

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

April 4, 2023

[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 11/02/2022, 11/03/2022 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

**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: *985 ROUTE 28, BROOKVILLE, PA, 15825*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *05/26/2016* Issued By: *Bureau Veritas N.A.*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *56* Waking Staff: *42*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *11/03/2022*

**Inspection Dates and Department Representative**

11/02/2022 - On-Site: [REDACTED]  
 11/03/2022 - On-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: *6*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *7* Have Physical Disability: *1*

**Inspections / Reviews**

11/02/2022 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/03/2022*

Inspections / Reviews *(continued)*

02/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/16/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/21/2023

03/09/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/16/2023

04/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/16/2023

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

*On 11/2/22 the home's licensing inspection summaries (LIS), dated 12/14/21, 2/1/22, 3/18/22, and 9/29/22, were not posted in a conspicuous and public place in the home.*

Plan of Correction

**Accept (JW - 02/17/2023)**

*The PC home Administrator will be responsible for this plan of correction. The Administrator will ensure that the current license inspection summary issued by the Department and a copy of this chapter will be posted in a conspicuous and public place in the personal care home immediately. The PCHA will audit that all inspection summaries are posted upon receipt.*

Licensee's Proposed Overall Completion Date: 12/01/2022

**Implemented (BG - 03/30/2023)**

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

*The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be "installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance." The carbon monoxide alarm near the 2 gas boilers in the basement was approximately 4 feet away.*

Plan of Correction

**Accept (JW - 03/08/2023)**

*The PCHA is responsible for this plan of correction. PCHA will communicate with personal care home maintenance department. PCHA will have the maintenance department purchase a carbon monoxide alarm. The personal care home maintenance department will then place the carbon monoxide alarm 15 feet from any fossil fuel device or appliance, so the personal care home is in accordance with the Carbon Monoxide Alarms Standards Act of 6/23/2016. The PCHA or designee will conduct environmental safety rounds monthly to ensure compliance. The detector was moved on 12/10/22.*

Licensee's Proposed Overall Completion Date: 02/20/2023

**Implemented (BG - 03/30/2023)**

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

*The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.*

25b - Contract Signatures (continued)

The resident-home contract, dated [REDACTED], for resident #2 was not signed by the resident.

The resident-home contract, dated [REDACTED], for resident #3 was not signed by the resident.

The resident-home contract, dated [REDACTED], for resident #4 was not signed by the resident.

**Plan of Correction**

**Accept (JW - 03/08/2023)**

The PCHA or Resident Care Coordinator will be responsible for this plan of correction. PCHA or RCC will get with every current resident at the personal care home and review with each resident the "resident home contract". The RCC will have each resident sign or mark an "x" in the signature box on the resident home contract. PCHA or RCC will have an audit document that list each resident's name and a column on the document to checkmark that states the resident signed the resident home contract. The audit will be kept ongoing for compliance. The contracts were signed on 11/30/22. The start date for the audits began on 11/14/22 and are checked every 30 days to ensure resident contracts are being signed by the resident.

Licensee's Proposed Overall Completion Date: 02/20/2023

**Implemented (BG - 04/04/2023)**

54a - Direct Care Staff

**4. 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 does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat Violation: 12/14/21

**Plan of Correction**

**Accept (JW - 03/08/2023)**

The PCHA or designee will be responsible for this plan of correction. PCHA or designee will verify with the human resource department that each employee that is required to have a high school diploma or GED per regulations actually has a high school diploma or GED. PCHA will request a copy of the high school diploma or GED so we can verify the employee has a high school diploma or GED. PCHA will then place the high school diploma/GED or verify the primary source in the employees personal file that is kept at the personal care home. Direct care staff person A has resigned, and if this person would not have resigned, this direct care staff person would have been asked to take GED classes to obtain GED. If employee would have refused, this employee would have been demoted to a position that did not require a high school diploma or GED. On 12/30/22, all current employee's files were examined to ensure that we have a copy of their GED or HSD. Currently when an employee is hired, we now are getting a copy of the GED/HSD from HR department.

Licensee's Proposed Overall Completion Date: 02/20/2023

**Implemented (BG - 03/30/2023)**

63a - First Aid/CPR Training

5. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 10/22/22 & 10/23/22, from 9:30 p.m. until 11:59 p.m., 47 residents were present in the home. During this time, there were no staff persons present in the home who are trained in first aid and certified in obstructed airway techniques and CPR.

