

Department of Human Services  
Bureau of Human Service Licensing

January 27, 2022

[REDACTED], VP/DIRECTOR OF OPERATIONS  
[REDACTED]  
[REDACTED]

RE: HIGHLAND OAKS AT WATER RUN  
300 WATER RUN ROAD  
CLARION, PA, 16214  
LICENSE/COC#: 44768

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/14/2021 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: *HIGHLAND OAKS AT WATER RUN* License #: *44768* License Expiration: *02/03/2023*  
Address: *300 WATER RUN ROAD, CLARION, PA 16214*  
County: *CLARION* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *I-2* Date: *05/26/2016* Issued By: *Monroe Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *54* Waking Staff: *41*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *12/14/2021*

**Inspection Dates and Department Representative**

12/14/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *72* Residents Served: *44*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *44*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *10* Have Physical Disability: *1*

**Inspections / Reviews**

**12/14/2021 - Full**

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

Inspections / Reviews (*continued*)

01/11/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/18/2022*

01/27/2022 - 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 person A, hired [REDACTED], does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

Plan of Correction

**Accept**

Staff member A's high school diploma was recovered and placed in DHS folder. The "New Hire" checklist will be used and reviewed. Training was provided from PCHA to Resident Care Coordinator on 12/23/21 on 2600 54a. All new hires will be reviewed for completeness of 2600 54a. An audit was also done on 12/23/21 to ensure all direct care staff have a valid high school diploma/GED on file.

Document Submission

**Implemented**

Attached is a copy of Staff member A's high school transcript

103d - Storing Food Off Floor

1. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

At approximately 11:00a.m., there was a crate of orange juice and a crate of lemonade stored on the floor in the walk-in cooler.

Plan of Correction

**Accept**

Orange juiced and lemonade was immediately placed on shelf at time of inspection. Dietary staff trained on 2600 103d by PCHA on 12/19/21. Kitchen will preform weekly audit of walk in cooler for one month, then every six month to ensure compliance.

Document Submission

**Implemented**

All crates containing beverage are stacked on top of an empty crate so they are to not touch the floor. Staff training record sheet also attached

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The temperature of the walk-in freezer was 4 degrees Fahrenheit at approximately 11:05a.m. and 3 degrees Fahrenheit at approximately 4:05p.m.

Plan of Correction

**Accept**

Food thermometer immediately place in the back of the freezer for a more accurate temperature reading. Freezer temperature log two times a day (AM/PM). Education provided to the dietary staff on 12/19/21 on 103f regulation by the PCHA. Whoever the cook on duty will be performing the temperature checks.

103f - Refrigerator/Freezer Temps *(continued)*

**Document Submission**

**Implemented**

*Internal thermometer was placed in the back of the freezer for more accurate readings. Record of training also attached.*

130h - Inoperable Smoke Detector

**1. Requirements**

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

**Description of Violation**

*The home's emergency procedures do not indicate the procedures that will be immediately implemented in the event that the smoke detectors or fire alarms become inoperable.*

**Plan of Correction**

**Accept**

*Policy put into place as of 12/28/2021. Reviewed with all staff. Policy states PCHA will notify alarm company and fire company of system outage. Safety patrols will be implemented. A fire walk inspection will be one every half hour until the smoke detector or fire alarm becomes operable. A smoke detector/fire alarm log will be maintained that these rounds are completed.*

**Document Submission**

**Implemented**

*Policy is attached and applied to our emergency plan. Staff training sheet also attached*

133.1 - Exit Signs

**1. Requirements**

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

**Description of Violation**

*There was a lit, full-size exit sign above the locked door that is across from the Barber Shop/Salon on the 2nd floor. This door is not an exit door and does not lead to an exit route on the home's emergency evacuation diagram.*

**Plan of Correction**

**Accept**

*Removed the EXIT signs above and beside the door on 12/15/21. Emergency evacuation plan was updated to show that door was no longer an evacuation exit.*

**Document Submission**

**Implemented**

*Exit Sign removal pictures before and after*

162c - Menus Posted

**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*Only the current day's menu is posted in the home.*

162c - Menus Posted (continued)

Plan of Correction

Accept

Posted a monthly menu on all three floors in the common areas. Kitchen supervisor will ensure the monthly menus continue to be posted.

