

Department of Human Services  
Bureau of Human Service Licensing

March 30, 2022

[REDACTED], PRESIDENT  
[REDACTED]  
[REDACTED]

RE: WARRIOR RUN HERITAGE HOUSE  
11430 STATE ROUTE 44  
WATSONTOWN, PA, 17777  
LICENSE/COC#: 21696

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/18/2021 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**

**Facility Information**

Name: *WARRIOR RUN HERITAGE HOUSE* License #: *21696* License Expiration: *12/13/2021*  
Address: *11430 STATE ROUTE 44, WATSONTOWN, PA 17777*  
County: *NORTHUMBERLAND* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *08/28/2009* Issued By: *CWOPA; L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *11/18/2021*

**Inspection Dates and Department Representative**

11/18/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *20* Residents Served: *17*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *3*  
Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *7*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**11/18/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/30/2022*

Inspections / Reviews (*continued*)

02/27/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/09/2022*

03/30/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 54a - Direct Care Staff

## 1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

**Description of Violation**

Direct care staff member A hired [REDACTED] did not have a high school diploma, GED or active registry on the Pennsylvania nurse aide registry.

**Plan of Correction****Accept**

Direct Care staff person A was enrolled in a GED program and the home requested the copy of the certificate. Staff person A chose not to complete the program and is no longer employed by the home. In order to ensure that the proper education records are obtained, the Administrator will utilize a check off list for new employee applicants to include obtaining copies of educational requirements in the appropriate time period.

**Completion Date:** 11/22/2021

**Update:** 02/27/2022

Please send in a copy of the check list for new employees and an example if any new hires have been employed since the renewal inspection.

AG, 2-27-22

**Document Submission****Implemented**

Checklist for new employee requirements

## 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.

**Description of Violation**

Resident #1's bed had a grab assist bar, the bar was not securely attached to the bed, posing a possible limb entrapment.

**Plan of Correction****Accept**

On the day of inspection, the grab bar was removed, and an assessment was completed regarding the residents need to utilize the grab bar. The home health occupational therapist assisted in this evaluation and determined that the resident would not need the bar and would continue with PT and OT to maintain strength. The grab bar was installed by home health without the Administrators knowledge and a stipulation was made to home health of their responsibility in the future to communicate installation or use of resident new equipment to be conducted in coordination with the Administrator to ensure resident safety. A staff training on resident equipment was conducted 11/22/21.

**Completion Date:** 11/18/2021

**Document Submission****Implemented**

Training previously attached

## 87 - Lighting

## 1. Requirements

2600.

87 - Lighting (continued)

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The west exit did not have any lighting on the outside of the building.

Plan of Correction

Accept

There has always been working lighting installed on the west exit side of the building. The siding was replaced in that area shortly before inspection and the contractor had not reinstalled the light. The light was installed on 11/19/21. The Administrator will utilize a check off list to review with future maintenance/contractors the importance of the time frame to replace/repair all equipment and follow up the project to completion in order to ensure the provision of adequate lighting for safe movement through the home and safe evacuation.

Completion Date: 11/19/2021

Document Submission

Implemented

Photo previously attached

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The window in the kitchen was open and did not have a screen in place, allowing for the penetration of insects and rodents.

Plan of Correction

Accept

The window had a screen available for use and was not utilized by the staff person on duty. The Administrator conducted a review with this staff person on the day of inspection. A staff review was held on 11/22/21 to ensure understanding of the importance of using screens on windows, where they are located and how to use the screens. Staff are responsible for following this protocol when leaving windows open.

Completion Date: 11/22/2021

Document Submission

Implemented

Training previously attached

93a - Handrails

1. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The west exit has an approximately 5 inch step down, the step did not have a handrail.

Plan of Correction

Accept

There has always been a handrail installed on the west exit side of the building. The siding was replaced in that area shortly before inspection and the contractor had not reinstalled the handrail. The handrail was installed on 11/19/21. The Administrator will utilize a check off list to review with future maintenance/contractors the importance of the time frame to replace/repair all equipment and follow up the project to completion in order to ensure the provision

**93a - Handrails (continued)**

*of adequate resident safety needs are met regarding handrails.*

**Completion Date:** 11/19/2021

**Document Submission**

**Implemented**

*Photo previously attached*

**105g - Lint Removal and Duct Cleaning****1. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**Description of Violation**

*The lint trap in the dryer located in the basement had a handful of lint, the lint poses a possible fire hazard.*

*The external dryer duct that exits the building was caked with a two handfuls of lint, the lint poses a possible fire hazard.*

**Plan of Correction**

**Accept**

*The lint trap and dryer duct were cleaned on the day of inspection. A staff review was conducted 11/22/21 to include the importance of cleaning the dryer lint trap after every use, This task is already on the daily laundry check off list. The dryer ducts are cleaned professionally in accordance with manufacturers recommendations. In addition, staff will monitor the outdoor duct and clean as necessary. The Administrator will conduct routine checks as well to ensure compliance.*

**Completion Date:** 11/22/2021

**Update:** 02/27/2022

*Please enclose Photos in the Step 2 phase of the verifications.*

*AG, 2-27-22*

**Document Submission**

**Implemented**

*Photo of external dryer duct*

**125a - Combustible Storage****1. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

**Description of Violation**

*A rag was located near the dryer duct behind the homes dryer in the basement, posing a possible fire hazard.*

**Plan of Correction**

**Accept**

*The rag was removed on the day of inspection and the area was cleaned. A staff review was conducted on 11/22/21 on cleaning and clearing the area of possible fire hazards. This task was added to the current laundry check off list. The Administrator will conduct routine monitoring of the area to ensure safety compliance.*

**Completion Date:** 11/22/2021

**Update:** 02/27/2022

*Please enclose Photos in the Step 2 phase of the verifications.*

*AG, 2-27-22*

125a - Combustible Storage *(continued)***Document Submission****Implemented***Photo of dryer area*

## 144c2 - Smoking Area Distance

**1. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

**Description of Violation**

*A lawn chair with fabric was located in the homes designates smoking area, posing a possible fire hazard.*

**Plan of Correction****Accept**

*The lawn chair was removed on the day of inspection. The chair belonged to a resident that had placed the chair in the smoking area. The Administrator conducted a review with the resident on 11/18/21 that the chair was not allowed in the smoking area. A staff review was conducted on 11/22/21 of safe smoking policies, which already includes no furniture with cloth materials. Staff are responsible to immediately report fire safety/smoking concerns to the Administrator. This policy helps to ensure safety in designated smoking areas. The Administrator will conduct routine checks of the smoking area to ensure future safety for the smoking area.*

**Completion Date:** 11/22/2021

**Update:** 02/27/2022

*Please enclose Photos in the Step 2 phase of the verifications.*

*AG, 2-27-22*

**Document Submission****Implemented***Photo of smoking area*

## 185a - Implement Storage Procedures

**1. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident #2's glucometer was not calibrated to the correct date and time.*

**Plan of Correction****Accept**

*A staff person had replaced the batteries in the machine and had not completed calibration afterwards. The Administrator calibrated the machine on the day of inspection. A staff review was conducted on 11/22/21 to include instruction on calibration. Proper use of medical equipment including date and time is important to resident care. The Administrator will conduct weekly audits for 4 weeks and monthly thereafter of the glucometer to ensure future compliance.*

**Completion Date:** 11/22/2021

**Update:** 02/27/2022

*Please show a working copy of any audits or worksheets since the renewal inspection to demonstrate compliance.*