On 10/24/22, from 11:00 p.m. until 11:59 p.m., 47 residents were present in the home. During this time, there were no staff persons present in the home who are trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction

Accept (JW - 03/08/2023)

The PCHA and/or Resident Care Coordinator will be responsible for the plan of correction. Each employee that is hired for the personal care home that is considered direct care staff will obtain their first aid certification and be certified in obstructed airway techniques and CPR. Employees will receive their certification within the first 90 days of employment. PCHA or designee will monitor this by creating a tracker that will list each employee's name and the date the employee received their certifications. This time tracker will be ongoing audit to meet 2600 63a. The tracker was implemented on 11/13/22. CPR/First Aid classes were added to get employees trained so we are in compliance with the regulation 2600 63a. Classes were added on 11/16/22 and 1/26/23.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented (BG - 04/04/2023)

65a - FS Orientation 1st Day

6. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], and staff person B, whose first day of work was [REDACTED] did not receive orientation on the following topics:

1. Evacuation procedures.

65a - FS Orientation 1st Day (continued)

- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

**Plan of Correction**

*Accept (JW - 03/08/2023)*

The PCHA or designee will be responsible for the plan of correction. PCHA or designee will ensure that all new employees are getting the personal care home "New Hire Checklist." PCHA will work with the personal care home Maintenance Department who will be providing the employee with General Fire Safety and Emergency Preparedness training as well as location and use of the fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services, smoking policy, staff duties during fire drills as well as a tour of our facility. When the Maintenance department is done with the training, they will mark the section General Fire Safety and Emergency Preparedness as completed and then give the New Hire Checklist to PCHA, who will verify that the trainings are completed for each new employee. When PCHA verifies that the employee has been trained in the areas identified. PCHA will file the New Hire Checklist in the employee's personnel file. The PCHA or designee will audit x 3 months to ensure compliance with 2600 65a. Employee B will receive the orientation training and will be notated on the New Hire Checklist. Employee A last day of work is [REDACTED] and employee A will not be here at Highland Oaks to receive orientation training as they are no longer employed at Highland Oaks. Staff person B received orientation on dates [REDACTED]

Licensee's Proposed Overall Completion Date: 02/20/2023

*Implemented (BG - 03/30/2023)*

65b - Rights/Abuse 40 Hours

**7. Requirements**

- 2600.
- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
  - 1. Resident rights.
  - 2. Emergency medical plan.
  - 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
  - 4. Reporting of reportable incidents and conditions.

**Description of Violation**

Staff person A completed his/her 40th scheduled work hour during the week of [REDACTED] and staff person B completed his/her 40th scheduled work hour during the week of [REDACTED]. However, these staff persons did not complete training in the following topics:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

65b - Rights/Abuse 40 Hours (continued)

4. Reporting of reportable incidents and conditions.

**Plan of Correction**

**Accept (JW - 03/08/2023)**

The PCHA or designee will be responsible for the plan of correction. The PCHA or Administrative Assistant will ensure that all new employees are getting the personal care home "New Hire Checklist." PCHA or Administrative Assistant will work with the personal care home Administrator or designee who will be providing the employee with training in the following areas: 1. Resident Rights 2. Emergency medical plan 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act 4. Reporting of reportable incidents and conditions. When the Administrator has completed the training of a new hire, PCHA or designee will mark the section as completed on the New Hire Checklist. PCHA or designee will give the New Hire Checklist to the Administrative Assistant who will file the document in the employee's personnel file. This will be an ongoing process for all new hires and audited with each new hire to ensure compliance with 2600 65b. Staff person A last day of employment with Highland Oaks is [REDACTED]. Staff person B will receive training on resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions which will be noted on the New Hire Checklist. Staff person B received orientation on dates [REDACTED]

**Licensee's Proposed Overall Completion Date: 02/20/2023**

**Implemented (BG - 03/30/2023)**

81b - Resident Personal Equipment

8. 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 #5 has an enabler bar attached to his/her bed; however, the bar has an opening of approximately 11 inches by 7 inches and can be moved from the bed approximately 7 inches, posing an entrapment hazard.

