

Department of Human Services
Bureau of Human Service Licensing

April 27, 2021

██████████ PRESIDENT/CEO
WRC PENNSYLVANIA MEMORIAL HOME
985 ROUTE 28
BROOKVILLE, PA 15825

RE: EDGEWOOD HEIGHTS
612 KECK AVENUE
NEW BETHLEHEM, PA, 16242
LICENSE/COC#: 44097

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/02/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jason Williams

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: *EDGEWOOD HEIGHTS* License #: *44097* License Expiration Date: *12/17/2021*
Address : *612 KECK AVENUE, NEW BETHLEHEM, PA 16242*
County: *CLARION* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *8142752790* Email: [REDACTED]

Legal Entity

Name: *WRC PENNSYLVANIA MEMORIAL HOME*
Address: *985 ROUTE 28, BROOKVILLE, PA, 15825*
Phone: *8142752790* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *02/02/2013* Issued By: *New Bethlehem*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *29* Waking Staff: *22*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *04/02/2021*

Inspection Dates and Department Representative

04/02/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *71* Residents Served: *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *27*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

04/02/2021 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/02/2021*

Inspections / Reviews *(continued)*

4/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *04/29/2021*

4/27/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 3/27/2021, at approximately 8:30 pm, direct care staff persons A and B were assisting resident #1 to the bathroom. The resident was in a standing position and went to sit down while peri-care was being performed by direct care staff person A. Direct care staff person B repeatedly yelled "you need to stand" at resident #1 and attempted to lift the resident to stand by holding █████ in a bear hug and caused the resident to hit █████ head on the wall. The resident began to cry. Direct care staff person B yelled at direct care staff person A to help lower the resident to the floor where █████ finished changing the resident. Direct care staff person B forcibly pushed the resident's walker out of the bathroom. █████ continued to yell at the resident. The resident continued to cry and repeatedly said "get me up off of the floor." A large hematoma appeared on the right side of the resident's forehead. Direct care staff person C came into the bathroom and assisted direct care staff person A to complete resident #1's care and assist █████ to bed.

Plan of Correction

Accept

Staff member was terminated on █████, see attachment #3. All staff completed █████ training in January titled "Preventing, Recognizing and Reporting Abuse," see attachment #4 and attachment #5. Will schedule an in-person training with the █████, see attachment #6.

Completion Date: 04/22/2021

Document Submission

Implemented

Training will be scheduled with the █████ by 6/30/2021. Training was conducted from █████ in January. The staff member was terminated. See attachments 3-6.

227d - Support Plan Medical/Dental

1. Requirements

2600.

- 227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 has received services from █████ since January 7, 2021. █████ receives skilled nursing 1 time per week and as needed in addition to physical therapy. The contact information, services provided by In Home services, frequency and responsible party are not included on the support plan, dated 11/27/2020.

227d - Support Plan Medical/Dental (*continued*)**Plan of Correction****Accept**

An addendum was made to resident #1 support plan and medical evaluation for the date services were ordered January 7, 2021) for [REDACTED] - skilled nursing and physical therapy, see attachment #1 and attachment #2. Administrator or designee will update support plan and medical evaluation when changes are occurring. An audit on all resident's support plans and medical evaluations were completed on April 22, 2021.

Completion Date: 04/22/2021

Document Submission**Implemented**

Addendum was made to residents support plan and medical evaluation. See attachment 1-2.