

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

January 24, 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 11/01/2023, 11/02/2023 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 TWP*  
 Type: *Other* Date: *05/26/2016* Issued By: *Bureau Veritas North America*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *60* Waking Staff: *45*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *11/02/2023*

**Inspection Dates and Department Representative**

11/01/2023 - On-Site: [REDACTED]  
 11/02/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *72* Residents Served: *56*

**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: *56*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *4* Have Physical Disability: *1*

**Inspections / Reviews**

11/01/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/12/2023*

Inspections / Reviews *(continued)*

11/28/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/26/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/26/2023

01/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/26/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

63a - First Aid/CPR Training

1. 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 10/22/23, from 7:00 am.- 3:00 pm., 56 residents were present in the home. During this time only [redacted] staff person was certified in first aid.

On 10/22/23, from 3:00 pm. - 7:00 am., 56 residents were present in the home. During this time no staff person was certified in first aid and CPR.

On 10/27/23, from 7:00 am. - 3:00 pm., 56 residents were present in the home. During this time only no staff person was certified in first aid and only one staff person was certified in CPR.

On 10/27/23, from 3:00 pm. - 7:00 am., 56 residents were present in the home. During this time no staff person was certified in first aid and CPR.

On 10/29/23, from 7:00 am. - 3:00 pm., 56 residents were present in the home. During this time only [redacted] staff person was certified in CPR.

On 10/29/23, from 3:00 pm. - 7:00 am., 56 residents were present in the home. During this time only [redacted] staff person was certified in first aid and CPR.

Plan of Correction

Accept [redacted] 11/28/2023)

The Resident Care Coordinator (RCC) will be responsible for this plan of correction. The PCH just had [redacted] staff members attend CPR/Obstructive Airway Techniques and First Aid on [redacted]. The RCC received the certificates of training that verifies they attended the trainings. This allows the PCH now to have [redacted] staff on all shifts that are certified in CPR/Obstructive Airway Techniques and First Aid. Staff members A, B, and C will attend CPR training on [redacted] and will attend training on Obstructive Airway Techniques and First Aid on [redacted]. Training certificates will be given to the RCC that will demonstrate that these staff members A,B, and C received the training identified. The RCC will develop an audit tool that will track all staff members training dates for First Aid/Obstructive Airway Techniques/First Aid. This will be completed by [redacted]. Any staff member the RCC finds that does not have these identified trainings will be registered for the CPR class on [redacted] and on [redacted] for the Obstructive Airway and First Aid training classes. The RCC will collect the training certificates from those staff members who attend the trainings n [redacted] and [redacted] as proof they attended the trainings.

Licensee's Proposed Overall Completion Date: 01/26/2024

Implemented [redacted] - 01/24/2024)

65b - Rights/Abuse 40 Hours

2. 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:

65b - Rights/Abuse 40 Hours (continued)

**Description of Violation**

Staff person A completed ██████ 40th scheduled work hour. However, this staff person did not complete training in the following topics:

- \* Emergency Medical Plan
- \* Reporting of Incident Incidents and Conditions

**Plan of Correction**

Accept ██████ 11/28/2023)

The Resident Care Coordinator (RCC) or designee will be responsible for this plan of correction. The RCC will ensure that all new employees are getting the personal care home "New Hire Checklist" on the first day of employment. The RCC or designee will be providing the employee with training in the following areas that are listed on the "New Hire Checklist": 1. Emergency Medical Plan 2. Reporting of Incident and Conditions within the first 40 hours of employment. Staff person A received Emergency Medical Plan and Reporting of Incident and Conditions trainings on ██████ from the RCC. The RCC or designee will create and audit tool that will track all current staff members and any new staff members to ensure they are receiving emergency Medical Plan and Reporting of Incident and Conditions within the first 40 hours of employment by ██████. This tool will be created by the RCC and utilized from ██████. The PCHA will review audit tool on ██████ to see what current staff members need Emergency Medical Plan and Reporting of Incident and Conditions trainings. Whatever staff members are identified from the audit tool that the RCC completed that need the trainings, those staff members will have the trainings completed by ██████ and the RCC will be providing those trainings to those staff members. A training sign-up sheet with the RCC signature and PCHA signature will be used to verify those staff members received the trainings.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented ██████ - 01/24/2024)

65e - 12 Hours Annual Training

**3. Requirements**

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

**Description of Violation**

Direct care staff person B did not receive any hours of annual training in training year 2022.

