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

July 24, 2025

[redacted] BOARD MEMBER
WATSON MEMORIAL HOME
1200 CONEWANGO AVENUE
WARREN, PA, 16365

RE: WATSON MEMORIAL HOME
1200 CONEWANGO AVENUE
WARREN, PA, 16365
LICENSE/COC#: 44412

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2025 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: *WATSON MEMORIAL HOME* **License #:** *44412* **License Expiration:** *06/14/2026*

Address: *1200 CONEWANGO AVENUE, WARREN, PA 16365*

County: *WARREN* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *WATSON MEMORIAL HOME*

Address: *1200 CONEWANGO AVENUE, WARREN, PA, 16365*

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *04/05/1982* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *17* **Waking Staff:** *13*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *07/01/2025*

Inspection Dates and Department Representative

07/01/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* **Residents Served:** *14*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *3* **Are 60 Years of Age or Older:** *14*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *3* **Have Physical Disability:** *1*

Inspections / Reviews

07/01/2025 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/21/2025*

07/16/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/22/2025*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/23/2025*

Inspections / Reviews *(continued)*

07/21/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/22/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/11/2025*

07/24/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *07/22/2025*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

88a - Surfaces

1. 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

The door exiting to the rear of the building could not be opened easily and did not close completely.

Plan of Correction ***Accept (- 07/21/2025)***

Seaway Windows was contracted on May 19, 2025 to replace the exiting door. We are on their schedule within the next month. Requirements 2600
88a
The door exiting to the rear of the building could not be opened easily and did not close completely.
Action: The rear door was adjusted by our Maintenance Director, [redacted] *on July 18, 2025, which allowed easier opening and ensuring it closes securely.* [redacted] *Administrator placed a sign on the door indicating the door's condition and instructing staff to use caution until full repairs are complete by Seaway Windows.*
Corrective Action: Seaway Windows was contracted on May 19, 2025, to replace the door including the door frame, and replacement of faulty closing and opening mechanisms. The replacement will ensure that the door opens and closes properly without obstruction.
Preventative Action: A monthly door inspection will be included on the Maintenance Director's checklist as part of routine facility maintenance. Maintenance Director, [redacted] *will include monthly lubrication and alignment checks of all exit doors.*
Caution- Door Maintenance in Progress
This door does not open and close securely currently. Please use extra caution when opening and closing. Replacement of this door is scheduled by Seaway Windows and will be completed shortly. We apologize for the inconvenience.
For questions or concerns, contract [redacted] *Maintenance Manager at* [redacted]
Immediate Action: The rear door was adjusted by our Maintenance Director, [redacted] *on July 18, 2025, which allowed easier opening and ensuring it closes securely.* [redacted] *Administrator placed a sign on the door indicating the door's condition and instructing staff to use caution until full repairs are completed by Seaway Windows.*
Corrective Action: Seaway Windows was contracted on May 19, 2025, to replace the door including the door frame, and replacement of faulty closing and opening mechanisms. The replacement will ensure that the door opens and closes properly without obstruction.
Preventative Action: A monthly door inspection will be included on the Maintenance Director's checklist as part of routine facility maintenance. Maintenance Director, [redacted] *will include monthly lubrication and alignment checks of all exit doors.*

Licensee's Proposed Overall Completion Date: *07/18/2025*

Implemented (- 07/24/2025)

123b - Emergency Procedures Posted

2. Requirements

2600.
123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

123b - Emergency Procedures Posted *(continued)*

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept (- 07/21/2025)***

The home's emergency procedure plan book has always been available in the visitor's sitting room however it is being moved to the front entrance. Please see attached picture.
Immediate Action: The home's emergency procedure plan book was moved from the visitor's sitting room to the building's front entrance on July 16, 2025 , by Administrator. A permanent wall-mount rack was implemented.
Corrective Action: A designated wall-mount holder was installed near the main front door, and the Emergency Procedure Plan Book was securely placed inside. This was completed on July 16, 2025 by Administrator. Signage was also posted to clearly identify the location. Signage was also posted on staff bulletin board stating that the Emergency Procedure Plan Book was moved from the visitor's room to the front entrance.
Preventative Action: All safety documents and emergency procedure materials will be reviewed for proper placement by Administrator during her morning and evening walk throughout the building daily.

Licensee's Proposed Overall Completion Date: *07/18/2025*

Implemented (- 07/24/2025)

132c - Fire Drill Records

3. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record does not include the time of the fire drills conducted on 6/23/25, 5/23/25 and 10/15/24.

