

Department of Human Services  
Bureau of Human Service Licensing

June 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 03/18/2022 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: *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: *8142263799* Email: [REDACTED]

**Legal Entity**

Name: *WRC PENNSYLVANIA MEMORIAL HOME*  
Address: *985 ROUTE 28, BROOKVILLE, PA, 15825*  
Phone: *8142263799* Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *61* Waking Staff: *46*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *03/18/2022*

**Inspection Dates and Department Representative**

*03/18/2022 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *72* Residents Served: *52*

**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: *52*  
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *9* Have Physical Disability: *2*

**Inspections / Reviews**

**03/18/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/16/2022*

**05/02/2022 - POC Submission**

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2022*

## 05/10/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/10/2022*

## 06/27/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #1 is prescribed Levothyroxine, 50 mg, 1 tab daily for Hypothyroidism. However, this medication was not administered to resident #1 on 2/1/22 and 3/1/22, at 6:00 am., because the medication was not available in the home.*

*Resident #2 is prescribed Alopurinol, 100 mg, 1 tab twice daily for lower uric acid. However, this medication was not administered to resident #2 on 2/1/22, at 10:00 am., because the medication was not available in the home.*

*Resident #2 is prescribed Levothyroxine, 50 mg, 1 tab daily for Hypothyroidism. However, this medication was not administered to resident #2 on 3/1/22, at 6:00 am., because the medication was not available in the home.*

*Resident #3 is prescribed Acetamin, 500 mg, 1 tab ever 8 hours for pain. However, this medication was not administered to resident #3 on 3/1/22, at 6:00 am., because the medication was not available in the home.*

*Resident #3 is prescribed Carbamazepine, 300 mg, 1 cap daily for Seizures. However, this medication was not administered to resident #3 on 3/3/22-3/9/22, at 9:00 am., because the medication was not available in the home.*

**Plan of Correction**

**Accept**

*Physician and family of resident #1 were notified of medication not being available. Physician and family of resident #2 were notified of medication not being available.*

*Physician and family of resident #3 were notified of medication not being available.*

*The PCHA or designee will immediately 5/9/2022 run a QMAR medication variance omission report and ensure that all ordered medications are available for each resident . Any discrepancies will be handled same day.*

*The PCHA or designee will run the QMAR report daily starting 5/10/2022 for one week, then weekly for 1 month, anticipated completed date July 10,2022, then randomly thereafter to ensure compliance with 2600.187d.*

**Completion Date:** 05/09/2022

**Document Submission**

**Implemented**

*Attached are MARs from all residents in showing of omittance of any meds.*