

Department of Human Services
Bureau of Human Service Licensing

May 5, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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 licensing inspections on 02/16/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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

May 9, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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 02/16/2022 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: *06/14/2022*
Address: *1200 CONEWANGO AVENUE, WARREN, PA 16365*
County: *WARREN* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *02/16/2022*

Inspection Dates and Department Representative

02/16/2022 - 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: *2* Are 60 Years of Age or Older: *19*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

02/16/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/20/2022*

Inspections / Reviews (*continued*)

04/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/02/2022*

05/04/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/11/2022*

05/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/06/2022*

05/06/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/06/2022*

05/09/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At 10:30 a.m., the home's current license, dated 6/14/21 to 6/14/22 , was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Plan of Correction

** Administrator printed the current license from online resources and hung the license in the entry way of the Watson Memorial Home on 2/17/2022. This is a conspicuous and public area of the building.*

** To prevent this from reoccurring, the Administrator will hang the new building license as soon as it is received.*

** Building license is now hung in a locked, tamper resistant glass display case in the entryway of Watson Memorial Home. The Administrator and Maintenance Director will be the only employees to have keys to this display case. The Administrator will change the building license upon receiving the new license each year.*

Completion Date: 02/17/2022

Document Submission

Implemented

Please provide documentation supporting completion of your plans of correction, i.e. pictures, education sign in sheets, tracking sheets, new policies created, etc.

17 - Record Confidentiality

1. Requirements

2600.

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 10:45 a.m., a task list containing confidential information for multiple residents, including resident #1's medical appointment and resident #2's treatment information, was unlocked, unattended, and accessible on the medication cart at the end of the main hall in the blue room lounge area.

Plan of Correction

Accept

Plan of Correction

** To correct this violation immediately, the inspector removed the resident task list containing confidential information on 2/16/2022 at 11:45 a.m. This paper was returned to the Director of Nursing during the exit interview.*

** Staff that were working at the time that this record was discovered were immediately counselled and re-educated on storage of sensitive resident information. This counseling was completed on 2/16/2022 by the Director of Nursing.*

** DON is in the process of re-educating all nursing staff on privacy of resident information and where all records are to be kept when unattended. This training will be complete by May 6, 2022. Please See Attached*

** Beginning on 2/17/2022, RN and LPN Supervisors will monitor the treatment cart daily to ensure that all private information regarding the residents is not assessible to others when unattended.*

Please see attached training documents.

Completion Date: 05/31/2022

17 - Record Confidentiality *(continued)***Document Submission****Implemented**

Attached is the re-education material that is being reviewed by all nursing staff.

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

At 10:15 a.m., the freezer in the lower level paint room did not have a thermometer.

Plan of Correction**Accept**

** Maintenance Director placed a thermometer in the freezer in the basement on 2/17/2022 to immediately correct this violation.*

** On 2/21/2022, The Administrator educated the Dietary Manager about freezer temperatures, having the required thermometer, and monitoring for proper freezer temperatures.*

** Beginning 4/4/2022, The dietary manager began logging the basement freezer temperatures weekly to ensure that the thermometer is in the freezer and the freezer is functioning properly and at appropriate temperatures.*

Please see attached documents

Completion Date: 04/04/2022

Completion Date: 04/04/2022

Document Submission**Implemented**

Please provide documentation supporting completion of your plans of correction, i.e. pictures, education sign in sheets, tracking sheets, new policies created, etc.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation, dated [REDACTED], does not include the resident's health status and cognitive functioning. These sections of the form are blank.

Plan of Correction**Accept**

** Physician was contacted via telephone on 2/16/2022 by the Director of Nursing. The DON received verbal answers to the health status and cognitive function that were left blank on the medical evaluation. The physician verbally gave his answers to the Director of Nursing and the DON immediately filled the answers in and initialed and dated the answers.*

** The Director of Nursing reviewed DME's for all residents living in the home to ensure they were completed in their entirety and correctly. This review was completed by 2/25/2022.*

** Beginning on 2/18/2022, The Director of Nursing and LPN's will review all Medical Evaluations within 1 day of completion to ensure that all medical evaluations are completed in their entirety and no questions are left blank. If any questions are left blank, the RN or LPN who finds the blank will contract the physician immediately to receive verbal answers to the questions. The DON or LPN will then complete the form appropriately.*

Completion Date: 02/17/2022

Completion Date: 02/25/2022

141b1 - Annual Medical Evaluation (*continued*)**Document Submission****Implemented**

Please provide documentation supporting completion of your plans of correction, i.e. pictures, education sign in sheets, tracking sheets, new policies created, corrected DME, etc.

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident #4's record of financial transactions on the following entries:

- *date of the transaction, "2/1/22" was written on top of the correction fluid.*
- *transaction, "Allowance" was written on top of the correction fluid.*
- *amount deposited, "110.00" was written on top of the correction fluid.*
- *amount withdrawn*
- *balance, "253.83" was written on top of the correction fluid.*

Plan of Correction**Accept**

** Administrator re-wrote the resident record that had correction tape on it on April 27, 2022 and attached it to the original page (where correction tape was used) and documented that it was re-written.*

** Administrator provided training to all employees who have access to record entries in resident records on the proper way to "strike out" errors legibly and without the use of correction tape. This training was completed on 2/18/2022.*

** Beginning on 2/18/2022, on a weekly basis, the Administrator and Activities Director will review resident financial records to ensure no correction tape is used and any errors are documented correctly, legibly, and appropriately. Beginning on 2/18/2022, on a weekly basis, LPN Supervisors and the DON will review resident medical records to ensure that any errors are documented correctly, legibly, and appropriately.*

Please see attached documents

Completion Date: 04/27/2022

Document Submission**Implemented**

Please provide documentation supporting completion of your plans of correction, i.e. pictures, education sign in sheets, tracking sheets, new policies created, etc.