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

August 14, 2026

[redacted], ADMINISTRATOR
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 07/23/2026 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**: *06/14/2027*

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**: *21* **Waking Staff**: *16*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *07/23/2026*

Inspection Dates and Department Representative

07/23/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* **Residents Served**: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* **Are 60 Years of Age or Older**: *20*

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

Have Mobility Need: *1* **Have Physical Disability**: *0*

Inspections / Reviews

07/23/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/17/2026*

08/13/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/13/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/03/2026*

Inspections / Reviews *(continued)*

08/14/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/13/2026*

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

187a Medication Record

1. Requirements

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

Description of Violation

Resident #1 is prescribed Docosanol 10% cream, apply 5 times daily to cold sore on lip until healed. However, this medication was not on the resident's July 2026 medication administration record.

Plan of Correction ***Accept ([redacted] - 08/13/2026)***

Requirements 2600
187a
Resident was prescribed Docosanol 10% cream, apply 5 times daily to cold sore on lip until healed. The medication was not on the resident's medication administration record.

Immediate Action: Upon identification of the deficiency, the Director of Nursing, [redacted] immediately reviewed the resident's physician's orders and medication records to verify the prescribed topical cream, dosage/frequency, route, and effective date.
The resident's MAR was immediately updated to accurately reflect the current physician's order for the prescribed cream. The resident's mediation orders, and MAR were reviewed to ensure that the medication information was accurate and complete.
The nursing staff members responsible for medication administration were notified of the discrepancy and instructed to follow the current physician's orders and MAR when administering medications. The resident's medication record was reviewed for any additional discrepancies.

Corrective Action: [redacted], Director of Nursing conducted a complete medication record review for the affected resident, including physician orders, medication labels, and the MAR, to ensure that all medications currently prescribed are accurately reflected on the MAR.
In addition, all residents' medication records will be reviewed to identify any discrepancies between current physician orders, pharmacy medication labels, and the MAR. Any discrepancies identified will be corrected promptly in accordance with facility policy and applicable regulations. This has been completed August 10, 2026.
Preventative Action: To prevent recurrence, the facility will implement an enhanced medication record auditing process. The Director of Nursing, [redacted] will have LPNs and Med Techs conduct monthly audits making sure to pull all medications out of the cart and compare the pharmacy medication label with the resident medication records and Physician Orders for accuracy and completeness.

Licensee's Proposed Overall Completion Date: *08/10/2026*

Implemented ([redacted] - 08/14/2026)