**Plan of Correction**

Accept ██████ - 11/28/2023)

The Resident Care Coordinator (RCC) will be responsible for the plan of correction. Staff person B received the 12 hours of annual training in 2023 but did not have these training in 2022. We have documentation of the trainings that this staff person attended in 2023. The RCC or designee will create an audit tool that will review all current staff members to ensure that the 12 hours of annual training is completed on all staff members by ██████. If any staff member is found not to have the 12 hours of annual training, they will receive the 12 hours or hours short by ██████. The RCC or designee will provide the trainings to those staff members who are short the annul 12 hours of training which will be documented on a training sign-up sheet with date and signatures of those in attendance. The training audit tool will be utilized by the RCC or designee from ██████.

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

Implemented ██████ - 01/24/2024)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person C did not receive any of the required training during training year 2022.

Plan of Correction

Accept [redacted] - 11/28/2023)

The PCHA or designee will be responsible for the plan of correction. Staff person C will receive the following trainings.

1. Fire safety
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act.
5. Falls and accident prevention.

from the PCHA or designee by [redacted]. These trainings will be documented on a training sign-up sheet with signatures and dates the training were completed. The PCHA or Administrative Assistant will ensure that all new employees are getting the personal care home "New Hire Checklist" on the first day of employment. PCHA or designee will be providing all new staff members with training in the following areas within the first 40 hours of employment:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act.
5. Falls and accident prevention.

When the PCHA or designee has completed the training of a new staff member, 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.

Licensee's Proposed Overall Completion Date: 12/24/2023

Implemented [redacted] 01/24/2024)

101j7 - Lighting/Operable Lamp

5. 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

On [REDACTED], there was no source of light that could be turned on/off at bedside in bedroom [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/28/2023)

The Resident Care Coordinator will be responsible for this plan of correction. On [REDACTED], the RCC placed a lamp in room [REDACTED] next to residents bed that is within reach. The RCC or designee will complete an audit tool and all resident's bedrooms will be checked to ensure the resident has an operable lamp within reach of their bed. This audit tool will be used from [REDACTED]. This audit tool will be completed daily by the RCC. The PCHA will periodically check resident bedrooms for an operable lamp next to the resident's bed.

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented [REDACTED] - 01/24/2024)

105g - Lint Removal and Duct Cleaning

6. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [REDACTED] there was an approximate 1/8-inch accumulation of lint in the lint trap of the dryer in the first-floor common area. There were no clothes in the dryer at the time.

Plan of Correction

Accept [REDACTED] - 11/28/2023)

The Resident Care Coordinator (RCC) or designee will be responsible for this plan of correction. On [REDACTED], the lint trap on first-floor common area was cleaned out by the Maintenance department. An audit tool was developed to ensure all dryer lint traps are cleaned each shift (11p-7a, 7a-3p and 3p-11p). This audit tool (dryer vent checklist) was implemented on [REDACTED] and will be utilized until [REDACTED]. The staff members on those shifts will sign off on the dryer vent checklist, audit tool, which will indicate they cleaned out the dryer vent for that shift. The audit tool will also be signed off on by the RCC daily to ensure the dryer vents are being cleaned each shift without exception by the staff members on those shifts.

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

Implemented [REDACTED] - 01/24/2024)

141a - Medical Evaluation

7. Requirements

141a - Medical Evaluation (continued)

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED] No medical evaluation was completed.

Plan of Correction

Accept [REDACTED] - 11/28/2023)

The Resident Care Coordinator is responsible for this plan of correction. Resident [REDACTED] medical evaluation was completed on [REDACTED]. Training was completed with the RCC by the PCHA on [REDACTED] on DME's being done on time and done correctly. An audit tool was created by the RCC that will be used to look at current resident DME's to ensure the DME's are being done on time and are completed accurately. This audit tool will be used from [REDACTED] [REDACTED]. The PCHA will look at the audit tool and initial audit tool to ensure that all current residents to include new admissions as they come into the facility have completed DME's.

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

Implemented [REDACTED] - 01/24/2024)

171b5 - First Aid Kit

8. 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

On [REDACTED], the first aid kit in the van used to transport residents did not include scissors, breathing shield, and eye coverings.

