed 30 days after completion to ensure no updates or changes are needed and will then be reviewed on a quarterly basis. These reviews will be conducted by the Director of Nursing and documentation will be kept when the review is complete.

Completion Date: 05/24/2021

Document Submission

Implemented

documentation sent