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

November 19, 2026

[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 09/23/2026 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: *EDGEWOOD HEIGHTS* **License #**: *44097* **License Expiration**: *12/17/2026*

Address: *612 KECK AVENUE, NEW BETHLEHEM, PA 16242*

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-1* **Date**: *02/07/2013* **Issued By**: *Bureau Veritas N.A. Inc.*

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**: *09/23/2026*

Inspection Dates and Department Representative

09/23/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *71* **Residents Served**: *21*

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**: *21*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *1*

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

Inspections / Reviews

09/23/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/16/2026*

10/09/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *11/04/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/14/2026*

Inspections / Reviews *(continued)*

10/09/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *11/04/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *11/06/2026*

11/19/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/04/2026*

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

190a - Completion Medication Course

1. 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 completed the Department-approved medications administration course on [redacted], however staff person A has not completed a required annual practicum since.

Staff person A administered medications to residents to include the following:
On 9/9/26 at 8:00 AM, staff person A administered Lamotrigine 100mg to resident #1.
On 9/8/26 at 8:00 AM, staff person A administered Carvedilol 6.25mg to resident #2.
On 9/8/26 at 9:00 AM, staff person A administered Amlodipine Besylate 5mg to resident #3.

Plan of Correction ***Accept ([redacted] - 10/09/2026)***

All staff who administers medications have completed the Department-approved medications administration course. Training files will be reviewed by Administrator for completion of a required annual practicum by 10/9/26.

Any med tech without annual practicum will have remediation completed by 10/31/26. Trainer from within the [redacted] organization will be scheduled at the facility to complete needed annual practicum remediation.

Facility Administrator and Resident Care Coordinator will both complete required
Train-the-trainer course by 10/31/26. This will provide the facility with two people certified to complete annual practicum for staff.

Binder and spreadsheet for tracking all Med Tech training and performance-based competency tests will be made by Administrator by 10/31/26. Quarterly practicums will be audited monthly ongoing to ensure that all Medication Administration Technicians remain in full compliance with regulation and their practicums are completed timely.

Licensee's Proposed Overall Completion Date: *10/31/2026*

Implemented ([redacted] - 11/19/2026)