



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to GUARDIAN HEALTHCARE AT CLARION LLC  
LEGAL ENTITY

To operate CLARION HEALTHCARE AND REHABILITATION CENTER  
NAME OF FACILITY OR AGENCY

Located at 999 HEIDRICK STREET, CLARION, PA 16214  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes  
TYPE OF SERVICE TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 40  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
MAXIMUM CAPACITY

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 13, 2017 until September 13, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447971**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 16 2017

Mr. Eddy Inzana,  
President/CEO  
Guardian Elder Care at Clarion, LLC  
8796 Route 219, VSI Building  
Brockway, Pennsylvania 15824

RE: Clarion Health and Rehabilitation Center  
999 Heidrick Street  
Clarion, Pennsylvania 16214  
License #: 447971

Dear Mr. Inzana:

As a result of the Department of Human Services' licensing inspections on September 7, 2016 and September 8, 2016 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Application](https://www.surveymonkey.com/r/BHSL_Application).

Mr. Eddy Inzana

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The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of the first name being a large, stylized capital "J".

Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: Clarion Health and Rehabilitation Center		License Number: 44797
Address: 999 HEIDRICK STREET, CLARION, PA 16214		County: Clarion
Administrator: Ann Winger		Region: WEST
Legal Entity Name: GGNSC CLARION LP		
Legal Entity Address: 999 HEIDRICK STREET, CLARION, PA 16214		
<b>Certificate(s) of Occupancy</b>		
C-1 06/21/1966 Dept of L&I	C-1 05/16/1974 Dept of L&I	C-1 05/16/1974 Dept of L&I
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 32	Waking Staff: 24
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Change Legal Entity		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 09/07/2016: Pfaff, Vicki; Summers, Vicky 09/08/2016: Pfaff, Vicki; Summers, Vicky		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 40 Number of Residents Served: 32 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 30 Have Mental Illness: 7 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 3	

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FEB 20 2017

Violation Report: 44797 - 09/07/2016 - Pfaff, Vicki		WEST REGION FIELD OFFICE	
PCH Name: Clarion Health and Rehabilitation Center		Human Services Licensing	
<p>1. REGULATION 55 Pa.Code §2600</p> <p>2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.</p>			
<p>2a. DESCRIPTION OF VIOLATION</p> <p>On 9/7/16, a copy of Pa Code Title 55 Chapter 2600 was not posted in a conspicuous and public place in the personal care home. A copy of Pa Code Title 55 Chapter 2600 was located in a locked glass wall cabinet in the hallway.</p>			
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</p> <p><i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i></p> <p>Wall pockets were purchased and hung on the wall in the entrance way to the Personal Care facility and the PA Code Title Chapter 2600, the facility Emergency Action Guide and the Clarion Borough Emergency Action Plan was placed in it. Will be monitored by the staff daily using daily room rounds and the Administrator weekly. Copy attached.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>Ann Winger</i> DCHA (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANN WINGER, LPN, PCHA			Date 02/20/17
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>2-28-17</u> (Date)		Plan of correction implementation status as of <u>2-28-17</u> (Date)	
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 44797 - 09/07/2016 - Pfaff, Vicki  
 PCH Name: Clarion Health and Rehabilitation Center

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 9/7/16 at approximately 12:30 p.m., the office door to the administrator's office across from resident room #99 near the main entrance to the home was open and the office was unattended. The following confidential resident information was unlocked and accessible:  
 \*A blue binder containing completed Resident Assessment and Support Plans for current residents of the home was located on the administrator's desk.  
 \*A black binder containing completed resident documentation of medical evaluation forms for current residents of the home was located on the administrator's desk.  
 \*A stack of printed pharmacy physician orders including one for resident #1 was located on a credenza behind administrator's desk.

On 9/8/16 at 9:50 a.m. the medication room was unlocked and unattended. Located on the shelves in the medication room were all 32 resident records to include records for residents #2, #3, #4, and #5 which contained admission records with dates of birth, social security numbers, medical diagnosis, health insurance numbers, documentation of medical evaluations (DME), resident assessment and support plans, physician notes, diagnostic laboratory reports, August medication administration records.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

9/9/16 The automatic closure hinges on the Medication Room were adjusted by the Maintenance Director to ensure the door closes tightly and the automatic locking device engages. Will be monitored daily by staff during daily room rounds and by the Administrator weekly. Any failures will be reported to the Maintenance Director immediately. Both the Medication Room and the Administrator's Office doors will be locked when unattended. All doors marked to signal all staff to pull the doors closed tightly when entering or leaving the room. To be monitored daily on daily room rounds and by the Administrator weekly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Ann Wenger, LPN, PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*ANN WENGER, LPN, PCHA*

