



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(S) TO BE PROVIDED

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

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 August 30, 2017 until August 30, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **447970**

Robert E. Robinson

ISSUING OFFICER

Jay Baul

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

AUG 30 2017

Mr. Eddy Enzana,
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 #: 447970

Dear Mr. Enzana:

As a result of the Department of Human Services' annual licensing inspection on June 21, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

Mr. Eddy Enzana

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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 inspection 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 each name being capitalized and prominent.

Jacqueline L. Rowe
Director

Enclosures

License

License Inspection Summary

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

PCH Name: CLARION HEALTHCARE AND REHABILITATION CENTER		License Number: 44797
Address: 990 HEIDRICK STREET, CLARION, PA 16214		County: Clarion
Administrator: Ann Winger		Region: WEST
Legal Entity Name: GUARDIAN HEALTHCARE AT CLARION LLC		
Legal Entity Address: 8766 ROUTE 219 VSI BUILDING, BROCKWAY, PA 16824		RECEIVED
Certificate(s) of Occupancy C-1 05/18/1974 Labor & Industry		AUG 03 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 32	Working Staff: 24
Type of Inspection: Interim - Provisional	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for inspection(s) Provisional, Interim		
On-Site Inspections Dates and Department Representatives On-Site 06/21/2017: Park, Beth; Quinn, Suzanne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 40	Number of Residents who:	
Number of Residents Served: 32	Receive Supplemental Security Income: 19	
Secured Dementia Care Unit in Home: No	Are 80 Years of Age or Older: 30	
Area:	Have Mental Illness: 8	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 44707 - 06/21/2017 - Park, Bath PCH Name: CLARION HEALTHCARE AND REHABILITATION CENTER	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
There is an oval shaped hole, approximately 3 inches long, in the lower left portion of the window screen in bedroom #102. In addition, there is a tear, approximately 10 inches long, along the bottom of this screen.

There is a 1 inch circular hole in the window screen in bedroom #103.

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.

Screens in room 102 and 103 patched. Photos included.
All window screens were inspected for holes.
Staff will monitor screens using the daily room rounds.
Copy attached.
Any and all holes will be reported to Maintenance at the time they are found to be patched.
Administrator will monitor 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*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANN WINGER, LPN, PC ADMIN	Date 08/02/17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/14/17</u> (Date)	Plan of correction implementation status as of <u>8/14/17</u> (Date)
The above plan of correction was approved by <u><i>AW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>AW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 03 2017

Violation Report: 44797 - 06/21/2017 - Park, Beth
PCH Name: CLARION HEALTHCARE AND REHABILITATION CENTER
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.126(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
There were approximately 10 inches of used paper towels, plastic wrap, and a plastic grocery bag mixed in with approximately 50 cigarette butts and ashes in the large aluminum trash can in the smoking area on the patio.

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.

Garbage can was removed immediately.
Residents that use smoking area reminded to not place combustible materials in ash trays or cigarette butts in garbage cans.
Staff to monitor smoking area daily on daily room rounds. Copy attached.
Administrator to monitor weekly.

Within 15 days of receipt of the plan of correction; all staff persons and residents will be educated regarding the home's smoking policy, including the fire hazards of disposing trash and cigarette butts in the same receptacle. Documentation of the education shall be kept. *g.u. 8/14/17*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ann Winger g.u.*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) ANN WINGER, LPN, PC ADMIN. Date 08/02/17

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

The above plan of correction is approved as of 8/14/17
(Date)

Plan of correction implementation status as of 8/14/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *g.u.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by g.u.
(Initials)

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AUG 03 2017

Page 7 of 9

Violation Report: 44797 - 08/21/2017 - Park, Beth
PCH Name: CLARION HEALTHCARE AND REHABILITATION CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
This portion of the violation with drawn
2/1
8/14/17

Resident #4's medical evaluation, dated 1/13/2017, does not include pulse rate.

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]

Resident # 4 is no longer a resident of the Personal Care. [Redacted] was discharged to the Skilled Nursing facility [Redacted] 2017.

Administrator completed a review of all current resident DME for completeness.
Administrator will monitor DME as completed to ensure all information is complete. If information is omitted or missing Physician will be contacted to correct the missing information.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) ANN WINGER, LPN, PC ADMIN Date 08/02/17

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

The above plan of correction is approved as of 8/14/17
(Date)

Plan of correction implementation status as of 8/14/17
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *2/1*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

AUG 03 2017

Violation Report: 44797 - 08/21/2017 - Park, Bath		WEST REGION FIELD OFFICE Human Services Licensing	
PCH Name: CLARION HEALTHCARE AND REHABILITATION CENTER			
1. REGULATION 55 Pa.Code §2600 2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.			
2a. DESCRIPTION OF VIOLATION The home had only a one-day activity calendar posted in a public and conspicuous place in the home.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <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>A monthly Activity calendar was completed and posted immediately. Facility installed a large bulletin board in the Central hallway and a monthly calendar will be posted there. Photos attached. Calendars for the remaining year completed and staff instructed to po</p> <p><i>Within 15 days of receipt of the plan of correction: a designated staff person will check the home, at least monthly, to ensure the current activity calendar is posted in a conspicuous and public place in the home.</i></p> <p style="text-align: right;"><i>J.W.</i> 8/14/17</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Ann Winger</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANN WINGER, LPN, PC ADMIN.		Date 08/02/17	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>8/14/17</u> (Date)		Plan of correction implementation status as of <u>8/14/17</u> (Date)	
The above plan of correction was approved by <u>J.W.</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.W.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	