Resident #6 has an enabler bar attached to his/her bed; however, the bar has an opening of approximately 11 inches by 7 inches and can be moved from the bed approximately 2 inches, posing an entrapment hazard.

**Plan of Correction**

**Accept (JW - 03/08/2023)**

The PCHA or Resident Care Coordinator will be responsible for this plan of correction. PCHA or RCC will keep a tracker that identifies any resident who has an enabler bar attached to his/her bed. PCHA or RCC will audit and will work with our Maintenance Department to ensure that each resident's enabler bar is secured tightly to the resident's bed and the enabler bar is covered in a material that does not allow the resident's head to get caught in the opening. PCHA or RCC will complete periodic checks throughout each month that enabler bars are secured and covered, and each check will be documented on the tracker. The enabler bars were covered and secured to the beds on 11/3/22.

**Licensee's Proposed Overall Completion Date: 02/20/2023**

**Implemented (BG - 04/04/2023)**

81b - Resident Personal Equipment (*continued*)

## 82a - Poisonous Materials

## 9. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

**Description of Violation**

*On 11/2/22, there was an unlabeled clear spray container with "glass cleaner" written on the bottle under the sink in the 1st floor kitchenette.*

**Plan of Correction****Accept (JW - 03/08/2023)**

*The Kitchen Supervisor will be responsible for this plan of correction. The bottle that was unlabeled with glass cleaner written on the bottle was discarded and moving forward the Kitchen Supervisor will be doing periodic checks weekly to ensure that there are no bottles that are unlabeled at the facility. These checks will be documented on the "Labeled Containers" form and will be turned into the Administrator of the personal care home on a weekly basis. Bottle was discarded on 11/3/22 and the weekly checks began on 12/1/22.*

**Licensee's Proposed Overall Completion Date: 02/20/2023**

**Implemented (BG - 03/30/2023)**

## 88a - Surfaces

## 10. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

*On 11/2/22, the fire doors in the 1st floor hallway between the dining room and resident room 102 do not latch closed fully, there is an approximate 1/8-inch gap.*

**Plan of Correction****Accept (JW - 03/08/2023)**

*The PCHA or designee will be responsible for this plan of correction. PCHA or designee will be communicating with the Maintenance Department by 11/30/22 about the arm of the door needed adjusted, to the fire doors so the 1/8-inch gap is no longer present. If the gap is still present after the adjustment, PCHA or designee will contact an expert by 12/21/22, who fixes fire doors in the local area. Once completed a digital photo will be sent to DHS to ensure compliance with 2600 88a. When the fire door was rechecked on 11/4/22, the fire door closed properly with no gap.*

**Licensee's Proposed Overall Completion Date: 02/20/2023**

**Implemented (BG - 03/30/2023)**

## 103c - Food Protected

## 11. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

**Description of Violation**

*On 11/2/22 at approximately 11:00 a.m., the following food items were opened, unsealed, and stored in stainless fridge in the main kitchen:*

103c - Food Protected (continued)

- Pot of soup stock vegetables
- 3 quarts of celery in water in plastic container
- 2 quarts of carrots in water in plastic container

In addition, on 11/2/22, at approximately 11:30 a.m., the following food items were opened, unsealed and stored in freezer in the 1st floor kitchenette:

- 6 meat patties in a plastic bag
- 1 meat patty on a plate

**Plan of Correction**

**Accept (JW - 03/08/2023)**

The Kitchen Supervisor will be responsible for this plan of correction. PCHA or designee will meet with the Kitchen Supervisor to review the importance of not having food items that are open, unsealed and stored in the stainless fridge in the main kitchen and stored in the freezer on the 1st floor. PCHA will document this conversation on a supervisory conference form. Moving forward, the Kitchen Supervisor will document on a checklist that the foods in the stainless refrigerator and freezer are labeled and sealed. The Kitchen Supervisor will check both areas weekly x 3 months and turn the checklist into PCHA upon completion. Staff education was provided to this employee responsible on 12/12/22.

Licensee's Proposed Overall Completion Date: 02/20/2023

**Implemented (BG - 03/30/2023)**

132a - Monthly Fire Drill

**12. Requirements**

- 2600.
- 132.a. An unannounced fire drill shall be held at least once a month.