Document Submission

Implemented

4 week menus are posted at the resident cork board

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #4 is ordered [redacted], take 1 on Monday, Wednesday, and Friday; however, the prescription label for this medication indicates, "take 1 tablet daily."

Plan of Correction

Accept

Audit label matches in the Mar and check mail order medicines. Resident Care Coordinator will audit weekly. Staff educated on 184a labeling on 12/20/21. A direction change sticker will be placed on a medication with changes or a new pharmacy label will be created. This action will be done by resident care coordinator.

Document Submission

Implemented

Labels were immediately corrected. Staff training sign off sheet attached. Also see attached record of training.

224a - Preadmission Screen Form

1. Requirements

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

The pre-admission screening for resident #3, admitted [redacted], is undated. Therefore, it could not be determined if it was completed within 30 days prior to admission.

Plan of Correction

Accept

Copy of preadmission screen was obtained with an addendum made with a date effective 12/14/2021 per [redacted] of DHS. PCHA and RCC conducted audits of all preadmission screenings to ensure they were all completed.

Document Submission

Implemented

Photo of the incomplete preadmission screening with a post it note to explain the missing date.

252 - Record Content

1. Requirements

2600.

252 - Record Content (continued)

252. Content of Resident Records - Each resident’s record must include the following information:
1. Name, gender, admission date, birth date and Social Security number.
  2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
  3. A photograph of the resident that is no more than 2 years old.
  4. Language or means of communication spoken or used by the resident.
  5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
  6. The name, address and telephone number of the resident’s physician or source of health care.
  7. The current and previous 2 years’ physician’s examination reports, including copies of the medical evaluation forms.
  8. A list of prescribed medications, OTC medications and CAM.
  9. Dietary restrictions.
  10. A record of incident reports for the individual resident.
  11. A list of allergies.
  12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
  13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
  14. A support plan.
  15. Applicable court order, if any.
  16. The resident’s medical insurance information.
  17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
  18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
  19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
  20. The financial records of residents receiving assistance with financial management.
  21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
  22. Copies of transfer and discharge summaries from hospitals, if available.
  23. If the resident dies in the home, a copy of the official death certificate.
  24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
  25. A copy of the resident-home contract.
  26. A termination notice, if any.

**Description of Violation**

*The record for resident #1 does not include a photograph of the resident.*

*The record for resident #5 includes a single photograph of the resident, dated [REDACTED]*

**Plan of Correction**

**Accept**

*Effective 12/14/21 pictures were updated and obtained of resident #1 and #5. PCHA and RCC will audit all resident pictures to ensure they are in compliance with 2600 252. Administrative assistance will update pictures every January.*

**Document Submission**

**Implemented**

*All resident pictures were taken and updated as of January 11, 2022*

17 - Record Confidentiality

1. Requirements

2600.

17 - Record Confidentiality (continued)

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 10:00a.m., the computer that houses the home's call-bell system in the open and unattended 2nd floor nurse's station was unlocked and the "census" tab was open, listing the full names, gender, room numbers, and "risk level" of numerous residents, to include residents #1 and #2.

At approximately 11:30a.m., the computer that houses the home's call-bell system in the open and unattended 3rd floor nurse's station was unlocked and the "census" tab was open, listing full names, gender, room numbers, and "risk level" of numerous residents, to include residents #3 and #4.

Repeat Violation - 10/8/2019

Plan of Correction

Accept

Direct care staff will lock computer screens when not at the care bases where the monitors are located. Staff was trained on this procedure on 12/15/21.

Document Submission

Implemented

Attached is the record of training

225c - Additional Assessment

1. Requirements

2600.

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

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The most recent assessment for resident #1 was completed on 7/20/2020; however, the previous assessment for resident #1 was completed on [REDACTED].

The most recent assessment for resident #5 was completed on 7/19/2021; however, the previous assessment for resident #5 was completed on [REDACTED].

Repeat Violation - 10/8/2019

Plan of Correction

Accept

A full inhouse audit was done on all support plans. Some were out of compliance, notations were made on these support plans. PCHA and RCC will complete support plans within designated time frames.

Document Submission

Implemented

An audit of support plans was done between 1/5/22 and 1/7/22 to insure all were up to date