Plan of Correction

Accept [REDACTED] - 11/28/2023)

The PCHA or designee will be responsible for this plan of correction. On [REDACTED], the PCHA went out and bought scissors, breathing shield and eye coverings. The items bought were placed in the first aid kit. and the first aid kit was placed back in the van that transports residents by the PCHA on [REDACTED]. An audit tool was created that will ensure all items that belong in the first aid kit are in the first aid kit. This audit tool was created by the RCC and will be used for one month and the tool will be used daily. The RCC began to use this audit tool on [REDACTED] and will use this audit tool until [REDACTED]

Licensee's Proposed Overall Completion Date: 12/05/2023

Implemented [REDACTED] 01/24/2024)

187b - Date/Time of Medication Admin.

9. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. (continued)

Description of Violation

On [redacted], at 5:00 pm. and 10:00 pm., resident [redacted] was not administered [redacted] every 4 hours as needed. However, the resident's November 2023 medication administration record (MAR), was initialed by staff as given.

On [redacted], at 10:00 pm., resident [redacted] was administered the medication, [redacted] every 4 hours as needed. However, the resident's November 2023 medication administration record (MAR), was not initialed by staff as given.

Plan of Correction

Accept [redacted] 11/28/2023)

The PCHA and Resident Care Coordinator (RCC) will be responsible for this plan of correction. The employee who was responsible for administering resident #3 medications was met with by the PCHA and RCC on [redacted]. The PCHA and RCC retrained this employee on medication administration, specifically on recording medication at the time the medication was administered on [redacted]. The PCHA and RCC extended this employee probation period by 30 days. This employee will be on probation until [redacted]. This employee will be monitored closely by the PCHA and RCC to ensure medications are being recorded and administered properly. The PCHA developed an audit tool that will be utilized for two months from [redacted]. This audit tool will look at the residents MAR and the resident's medications to ensure that the medications are being administered and recorded correctly on the MAR. This audit tool check will be completed by the PCHA on a daily basis for all residents receiving NARCS. A training on proper medication administration was completed by the PCHA and RCC on [redacted] with all med techs (employees responsible for administering medications to the residents). This training was documented on a supervisory conference.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented [redacted] 01/24/2024)

225c - Additional Assessment

10. Requirements

- 2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident [redacted] current assessment was completed on [redacted]

Plan of Correction

Accept [redacted] - 11/28/2023)

The Resident Care Coordinator (RCC) will be responsible for this plan of correction. Resident [redacted] assessment was completed on [redacted]. The RCC created an audit tool that list each resident's name and when their assessment is due. The RCC will use this audit tool from [redacted] that will identify those residents that need updated assessments. The PCHA will initial the audit tool weekly to help provide oversight that the assessments are getting done on time after the RCC reviews the audit tool daily by initially their initials. The PCHA completed training on the importance of ensuring residents assessments are completed on time per regulation. This training that was completed with RCC was documented on a supervisory conference form.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented [redacted] 01/24/2024)

227d - Support Plan Medical/Dental

11. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED] support plan, dated [REDACTED], did not address the resident's use of oxygen, 2 liters continuous, and how the home will meet this need.

Plan of Correction

Accept [REDACTED] 11/28/2023)

The Resident Care Coordinator (RCC) is responsible for this plan of correction. Resident [REDACTED] support plan was updated on [REDACTED] with the following information: the resident's use of oxygen, 2 liters continuous and how the home will meet this need. The RCC created an audit tool that will list each resident's name and when the resident's support plan needs updated. This will include any ADL changes with the residents or their annual update to the support plan. This audit tool was developed on [REDACTED] and will be utilized by the RCC until [REDACTED]. The RCC will initial the audit tool daily after reviewing the tool to see what support plans are due. The PCHA will also review audit tool by initially the audit tool weekly to provide support and to also ensure the support plans are done in a timely manner.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [REDACTED] - 01/24/2024)

251b - Record Entries Legible

12. 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

On [REDACTED], the prescreening for resident [REDACTED], admitted [REDACTED], was not dated for completion date.

Plan of Correction

Accept [REDACTED] 11/28/2023)

The Resident Care Coordinator will be responsible for this plan of correction. The prescreen for resident [REDACTED] is now dated with a date for the prescreen (NEED DATE) The RCC created an audit tool that will list each resident's name and when the date of the prescreen was due. The RCC will then review all prescreens for current residents to ensure that there are dates on the prescreen. This will be completed by [REDACTED]. This audit tool will include all new admissions to the facility. The PCHA will review the findings of the prescreen on [REDACTED] and if any prescreens are found not to be dated, the PCHA will work with the RCC to get dates on the prescreens by [REDACTED].

Licensee's Proposed Overall Completion Date: 12/11/2023

Implemented [REDACTED] - 01/24/2024)