Plan of Correction ***Accept (- 07/21/2025)***

The staff member responsible for conducting and documenting the fire drill was immediately reminded of the requirement to record date, time, type of drill, and staff count. The omission was corrected and documentation was reviewed for completeness. The administrator will review each fire drill log within 24 hours of completion to verify all fields are accurately completed. Any discrepancies will be addressed immediately.
Immediate Action: Maintenance Director responsible for the fire drill immediately reviewed the event and documented the exact time the drill was conducted on the original record. This was corrected on July 1 after the omission was found.
Corrective Action: Maintenance Director who conducts and records the fire drills was retrained by Administrator on July 1 of the importance of completing all required fields, including the date, time, and details of the drill.
Preventative Action: Maintenance Director will record immediately following the drill the documentation on the fire drill checklist and give to the administrator to review for accuracy before filing.

Licensee's Proposed Overall Completion Date: *07/18/2025*

Implemented (- 07/24/2025)

132h - Designated Meeting Place

4. Requirements

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Resident #1 did not evacuate during the fire conducted on 2/14/25 at 4:06 p.m.

Plan of Correction ***Accept (- 07/21/2025)***

Please see attached policy which staff is signing and acknowledging that if a hospice patient is actively dying, nursing will get a Physician order from their primary care physician. The physician will provide written documentation that the resident is actively dying and may suffer bodily injury or a hastened death because of participation in a fire drill. This is a short term order.
Immediate Action: If a resident is on hospice and actively dying nursing will get a physician order from their primary care physician. The physician will provide written documentation that the resident is actively dying and may suffer bodily injury or a hastened death because of participation in a fire drill. This is a short-term order. On July 14, 2025, staff was trained by [redacted] Director of Nursing of this policy and staff signed the record of training. (This resident has deceased and there are no resident's in the home that are on hospice).
Corrective Action: The resident's care plan and the emergency evacuation plan will be reviewed and updated to clearly state that they are exempt from physical evacuation due to hospice status. Staff were educated on July 14, 2025 by [redacted] Director of Nursing to account for and document non-evacuating residents during all drills, with a clear reason noted.
Preventative Action: Going forward, a resident with medical or hospice related non evacuation status will be discussed prior to each scheduled drill by [redacted] Director of Nursing, [redacted] Administrator , and [redacted] Maintenance Director. Policy and Procedure on Hospice Care and fire drills is attached.

Licensee's Proposed Overall Completion Date: *07/18/2025*

Implemented (- 07/24/2025)

183d - Prescription Current

5. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

There was a 0.5 ounce bottle of Earwax removal 6.5% solution in the cart for resident #2. However the medication was discontinued on 3/23/25

Plan of Correction ***Accept (- 07/21/2025)***

When a medication has been discontinued or has a time frame for when to stop, the medication card or box must be removed from the cart.
Nursing will do a monthly audit of medications in the cart with the MAR. They will make sure there are no expired medications, and all medications are in the cart. Please see attached policy and signatures of acknowledgements from nursing staff are being obtained by Director of Nursing.
Immediate Action: On 7/1/2025 [redacted] Director of Nursing removed the Earwax Removal and wasted it in the garbage before the inspector left the medication office.
Corrective Action: On 7/14/2025 [redacted] Director of Nursing had a written in service for all nursing staff to read and sign. Med Techs and LPNs were given more verbal information when they completed the written in

183d - Prescription Current (continued)

service to make sure discontinued or time limited medications are removed after the last dose is given.
Preventative Action: On 7/14/2025 LPN and Med Tech on the night shift are to do a monthly audit of all medications in the cart with the MAR. They will make sure to check for all expired medications, any missing medications, and remove any medications in the cart that have been discontinued but removing was overlooked. All nursing staff have been instructed to look for discontinued medication and expired medication.

Licensee's Proposed Overall Completion Date: *07/18/2025*

Implemented (- 07/24/2025)

184a - Resident's Meds Labeled

6. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2 is prescribed Gabapentin 300mg - take one capsule by mouth at bedtime for pain. However, the medication label indicates Gabapentin 300mg – take one capsule twice a day for pain.

Resident #2 is prescribed Remeron 15mg – Take one tab by mouth once daily. However, the medication label indicatesMirtazapine 15mg – Take one tab by mouth every evening at bedtime.