Date *02/20/17*

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The above plan of correction is approved as of 2-20-17  
 (Date)

Plan of correction implementation status as of 2-29-17  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress ✓
- Partially Implemented - Inadequate Progress
- Not Implemented

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44797 - 09/07/2016 - Pfaff, Vicki  
PCH Name: Clarion Health and Rehabilitation Center

1. REGULATION 55 Pa. Code §2600  
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
(1) Resident rights.  
(2) Emergency medical plan.  
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired [redacted] 16, did not receive orientation in reporting of reportable incidents and conditions.  
Direct care staff person B, hired [redacted] 16, did not receive orientation in reporting of reportable incidents and conditions.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All Staff were inserviced on Reportable Incidents. Training documentation has been added to New Hire orientation.  
A Reporting binder was placed in the staff office with a copy of the regulation, listing of reportable incidents and copies of the Incident Report forms and a pre-filled Fax cover sheet to ensure all reportable incidents are reported per regulation.  
All incidents reviewed by the Administrator.  
If reportable staff directed to notify the Administrator immediately.  
A reportable incident occurred 12/2/16 and proper reporting procedures were followed.  
Copy attached.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Ann Winger* PCHA

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) ANN WINGER, RN, PCHA      Date 02/20/17

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The above plan of correction is approved as of 2-28-17  
(Date)

Plan of correction implementation status as of 2-28-17  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress ✓
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44797 - 09/07/2016 - Pfaff, Vicki  
PCH Name: Clarion Health and Rehabilitation Center

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa. Code §2600  
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
  - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
  - (3) Care for residents with dementia and cognitive impairments.
  - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
  - (5) Personal care service needs of the resident.
  - (6) Safe management techniques.
  - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION  
Direct care staff person C, hired [redacted] 14, did not receive instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 1/1/15-12/31/15 staff training year.

Direct care staff person D, hired [redacted] 10, did not receive instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 1/1/15-12/31/15 staff training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All staff inserviced on the Pre-Screen, Assessment and Support Plans On 12/19/2016. Documentation attached.  
Annual training to be documented on the Adult Residential Licensing Record of Training.  
Copy attached.

All new hires have received inservice on Pre-Screen, Assessment and Support Plans. Documentation attached.  
Pre-screen, Assessment and Support plans are to be reviewed with all new hires and documented on the New Hire Orientation check list.  
Copy attached.

To be monitored by Administrator with each new hire and annually.

EMPLOYEE C NO LONGER EMPLOYED.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)		<i>Ann Winger, RCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	<i>02/20/17</i>
<i>ANN WINGER, LPN, RCHA</i>			

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The above plan of correction was approved by <u>X</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 44797 - 09/07/2016 - Pfaff, Vicki PCH Name: Clarion Health and Rehabilitation Center	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600  
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION  
On 9/8/16, there was no bedside table or shelf for resident #4 in resident room #212.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

9/9/16 a bedside table was placed in room 212. Administrator audited each resident room to ensure there were bedside tables or shelf in each resident room. All were present. To be monitored by staff daily using daily room rounds. Copy attached. Monitored weekly by Administrator.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ann Winger DCMTA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ANN WINGER, LPN, DCMTA</i>	Date <i>12/20/17</i>
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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 44797 - 09/07/2016 - Pfaff, Vicki PCH Name: Clarion Health and Rehabilitation Center	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2800  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
On 9/7/16, there was no thermometer in the refrigerator of the kitchen/dining room across from the medication room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Thermometers were purchased and one placed in each refrigerator and freezer. Staff will monitor placement and temperatures daily. Documentation attached.  
To be monitored by the Administrator weekly.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Ann Winger for PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ANN WINGER, LCN, PCHA</i>	Date <i>02/20/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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FEB 20 2017

WEST REGIONAL FIELD OFFICE  
(Human Services Licensing)

Violation Report: 44797 - 09/07/2016 - Pfaff, Vicki  
PCH Name: Clarion Health and Rehabilitation Center

1. REGULATION 65 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home conducted a fire drill on 9/18/15 at 6:59 p.m. with 34 residents present in the home. However, only 33 residents were evacuated during the fire drill.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Subsequent fire drills have been conducted and all residents present at the time of the drill were evacuated. Documentation attached. Administrator will verify numbers after each drill to ensure documentation matches actual numbers in house.

Immediately: All staff persons shall be educated on the home's fire drill procedures. This shall include all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year during all fire drills. Documentation of education shall be kept. 2-28-17 ✓

Immediately: The administrator shall monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month, a fire drill is conducted during sleeping hours every 6 months, all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year, and documentation is kept for each fire drill in a record which includes all information required by 2600.132(c).