**Description of Violation**

An unannounced fire drill was not held during the months of June 2022 and September 2022.

**Plan of Correction**

**Accept (JW - 03/08/2023)**

The PCHA or designee will be the one responsible for the plan of correction. PCHA will meet with the Maintenance Department to review the regulation regarding fire drills and how unannounced fire drills need done monthly. PCHA or designee will document this meeting on a supervisor conference form. The Maintenance Technician will audit monthly the completed fire drill form which shall list the date, time of the fire drill. This complete form will be then given to the PCHA will verify that a fire drill is completed each month and when verified will file the completed fire drill form in the fire drill log. 12/10/22 was the date this specific staff member was met with to review education on fire drills.

Licensee's Proposed Overall Completion Date: 02/20/2023

**Implemented (BG - 03/30/2023)**

132b - Safety Inspection/Fire Drill

**13. Requirements**

- 2600.
- 132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

132b - Safety Inspection/Fire Drill (continued)

**Description of Violation**

*The home has not had an inspection or fire drill conducted by a fire safety expert in the past 12 months.*

**Plan of Correction**

**Accept (JW - 03/09/2023)**

*The PCHA or designee will be responsible for this plan of correction. The PCHA or designee will contact the local fire company ( [REDACTED] ) by 11/30/22 and schedule a time for the Chief to come to the personal care home to conduct a fire safety inspection and a fire drill. Numerous attempts were made and finally the Fire Chief did respond and came to the facility on 2/15/23. An evacuation will occur with the Fire Chief by 5/30/23. The PCHA will audit monthly to ensure that the fire safety inspection and fire drill conducted by a fire safety expert is completed annually by reviewing the fire drill form monthly to ensure it is filled out correctly and a fire drill was done.*

**Licensee's Proposed Overall Completion Date: 02/20/2023**

**Implemented (BG - 03/30/2023)**

132c - Fire Drill Records

**14. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

*The fire drill record for the drill conducted on 8/31/22 does not include the time of the fire drill.*

*In addition, the fire drill record for the drills conducted on 4/1/22, 5/23/22, 7/9/22, 8/31/22 do not include the exit routes used for the fire drills.*

**Plan of Correction**

**Accept (JW - 03/08/2023)**

*The PCHA or designee will be responsible for this plan of correction. There is a fire drill form that is to be completed for each fire drill. PCHA will ensure that this form is filled out to its entirety. The form for the fire drill includes date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. PCHA will receive the fire drill form immediately after an unannounced fire drill is completed to ensure all fields on the fire drill form are filled in correctly. Staff training on how to complete and respond to fire drills as well as how to complete the fire drill log and proper documentation was done on 1/10/23.*

**Licensee's Proposed Overall Completion Date: 02/20/2023**

**Implemented (BG - 03/30/2023)**

132d - Evacuation

**15. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

132d - Evacuation (continued)

**Description of Violation**

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

- On 12/6/21, at 4:45 p.m., the drill was 12 minutes and 35 seconds
- On 1/14/22, at 2:30 p.m., the drill was 12 minutes and 15 seconds
- On 2/19/22, at 3:00 p.m., the drill was 12 minutes and 5 seconds
- On 3/6/22, at 5:00 p.m., the drill was 12 minutes and 30 seconds
- On 4/1/22, at 10:30 a.m., the drill was 12 minutes and 5 seconds
- On 5/23/22, at 7:00 p.m., the drill was 13 minutes and 1 second
- On 7/9/22, at 8:00 a.m., the drill was 13 minutes and 0 seconds
- On 8/31/22, at unknown time, the drill was 12 minutes and 45 seconds
- On 10/18/22, at 2:00 p.m., the drill was 8 minutes and 5 seconds

During the fire drill on 10/18/22 at 2:00 p.m., one resident did not evacuate to a designated meeting place away from the building or within the fire-safe area.

