

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

June 26, 2025

[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 03/28/2025 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: *02/03/2026*  
 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: *1-2* Date: *05/26/2016* Issued By: *Monroe TWP*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *03/28/2025*

**Inspection Dates and Department Representative**

03/28/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *72* Residents Served: *45*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *45*  
 Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *8* Have Physical Disability: *3*

**Inspections / Reviews**

03/28/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/08/2025*

05/22/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *06/17/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/26/2025*

Inspections / Reviews *(continued)*

06/12/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/20/2025

06/26/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], staff person A received a note from staff person B alleging that resident [REDACTED] was verbally abused by staff while receiving care on [REDACTED]. The home did not report this incident to the Department until [REDACTED].

Plan of Correction

Accept ([REDACTED] - 05/22/2025)

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The plan of correction is prepared and/or executed to meet the requirement in the provision of federal and state laws.

Highland Oaks at Water Run Personal Care recognizes and is dedicated to ensuring the health and welfare of our residents.

When the allegations were received evening of 3/11/2025 the Clarion Area Agency on Aging was contacted through Clarion County 911 Control Center and the after-hours on-call staff from the Clarion Area Agency on Aging was notified. The contact person on-call was [REDACTED] and [REDACTED] called the facility. The allegations were reviewed in detail. The Act 13 paperwork was completed and submitted to the Clarion Area Agency on Aging on 3/12/2025. The BHSL Incident Report was sent to BHSL 3/12/2025. On 3/11/2025, several individuals from other facilities within the organization were also immediately contacted and come on-site to begin interviews and assist with the investigation. The staff member named as perpetrator was immediately suspended. Another staff member was also suspended for failure to report abuse per OAPSA and regulation. Mandatory Education for all staff was held on Reportable Incidents reporting requirements and Toni Forsythe, Protective Services Clarion Area Agency on Aging provided Mandatory all staff training on OAPSA. All new staff will be educated, at time of hire prior to working in their department, of the OAPSA and Reportable Incidents. This will be ongoing with no end date.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ([REDACTED] - 06/26/2025)

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 9:40 a.m., there was an uncovered unattended gray plastic garbage can approximately 1/5 full of refuse immediately next to the food service area’s countertop in the kitchen.

Plan of Correction

Accept ([REDACTED] - 06/12/2025)

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The plan of correction is

85d Trash Receptacles (continued)

prepared and/or executed to meet the requirement in the provision of federal and state laws.

Highland Oaks at Water Run Personal Care recognizes and is dedicated to ensuring the health and welfare of our residents.

The garbage can in the food service area under the countertop lid had been broken and was replaced with same style lid. A new garbage can was purchased, and the old one has been replaced with a foot press activated lid style garbage that allows the staff ease of disposal of coffee grounds and other garbage without the need to remove a lid. This lid is not removable from the receptacle and therefore, the garbage will always remain covered. This is a permanent replacement and will be replaced if become inoperable in the future.

Until the purchase of the new style can, the garbage can with removable swivel lid was audited at the end of each meal service three times for 10 days. Then three times a day every other day for 5 days. Placement of new style can was put into place and can no longer have the lid removed. No further auditing will be necessary with the new style can.

A new garbage can that the lid cannot be removed was purchased and put into service on May 8, 2025. The receipt is attached.

Verbal education was completed with dietary staff on 3/28/2025 and with each staff as they were schedule. Whole house staff education was held on April 15, 2025. Please see attached. PCHA and Dietary manager will continue to ensure the new trash receptacle with non removable lid remains in service and will replace if becomes inoperable.

Licensee's Proposed Overall Completion Date: 06/02/2025

Implemented ( [redacted] - 06/26/2025)

171b5 - First Aid Kit

3. 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 Subaru used to transport residents does not include a breathing shield, thermometer or scissors.

Repeat Violation: [redacted] et al

171b5 - First Aid Kit (continued)

**Plan of Correction**

Accept (█ - 06/12/2025)

*Preparation and/or execution of this plan of correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The plan of correction is prepared and/or executed to meet the requirement in the provision of federal and state laws.*

*Highland Oaks at Water Run Personal Care recognizes and is dedicated to ensuring the health and welfare of our residents.*

*With the identification of the items missing from the First Aid Kit in the Subaru, and with this writer being new to the facility, new First Aid Kits were purchased for the entire building and the Subaru to ensure all items were unexpired and present within the kit. The extra items required by BHSL were also purchased and added to the new First Aid Kits. An audit card of items required by BHSL were created and implemented to ensure all items were present and accounted for within the First Aid Kit. The audit card was completed and dated and placed inside each First Aid Kit. Tamper evident quick break zip ties were placed on each First Aid Kit to be able to identify if the First Aid Kits were opened and items used. This permits for a fast audit to ensure all the contents remain inside unused. If the Tamper evident quick break zip tie is off the First Aid Kit, the kit will be audited and items that were utilized will be replaced for future availability and use. When a First Aid Kit is utilized, the use will be reported to the Wellness Coordinator or Administrator for used items to be replaced. This will be ongoing with no end date.*

*Proposed Overall Completion Date: 06/02/2025*

*By 6/20/25: All staff persons who use the vehicles to transport residents shall be educated on this regulation and the home's policy and procedure to account for all required items in the vehicle's first aid kit. Documentation of the education shall be kept.*

**Licensee's Proposed Overall Completion Date: 06/02/2025**

Implemented (█ - 06/26/2025)