

Department of Human Services  
Bureau of Human Service Licensing

October 27, 2022

[REDACTED]  
WRC PENNSYLVANIA MEMORIAL HOME  
[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 02/01/2022, 02/02/2022, 02/04/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

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: *WRC PENNSYLVANIA MEMORIAL HOME*  
Address: [REDACTED]  
Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *05/26/2016* Issued By: *Monroe Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *02/01/2022*

**Inspection Dates and Department Representative**

*02/01/2022 - On-Site:* [REDACTED]  
*02/02/2022 - Off-Site:* [REDACTED]  
*02/04/2022 - Off-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *72* Residents Served: *49*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*  
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *9* Have Physical Disability: *2*

Inspections / Reviews

02/01/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/11/2022*

03/30/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/29/2022*  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/01/2022*

04/05/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/29/2022*  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/08/2022*

10/27/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: *09/29/2022*  
Reviewer: [REDACTED] Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] between approximately [redacted] resident #1 indicated that a man or woman entered his/her bedroom and touched the resident's genitals. The resident indicated he/she yelled and the person quickly left the room. The resident rang the call bell and staff person A responded and found the resident in bed and upset. Staff person A reported this to staff person B, who was the only other staff person working in the home at the time, and staff person C who began working at approximately 1:00 a.m. Staff person C indicated [redacted] reported this incident to the staff person D, [redacted] between approximately [redacted], that day. However, the home did not report this suspected abuse in accordance with the Older Adult Protective Services Act until [redacted]

POC Submission

Accept

All staff educated on proper reporting requirements as well as the home's policy on reporting suspected resident abuse.

The administrator and designee will monitor all reportable incidents and accidents effective immediately for compliance 2600.15.a. daily and take appropriate action as needed.

Completion Date: 03/25/2022

Directed Completion Date: 04/01/2022

Document Submission

Implemented (JW - 10/27/2022)

Resubmit

Directed Completion Date: 09/29/2022

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] between approximately [redacted] resident #1 indicated that a man or woman entered his/her bedroom and touched the resident's genitals. The resident indicated he/she yelled and the person quickly left the room. The resident rang the call bell and staff person A responded and found the resident in bed and upset. Staff person A reported this to staff person B, who was the only other staff person working in the home at the time, and staff person C who began working at approximately 1:00 a.m. Staff person C indicated [redacted] reported this incident to the staff person D, [redacted] between approximately [redacted], that day. However, the home did not report this incident to the Department until 1/14/22.

POC Submission

Accept

All staff educated in the Department's reporting requirements as well as the home's policy on reporting suspected resident abuse.

16c - Written Incident Report (continued)

The administrator and or designee will monitor all reports, incidents, and accidents for compliance of 2600.15 2600.16.c. on going basis, and take appropriate action as needed.

Directed Completion Date: 04/01/2022

Document Submission

Implemented (JW - 10/27/2022)

Resubmit

Directed Completion Date: 09/29/2022

225c - Additional Assessment

3. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED]

Repeat Violation: 12/14/21

POC Submission

Accept

Resident #1's assessment was updated and completed by RCC. Administrator and or designee will do an audit on all resident assessments and full charts. Please see completed resident #1's assessment. Audit will be completed by 3/30/22 on going compliance3 for 2600.225.c. will be audited on monthly basis by PCHA and or designee.

Directed Completion Date: 03/25/2022

Document Submission

Implemented (JW - 10/27/2022)

Resubmit

Directed Completion Date: 09/29/2022