

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

November 19, 2024

[REDACTED], PRESIDENT/CEO  
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 08/22/2024 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: *12/17/2024*  
 Address: *612 KECK AVENUE, NEW BETHLEHEM, PA 16242*  
 County: *CLARION* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: *WRC PENNSYLVANIA MEMORIAL HOME*  
 Address: [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: *29* Waking Staff: *22*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/22/2024*

**Inspection Dates and Department Representative**

08/22/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *71* Residents Served: *22*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *3*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *22*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *7* Have Physical Disability: *0*

**Inspections / Reviews**

08/22/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2024*

09/25/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *11/08/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/27/2024*

Inspections / Reviews *(continued)*

10/18/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/08/2024

11/19/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 63a - First Aid/CPR Training

**2. 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 8/15/24, from 6:00 am.-8:00 am. and 6:00 pm.-6:00 am. 15 residents were present in the home. During this time no staff persons were present in the home who was certified in First Aid.*

*On 8/16/24, from 6:00 am.-8:00 am. and 4:00 pm.-6:00 am. 15 residents were present in the home. During this time no staff persons were present in the home who was certified in First Aid.*

*On 8/17/24, from 5:00 pm.-6:00 am. 15 residents were present in the home. During this time no staff persons were present in the home who was certified in First Aid.*

**Plan of Correction**

**Directed ( [REDACTED] - 10/18/2024)**

*This Administrator will assure all staff receive the First Aid training through Penn Highlands Healthcare. A record will be kept in the facility by the Resident Care Coordinator and a staff will receive this training within their first 14 days of training.*

*Trainings are scheduled monthly by Penn Highlands Healthcare. As a staff is hired, they will be sent to the first available training each month. If a staff is hired October 17, they will attend the next available session for that month. The next available class is October 28, 2024.*

*A schedule of classes is being submitted and will remain a part of the Staff Training Plan for this facility. The administrator will assure all staff attend.*

*The administrator will audit staff files to assure all staff are certified in a timely manner.*

*Proposed Overall Completion Date: 10/17/2024*

**DIRECTED PLAN**

*By 11/1/24: The administrator or designee shall ensure sufficient staff persons are trained in first aid and certified in obstructed airway techniques and CPR so that there is always at least one staff person present in the building for every 50 residents. Documentation of any additional CPR/First Aid training shall be kept.*

*By 11/1/24 and weekly thereafter: the administrator or designee shall check the schedule to ensure at least one*

63a - First Aid/CPR Training (continued)

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.

Directed Completion Date: 11/01/2024

Implemented [redacted] - 11/19/2024)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff person A did not receive training in meeting needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation, and support plan during training year 2023.

Plan of Correction

Accept [redacted] - 10/18/2024)

The preadmission screening form, assessment tool, medical evaluation and support plan training has been added to all staff's Net Learning profile to be completed in this training year by 12/30/2024.

This Administrator will keep record of all staff's training through the Net Learning Platform.

An audit of staff files will be completed by the administrator every three months to assure staff are meeting training requirements for the training year per the facility Staff Training Plan.

Licensee's Proposed Overall Completion Date: 10/17/2024

Implemented [redacted] - 11/19/2024)

88a - Surfaces

4. 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

There is an approximate 1/2-inch hole on the outer side of the bathroom door near the hinges in bedroom #205.

88a Surfaces (continued)

Plan of Correction

Accept ( ) - 10/18/2024

The maintenance department will assure the hole is patched. This particular hole was patched 9/30/2024.

The administrator will host a "walk through" of the facility every month on the 15th of the month to assure all issues are fixed in a timely manner.

The maintenance department will be alerted of any issues and they will be fixed within a week of notification of the issue.

The administrator will keep a record of dates maintenance issues are given to the maintenance department and dates of completion.

Licensee's Proposed Overall Completion Date: 10/17/2024

Implemented ( ) - 11/19/2024

121a - Unobstructed Egress

5. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 8/22/24, at 10:39 am., the emergency exit door leading from the dining room to the courtyard required excessive force to open.

Plan of Correction

Accept ( ) - 10/18/2024

The maintenance department lubricated all hinges on the exit doors to assure they are easy to open and close on 9/21/2024.

The Maintenance department will check all exit doors on a monthly basis to assure egress.

The administrator will document all egress checks are completed monthly by communicating with the maintenance department and documenting this for a period of one year.

Licensee's Proposed Overall Completion Date: 10/17/2024

Implemented ( ) - 11/19/2024

132b - Safety Inspection/Fire Drill

6. 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 last fire drills and fire safety inspections observed by a fire safety expert were conducted on 7/1/24 and 6/14/2023.

Plan of Correction

Accept [redacted] - 10/18/2024)

The fire department certified that they completed the fire inspection within the time frame of 6/14/2024, but did not sign the document until a month later on 7/1/2024 when the fire chief was available to come sign it. This Administrator will ensure the safety inspection and certification is completed and signed before the due date each year. Next year's safety inspection is scheduled for June 5, 2025.

The administrator will schedule the training each year with the fire department and write it on the facility yearly calendar. The month prior to the inspection, the administrator will reach out to the fire department as a reminder. This will also be on the facility calendar.

Licensee's Proposed Overall Completion Date: 10/17/2024

Implemented [redacted] - 11/19/2024)

185a - Implement Storage Procedures

7. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [redacted], at [redacted], resident #2's glucometer was set for [redacted].

Plan of Correction

Accept [redacted] - 10/18/2024)

All glucometers have been calibrated to the correct date and time by the Resident Care Coordinator, [redacted] on [redacted].

Items of this nature will be checked in upon admission of a new resident by [redacted] and correctly calibrated if inaccurate from home use.

[redacted] will document weekly glucometer checks on a checklist in the medication storage room for a period of six months.

Licensee's Proposed Overall Completion Date: 10/17/2024

Implemented [redacted] - 11/15/2024)