

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

March 6, 2024

[REDACTED]
WRC PENNSYLVANIA MEMORIAL HOME
[REDACTED]

RE: HIGHLAND OAKS AT WATER RUN
300 WATER RUN ROAD
CLARION, PA, 16214
LICENSE/COC#: 44768

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/26/2023, 09/27/2023, 11/06/2023 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: *HIGHLAND OAKS AT WATER RUN* License #: *44768* License Expiration: *02/03/2024*
 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] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *65* Waking Staff: *49*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *11/06/2023*

Inspection Dates and Department Representative

09/26/2023 - On-Site: [REDACTED]
 09/27/2023 - On-Site: [REDACTED]
 11/06/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *72* Residents Served: *58*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *9*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

09/26/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/07/2023*

Inspections / Reviews *(continued)*

12/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/03/2024

01/03/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/28/2024

03/06/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED], there were 56 residents in the home, including [REDACTED] residents with mobility needs that require the assistance of 1 staff person to evacuate in an emergency, and 1 resident who requires the assistance of 2 staff persons to evacuate in an emergency. On [REDACTED] from 3:00 a.m. to 5:00 a.m., there were only 2 direct care staff persons working in the home to provide care for residents and to evacuate and supervise residents in the event of an emergency.

On [REDACTED] there were 57 residents in the home, including 6 residents with mobility needs that require the assistance of 1 staff person to evacuate in an emergency, and [REDACTED] resident who requires the assistance of 2 staff persons to evacuate in an emergency. From [REDACTED] on [REDACTED] to 5:00 a.m. on [REDACTED], there were only 2 direct care staff persons working in the home to provide care for residents and to evacuate and supervise residents in the event of an emergency.

On [REDACTED], there were 57 residents in the home, including 6 residents with mobility needs that require the assistance of 1 staff person to evacuate in an emergency, and [REDACTED] resident who requires the assistance of 2 staff persons to evacuate in an emergency. From [REDACTED] on [REDACTED] to 5:00 a.m. on [REDACTED] there were only 2 direct care staff persons working in the home to provide care for residents and to evacuate and supervise residents in the event of an emergency.

Plan of Correction

Accept [REDACTED] 12/27/2023)

The PCHA will be responsible for this plan of correction. Beginning on 11/28/23 through 1/28/24, when the Resident Care Coordinator (RCC) completes the staff schedules, they will be reviewed by the PCHA weekly to ensure that there are three staff members working from 11p.m. -5:00 a.m. The PCHA will initial off on the staff schedule which will be another way to hold the RCC accountable so we can ensure the needs of the residents are being met as stated in regulation 2600 60a.

Licensee's Proposed Overall Completion Date: 01/28/2024

Implemented [REDACTED] - 03/06/2024)

132g - Fire Drills Days/Times

2. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

Staff schedules indicate the minimum number of staff scheduled in the home between 11:00 p.m. and 5:00 a.m. is two, as evidenced on [REDACTED] from 3:00 a.m. to 5:00 a.m., from 11:00 p.m. on 9/9/23 to 5:00 a.m. on [REDACTED], and from 11:15 p.m. on [REDACTED] to 5:00 a.m. on [REDACTED]. However, the home's fire drill records indicate the minimum number of staff participating in fire drills is three staff persons, as evidenced during the drills conducted on [REDACTED] at 2:30 p.m., [REDACTED] at 3:00 p.m., [REDACTED] at 5:00 p.m., [REDACTED] at 10:30 a.m., [REDACTED] at 7:00 p.m. and [REDACTED] at 4:44 a.m.