**Plan of Correction**

**Accept (JW - 03/09/2023)**

The PCHA or designee will be responsible for the plan of correction. PCHA will be communicating with the personal care home Maintenance Department who helps with unannounced fire drills to ensure that when an unannounced fire drill is completed, all residents are evacuated within 2 minutes and 30 seconds. PCHA will help conduct the unannounced drills, fill out the fire drill form and until the fire safety expert comes to the facility to identify a time to evacuate within, the time to evacuate will be 2 minutes and 30 seconds. PCHA will ensure that all staff are aware of the fire safe areas designated and that all residents to evacuate by conducting training with staff. PCHA will educate residents at resident council meeting the importance of residents evacuating and ensuring each residents understand protocols to evacuate to a fire safe area. The Fire Chief for [REDACTED] came out to the facility on 2/15/23 and looked at our mobility residents, fire safe areas and determined that our time for evacuation is now 19 minutes and 38 seconds. Fire Chief will be back out to the facility between 2/20/23 and 5/30/23 to perform a full evacuation of the building.

Licensee's Proposed Overall Completion Date: 02/20/2023

**Implemented (BG - 03/30/2023)**

132e - Fire Drill Sleeping Hours

**16. Requirements**

- 2600.
- 132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation**

The home has not conducted a fire drill during sleeping hours in the past 6 months. The last sleeping hours drill was conducted on 9/26/21 at 10:00 p.m.

**Plan of Correction**

**Accept (JW - 03/08/2023)**

The PCHA or designee will be responsible for the plan of correction. PCHA or designee will be communicating with the personal care home Maintenance Department who helps with unannounced fire drills to ensure that when an unannounced fire drill is completed, that a fire drill takes place during sleeping hours every six months. The Maintenance Department will get with PCHA monthly to determine when the unannounced fire drills should occur. This fire drill during sleeping hours will be documented on the fire drill form for PCHA to verify that an overnight

132e - Fire Drill Sleeping Hours (continued)

fire drill has been completed every six months. This fire drill form will immediately be completed upon a fire drill and given to the PCHA. PCHA will monitor this form closely as we move forward with monitoring by verifying this form is done monthly after each fire drill. 1/24/23 was the last sleeping hours fire drill.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented (BG - 03/30/2023)

141b1 - Annual Medical Evaluation

17. Requirements

2600.

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

Description of Violation

Resident #3 has not had an annual medical evaluation completed. The resident's previous medical evaluation was completed on [REDACTED].

Resident #7 has not had an annual medical evaluation completed. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept (JW - 03/08/2023)

The Resident Care Coordinator will be responsible for this plan of correction. RCC will get with Resident #3 and #7 to complete the annual medical evaluation. The PCHA or RCC will have an audit tool that list each resident's name and a column on the document to checkmark that states the resident had their updated medical evaluation completed within a 12-month period. This checklist will be given to PCHA monthly to also help monitor that all residents have an updated annual medical evaluation. Residents #3 and #7 will have their medical evaluation completed as soon as possible. Medical Evaluations on Residents #3 completed on [REDACTED] Residents # 7 was completed on [REDACTED]

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented (BG - 04/04/2023)

183d - Prescription Current

18. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/3/22, Fluocinonide Cream 0.05% prescribed for resident #1, was in the home's medication cart; however, the medication was discontinued on 11/1/22.

Plan of Correction

Accept (JW - 03/08/2023)

The PCHA or RCC will be responsible for this plan of correction. PCHA or RCC will check weekly to ensure that all residents medications that have been discontinued are not in the medication cart and are actually discontinued. The medications will be audited weekly, and a form will be marked off that the medication cart was checked for discontinued medications. This will start 12/1/22. RCC will meet with [REDACTED] Medication Aids to conduct training on the importance of not keeping a resident's medication that has been discontinued in the medication carts. This training was completed on 1/25/23. RCC will document this training. Resident #1 discontinued medication has been discarded from the medication cart and properly disposed of on 11/3/22.

183d - Prescription Current *(continued)*

Licensee's Proposed Overall Completion Date: 02/20/2023

*Implemented (BG - 03/30/2023)*

183e - Storing Medications

19. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

*On 11/3/22, resident #4's Levemir Flex Touch Insulin Pen was not dated when opened. According to the manufacturer's instructions, the medication "should be thrown away after 42 days, even if it still has insulin left in it."*

**Plan of Correction**

**Accept (JW - 03/08/2023)**

*The PCHA or RCC will be responsible for this plan of correction. PCHA or RCC will check the medication cart weekly to ensure that insulin pens are dated when open and will document weekly on the Insulin Pen tracker that all insulin that is opened is dated and initialed by staff. RCC will meet with [REDACTED] Medication Aids (met with on 1/25/23) to conduct training on the importance of dating all insulin that is opened and placed in the medication cart. RCC will document this training. Resident #4 insulin pen is now dated which was completed on 11/3/22.*