Plan of Correction ***Accept (- 07/21/2025)***

Please see the attached policy which the nursing staff is signing to acknowledge that if the physician orders a medication and the pharmacist sends a generic or another name brand that the label must state the medication they sent is for medication the physician ordered.
If the physician makes a change to a medication, the staff will put a change of direction sticker on the card. All staff passing medication will review the MAR and the medication cards.
Immediate Action: On 7/1/2025 Director of Nursing educated staff that any time a physician changes the direction on a current order the staff must put a change of direction label on the card. A change of direction label was put on Resident #2's prescription cards for Gabapentin and Remeron.
Corrective Action: On 7/14/2025 Director of Nursing educated evening shift staff on July 1, 2025, and educated them that a change of direction label was needed on Resident #2's prescription cards for Gabapentin and Remeron. On 7/14/2025 Director of Nursing had a written in service for all nursing staff to read and sign. Med Techs and LPNs were given more verbal information when they completed the written in service, to put the change of direction sticker on the cards.
Preventative Action: On 7/14/2025 Director of Nursing will review change in orders, with the MAR and Medication Cards and make sure change of directions is on the medication card. , LPN, or LPN will be reviewing the change in medication orders and making sure the medication cards have the change in direction labels when Director of Nursing is out of the facility.

Licensee's Proposed Overall Completion Date: *07/18/2025*

Implemented (- 07/24/2025)

187a - Medication Record

7. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 is prescribed Potassium 20MEQ ER – Take one tablet by mouth once daily. However, the resident's June 2025 medication administration record (MAR) indicates Potassium 20MEQ – Take one tablet by mouth once daily

Resident #3 is prescribed Acidophilus – take one capsule by mouth daily for lactose intolerance. However, the resident's June 2025 medication administration record (MAR) indicates Probiotic Capsule – Take one capsule by mouth daily for lactose intolerance – take before eating breakfast.

Plan of Correction ***Accept (- 07/21/2025)***

Please see attached policy and signatures of nursing staff being obtained to review the policy that Physician orders must match exactly what the label on the prescription states.
Immediate Action: On 7/1/2025 Director of Nursing notified , RPh at that on the medication cards the Physician prescribes must be written with the substitute that they send from Pharmacy. Example PCP orders Potassium 20 MEQ and Pharmacy sent Potassium 20 MEQ ER. When Physician orders medication, pharmacy will make needed corrections and add it to the card, and nursing will copy the label exactly from the medication card when t comes in from the pharmacy.
Corrective Action: On 7/14/2025 Director of Nursing has a written Inservice for all nursing staff to rad and sign. Med Techs and LPNs were given more verbal information when they completed the written in service. When Physicians write prescriptions, nursing staff receiving the medication from the pharmacy will write exactly what is on the card on the MAR. All staff passing medications have been trained to review the MAR and the card, even if they are not giving it to check for errors in how it was written.
Preventative Action: On 7/14/2025 Director of Nursing will review new orders, with the MAR and medication cards. , LPN, or , LPN, will be reviewing the new medication cards with the MAR when Director of Nursing is out of the facility.

Licensee's Proposed Overall Completion Date: *07/18/2025*

Implemented (- 07/24/2025)

190a - Completion Medication Course

8. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, does not have documentation of successfully completed the Department-approved medications administration course. However, administered medications to residents to include the following: On 6/14/25 at 9:40 a.m. to resident #4

Plan of Correction ***Accept (- 07/21/2025)***

Please see attached. Going forward all new employees must take the medication administration class and training

190a - Completion Medication Course (continued)

with our trainer.
Immediate Action: On 7/1/2025, [redacted] Director of Nursing informed staff person A that until [redacted] completes the medication administration course with our trainer [redacted] could not pass any medications. Our trainer [redacted] put staff person A into [redacted] medication administration program.
Corrective Action: On 7/16/2025 The Director of Nursing, [redacted] the current medication administration trainer, [redacted] and the next trainer [redacted], who is in the process of setting up to take the class, have been instructed that all new employees with previous training from other facilities must retake the Pennsylvania Dept. of Public Welfare's medication administration course. We must have a complete Summary and Qualification Form with scores on the 40-point written documentation examination, 50 point multiple choice examination, pass the hand washing and gloving skills, and must pass four medication administration observations.
Preventative Action: On 7/16/2025, The Director of Nursing [redacted] will review all the required paperwork with the trainer, [redacted], on our current Med tech employees on their yearly anniversary. The Director of Nursing will review new student's paperwork on the completion of the administration medication program with the trainer [redacted]

Licensee's Proposed Overall Completion Date: *07/18/2025*

Implemented ([redacted] - 07/24/2025)