132g - Fire Drills Days/Times (continued)

Plan of Correction

Accept [REDACTED] 01/03/2024)

The PCHA will be responsible for this plan of correct. The PCHA will meet with the Maintenance Department by [REDACTED], who overseer's the fire drill process at the facility to complete education on the importance of ensuring that fire drills be held when additional staff persons are not present and not routinely held at times when resident attendance is low. The meeting will be documented on a supervisory conference form by the PCHA by [REDACTED]. The PCHA will review the documentation for a fire drill each time a drill is completed (monthly) to ensure that extra staff persons are not present, and the drill was held on different days of the week, at different times of the day and night. The PCHA will sign off on the fire drill form that the Maintenace department fills out after each fire drill for three months (December 2023-February 2024) to ensure that we are meeting 2600 regulation 132.g. If the PCHA finds there is an issue with not meeting the regulation after review of the fire drill form, the PCHA will immediately address the issue with the Maintenance Department and redo the fire drill, so we are in compliance with regulation. The fire drill will be redone within a week's time frame. The reviews of the monthly fire drills from December 2023-February 2024 will be discussed at the home's next quality management meeting to be held by 2/29/24. Thereafter, the fire drills will be included in each of the home's periodic quality management reviews.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented (SQ - 03/06/2024)

142d - Secure Preventative Care

3. Requirements

2600.

142.d. The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

Description of Violation

On [REDACTED] resident [REDACTED] physician prescribed a hospital bed for use day and night as needed for decompensation, pneumonia, and shortness of breath when supine. However, the home did not arrange for or assist the resident to obtain a hospital bed.

Plan of Correction

Accept [REDACTED] - 12/27/2023)

The PCHA will be responsible for this plan of correction. The PCHA will meet with the Resident Care Coordinator (RCC) by [REDACTED] to discuss the importance of assisting residents with securing preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse. This education will be documented on a supervisory conference form by the PCHA. The RCC will go through the current residents that are living at the PCH to ensure that no physician, physician assistant or certified registered nurse has prescribed a hospital bed. The findings will be reviewed by the PCHA no later than [REDACTED]. If it found that we have a prescribed order from a physician, physician's assistant or certified registered nurse, this order will be filled immediately and followed up on by the PCHA and RCC by [REDACTED]. Going forward, the RCC will make sure that all orders that come in for the residents for a hospital bed are being filled immediately and if an issue arises, the RCC will get the PCHA involved to resolve any issues related to the order of a hospital bed, so we are in compliance with 2600 Regulation 142.d.

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

Implemented [REDACTED] - 03/06/2024)

183e - Storing Medications

4. 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 [redacted], resident [redacted] was not labeled with the date it was opened. The manufacturer's instructions indicate the medication expires 28 days after opening.

Plan of Correction

Accepted [redacted] - 12/27/2023)

The Resident Care Coordinator (RCC) will be responsible for this plan of correction. Resident [redacted] was removed from the medication cart on [redacted] by the RCC and disposed of the medication. The RCC contacted residents primary care physician and ordered a new [redacted] on [redacted]. The RCC created an audit tool for the [redacted] on [redacted]. This audit tool will be used for two months [redacted] [redacted]). The RCC will review each resident that has a [redacted] [redacted] to ensure that the [redacted] is labeled with the date the [redacted] was opened. Any [redacted] found that is not labeled when the audit is completed by the RCC will be disposed of and the residents primary care physician will be contacted (immediately) by the RCC to get another order for a [redacted].

Licensee's Proposed Overall Completion Date: 01/02/2024

Implemented [redacted] - 03/06/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident [redacted] was prescribed [redacted], 1 by mouth once daily for allergies on [redacted]. This medication was discontinued by her physician on [redacted]; however, the home failed to update resident [redacted] and [redacted] medication administration record (MAR) to indicate the medication was discontinued, and documented on the July 2023 MAR and August 2023 MAR that the medication was administered to the resident through [redacted].

Plan of Correction

Accepted [redacted] - 12/27/2023)

The Resident Care Coordinator (RCC) will be responsible for this plan of corrections. A medication cart audit tool was created by the RCC on [redacted], which list all the medications a resident should be currently taking. The RCC will compare the audit tool that list the current medications listed to the actual medications kept in the medication cart. This audit will be done twice weekly by the RCC to ensure that there are no discontinued medications in the med cart. This audit tool will be used from [redacted]. The PCHA met with the RCC to discuss the importance of taking discontinued medications out of the medication cart and updating the residents MAR to reflect a discontinuation of a medication. This meeting was documented on a supervisor conference note dated [redacted].

Licensee's Proposed Overall Completion Date: 01/15/2024

Implemented [redacted] 03/06/2024)