Licensee's Proposed Overall Completion Date: 02/20/2023

*Implemented (BG - 03/30/2023)*

224a - Preadmission Screen Form

20. 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**

*Resident #1 was admitted to the home on [REDACTED] however, the resident's preadmission screening form indicated it was completed on [REDACTED].*

*Resident #4 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form indicated it was completed on [REDACTED].*

*Repeat Violation: 12/14/21*

**Plan of Correction**

**Accept (JW - 03/08/2023)**

*The PCHA or RCC will be responsible for this plan of correction. RCC will get with Resident #1 and #4 to put the correct date on the resident's preadmission screening form. RCC got with these residents on 11/4/23. Moving forward, RCC will have a document that list each resident's name and a column on the document for us to write the residents date on the preadmission form when completed. This checklist will be given to PCHA monthly to also help monitor that all residents have a correct preadmission screening form dated with the correct date. This will be reviewed weekly the PCHA who will ensure that the preadmission screening form is done correctly.*

Licensee's Proposed Overall Completion Date: 02/20/2023

224a - Preadmission Screen Form *(continued)*

*Implemented (BG - 04/04/2023)*

225a - Assessment 15 Days

**21. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

*The initial assessment completed for resident #1, dated [REDACTED] does not include assessment for Dental, Dietary and Sensory Needs.*

*An initial assessment was not completed for resident #4, who was admitted to the home on [REDACTED]*

*An initial assessment was not completed for resident #7, who was admitted to the home on [REDACTED]*

**Plan of Correction**

*Accept (JW - 03/08/2023)*

*The Residential Care Coordinator will be responsible for this plan of correction. RCC will get with Residents #1, #4 and #7 to get the initial assessments completed or updated. These assessments were updated or were updated or completed on resident #1 [REDACTED], resident #4 [REDACTED] resident #7 [REDACTED]. 2. Moving forward, RCC will have a document that list each resident's name and a column on the document for the initial assessment. This checklist will be given to PCHA weekly to also help monitor that all residents have an initial assessment completed on time.*

**Licensee's Proposed Overall Completion Date:** 02/20/2023

*Implemented (BG - 04/04/2023)*

227a - Support Plan 30 Days

**22. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

*Resident #1's support plan, dated [REDACTED] does not include a plan to meet Dental, Dietary and Sensory Needs.*

*Resident #4 was admitted on [REDACTED]; however, the resident's initial support plan has not been completed.*

*Resident #7 was admitted on [REDACTED]; however, the resident's initial support plan has not been completed.*

**Plan of Correction**

*Accept (JW - 03/08/2023)*

*The PCHA or RCC will be responsible for this plan of correction. The PCHA or RCC will get with Residents #1, #4 and #7 to get the support plans completed or updated. These support plans were updated or completed on resident #1 [REDACTED], resident #4 [REDACTED] and resident #7 [REDACTED]. Moving forward, RCC will have a document that list each resident's name and a column on the document for the support plan. This checklist will be given to PHCA weekly*

**227a - Support Plan 30 Days (continued)**

to also help monitor that all residents have a support plan completed on time.

**Licensee's Proposed Overall Completion Date:** 02/20/2023

**Implemented (BG - 04/04/2023)**

**227c - Support Plan Revision****23. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**Description of Violation**

Resident #3's support plan, dated [REDACTED] not indicate how his/her assessment of total immobile for mobility needs will be met.

**Plan of Correction**

**Accept (JW - 03/08/2023)**

The PCHA or RCC will be responsible for this plan of correction. PCHA or RCC will get with Resident #3 to get the support plan revision for mobility needs completed. This resident's support plan for mobility needs was completed on [REDACTED]. Moving forward, RCC will have a document that list each resident's name and a column on the document for the support plan revisions. This checklist will be given to PCHA weekly to also help monitor that all residents have a support plan revision completed at the time of a change in a resident's needs.

**Licensee's Proposed Overall Completion Date:** 02/20/2023

**Implemented (BG - 04/04/2023)**