2-28-17 ✓

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ann Winger, CPN PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANN WINGER, CPN PCHA* Date *02/20/17*

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The above plan of correction is approved as of 2-28-17 (Date)

Plan of correction implementation status as of 2-28-17 (Date)

The above plan of correction was approved by *SW* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress ✓
- Partially Implemented - Inadequate Progress
- Not Implemented

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FEB 28 2017

Violation Report: 44797 - 09/07/2016 - Pfalt, Vicki  
PCH Name: Clarion Health and Rehabilitation Center

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa Code 52600  
2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION  
On 9/8/16, there was no exit sign posted at the emergency exit from the small dining room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

9/8/16 A sign was posted on the door identifying the door as not an emergency exit but an exit into a fenced patio area. Placement of the sign will be monitored by staff daily using daily room rounds and by the Administrator weekly. 2-28-17

EXIT SIGNS ~~BE~~ PURCHASED 02/27/17 AND PLACED ON BOTH THE DOOR INSIDE THE DININGROOM AND ON THE PATIO GATE. TO BE MONITORED BY STAFF DAILY AND ADMINISTRATOR WEEKLY USING DAILY ROOM ROUNDS. COPY ATTACHED.

Ann Winger PCA  
2/28/17

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Ann Winger PCA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANN WINGER, LPN, DCHA Date 02/21/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-28-17 (Date)

Plan of correction implementation status as of 2-28-17 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress y
- Partially Implemented - Inadequate Progress
- Not Implemented

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FEB 20 2017

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

Violation Report: 44797 - 09/07/2016 - Pfaff, Vicki  
PCH Name: Clarion Health and Rehabilitation Center

1. REGULATION 55 Pa.Code §2600  
2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION  
On 9/8/16 at 9:50 a.m. the door to the medication room was unattended and the door to the medication room was unlocked. Insulin for the following residents was located in an unlocked, unattended and accessible refrigerator:  
\* Resident #6's Humalog 100units/ml and Novolog mix 70-30 flex pen  
\* Resident #7's Lanlus 100 units fml, Apidra Solostar pfd pen

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
9/9/16 The automatic closure hinges on the Medication Room were adjusted by the Maintenance Director to ensure the door closes tightly and the automatic locking device engages. Will be monitored daily by the Administrator/Staff. Any failures will be reported to the Maintenance Director immediately.  
Both the Medication Room will be locked when unattended. All doors marked to signal all staff to pull the doors closed tightly when entering or leaving the room.  
To be monitored daily on daily room rounds and by Administrator weekly.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ann Winger for PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANN WINGER, EDN, PCHA*      Date *02/20/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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FEB 29 2017

WEST PHEASANT FIELD OFFICE  
Human Services Licensing

Violation Report: 44797 - 09/07/2016 - Pfaff, Vicki  
PCH Name: Clarion Health and Rehabilitation Center

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted to the home on [redacted] 16. The home does not have a preadmission screen completed for the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

9/9/16 Administrator searched all records on site and located the original pre screen dated [redacted] 2016.  
Copy attached.  
Administrator completed a whole house audit on all residents and found no other missing documentation.  
Administrator will monitor on each admission and monthly.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ann Winger, RN, PCITA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANN WINGER, RN, PCITA*      Date *02/20/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-28-17  
(Date)

Plan of correction implementation status as of 2-28-17  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *y*
- Partially Implemented - Inadequate Progress
- Not Implemented

FEB 28 2017

Page 13 of 13

Violation Report: 44797-09/07/2016 - Pfaff, Vicki	WEST REGION FIELD OFFICE
PCH Name: Clarion Health and Rehabilitation Center	Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
 2600.226(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION  
 Resident #5 was admitted to the home on [redacted] 16. The home has not completed an assessment for the resident.  
 [redacted]  
 [redacted] withdrawn 2-28-17

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

[redacted] 2-28-17

ADMINISTRATOR COMPLETED A RASP FOR RESIDENT #5.  
 ON 09/09/16 COPY ATTACHED.

ADMINISTRATOR COMPLETED A WHOLE HOUSE AUDIT  
 AND DEVELOPED A SCHEDULING TOOL TO ENSURE  
 RESIDENT ASSESSMENTS ARE COMPLETED TIMELY.  
 COPY ATTACHED. Ann Winger, LPA 2/27/17

Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/28/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *Ann Winger, LPA PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ANN WINGER, LPA, PCHA</i>	Date <i>02/20/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2-28-17</u> (Date)	Plan of correction implementation status as of <u>2-28-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented