

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

October 30, 2023

[REDACTED]
WRC PENNSYLVANIA MEMORIAL HOME
[REDACTED]

RE: EDGEWOOD HEIGHTS
612 KECK AVENUE
NEW BETHLEHEM, PA, 16242
LICENSE/COC#: 44097

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/11/2023 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: *EDGEWOOD HEIGHTS* License #: *44097* License Expiration: *12/17/2023*
 Address: *612 KECK AVENUE, NEW BETHLEHEM, PA 16242*
 County: *CLARION* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-1* Date: *02/07/2013* Issued By: *New Bethlehem*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/11/2023*

Inspection Dates and Department Representative

08/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *71* Residents Served: *27*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *27*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

08/11/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/11/2023*

09/15/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/30/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/30/2023*

Inspections / Reviews *(continued)*

10/30/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2023

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

Plan of Correction

Accept (█ - 09/15/2023)

Staff person A presented a letter from █ graduating high school stating █ date of graduation and that all records were destroyed in the flood of █. Staff person A contacted the high school for another letter with dates of attendance at █ High School and date of graduation. Staff person A has submitted this letter and had it notarized 9/5/2023. The Personal Care Home Administrator will ensure a diploma is received upon hire. The PCHA will audit staff files to confirm all diplomas are in files by 9/30/23. An audit tool will be developed that will list each employee and if they have their H.S.D. or G.E.D. or active registry status on the Pennsylvania nurse aide registry (if this is a job requirement for their position). If any employee is found not to have a H.S.D. or G.E.D., the PCHA immediately will start the process with the employee to provide proof they have a H.S.D. or G.E.D. or active registry status on the Pennsylvania nurse aid registry.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented (█ - 10/30/2023)

64a - Admin Training

2. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

Description of Violation

Staff person █, who is the home's administrator, has not successfully completed █ Administrator Orientation.

Plan of Correction

Accept (█ - 09/15/2023)

Personal Care Home Administrator candidate is registered for 9/8/2023 Administrator Orientation through the Department of Human Services. Candidate will submit orientation certificate after completion of training on 9/8/2023 to so they canbe instated as Administrator of this facility. Director of Personal Care Homes will receive a copy of Personal Care Home Administrators Orientation training on 9/8/2023 to verify that training was completed by the PCHA. Director of Personal Care Homes completed education with Personal Care Home Administrator candidate on the importance of completing the training. This education was completed on 8/11/23 and documented on a supervisory conference form. Moving forward the Director of Personal Care Homes will review PCHA training to ensure regulations are being met.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented (█ - 10/30/2023)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Bedroom #208 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█ - 09/15/2023)

The residents lamp in room #208 was moved back to the bedside and direct care staff check regularly that the lamp is in place and resident is able to reach lamp. Direct care staff complete room checks throughout their shift to ensure compliance with this chapter. These bedroom checks are completed by marking off on the audit tool that was created to ensure all residents have a lamp that they can reach next to their bed. This audit tool was implemented on 8/12/23 and will occur for 30 days from the date of 8/12/23. The PCHA will check resident's bedrooms weekly to ensure compliance with this chapter and complete an audit for two months to ensure compliance with regulation (8/12/23-10/12/23).

Licensee's Proposed Overall Completion Date: 10/12/2023

Implemented (█ - 10/30/2023)

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were 2 opened, unlabeled, undated bags of cereal in the pantry.

Plan of Correction

Accept (█ - 09/15/2023)

All opened, unlabeled, undated cereal have been removed from the pantry as of 8/11/23 during the annual audit when discovered. The PCHA will get with the kitchen staff and the Supervisor of the Kitchen and complete training on the importance of labeling and dating all leftover foods. This training and education will be documented on a supervisory conference by 9/30/23. Kitchen staff and the supervisor of the kitchen will ensure all items are labeled and dated every day. The Kitchen Staff and The Supervisor of the Kitchen will mark off on the audit tool that they have checked for any foods that are leftovers should be labeled and dated. This audit will occur for two months (8/11/23-10/11/23). PCHA will audit storage areas of the kitchen weekly to ensure compliance with this chapter by also marking the audit tool that they have checked for any leftover food being labeled and dated. This audit by the PCHA will last for two months (8/11/23-10/11/23).

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented (█ - 10/30/2023)

103i - Outdated Food

5. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

103i - Outdated Food (continued)

Description of Violation

There was an dented 106 oz can of pizza sauce dated 5/1/23 in the pantry.

Plan of Correction

Accept (█ - 09/15/2023)

The Personal Care Home Administrator removed the dented can of pizza sauce from the pantry on 8/11/2023. Kitchen staff and the kitchen supervisor will ensure all items are up to code daily by logging on an audit tool that there are no dented cans in the pantry for a period of 60 days (8/11/23-10/11/23). The PCHA will audit storage areas of the kitchen weekly to ensure compliance with this chapter for 60 days (8/11/23-10/11/23) and document findings on the audit tool.

Licensee's Proposed Overall Completion Date: 10/11/2023

Implemented (█ - 10/30/2023)

171b5 - First Aid Kit

6. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the vehicle used to transport residents does not include a thermometer, mouth guard or eye shield.

Plan of Correction

Accept (█ - 09/15/2023)

The Personal Care Home Administrator added a thermometer, mouth guard, and eye shield to the first aid kit in the vehicle on 8/28/2023. The PCHA will monitor weekly using an Excel spreadsheet tool to audit to ensure all items are present in the first aid kit in the vehicle for 60 days (8/28/23-10/28/23). The PCHA will conduct training with all employees to review the importance of having specified items in the first aid kit as per regulation 2600.96. This training will be completed by 9/20/23 and documented on a supervisory conference.

Licensee's Proposed Overall Completion Date: 10/28/2023

Implemented (█ - 10/30/2023)