



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 24, 2018

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' licensing inspection on February 8, 2018, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: CLARION HEALTHCARE AND REHABILITATION CENTER		License Number: 44797
Address: 999 HEIDRICK STREET, CLARION, PA 16214		County: Clarion
Administrator: Ann Winger		Region: WEST
Legal Entity Name: GUARDIAN HEALTHCARE AT CLARION LLC		
Legal Entity Address: 8796 ROUTE 219 VSI BUILDING, BROCKWAY, PA 16824		
Certificate(s) of Occupancy C-1 05/16/1974 L & I		RECEIVED MAR 23 2018 WEST PENNSYLVANIA FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 31	Waking Staff: 23
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/08/2018: McConnell, Deb		
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: 30	Receive Supplemental Security Income: 17	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 28	
Area:	Have Mental Illness: 4	
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: 1	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

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MAR 23 2018

Violation Report: 44797 - 02/08/2018 - McConnell, Deb
PCH Name: CLARION HEALTHCARE AND REHABILITATION CENTER

CLARION HOSPITAL DISTRICT OFFICE
1100 W. BRADY STREET
CLARION, PA 16017

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 12/20/17, does not include the include the resident's pulse, blood pressure and temperature. These sections are blank.

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.

2/9/2018 Administrator performed a whole house audit of all current resident medical evaluations to ensure all required information is present.

Administrator/designee will monitor medical evaluations as they are completed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **ANNE WINGER, LPN, PC ADMIN.** Date **03/23/18**

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

The above plan of correction is approved as of 3/20/18 (Date)

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

Plan of correction implementation status as of 3/20/18 (Date)

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

Violation Report: 44797 - 02/08/2018 - McConnell, Deb
PCH Name: CLARION HEALTHCARE AND REHABILITATION CENTER

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered Ondansetron HCL, 4 mg, 1 tablet every 4 hours as needed. On 12/25/17, at 4:00 p.m., the medication was administered to the resident by staff person A, according to the home's notes. However, the staff person did not initial or record the date and time of administration in the medication administration record.

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.

Staff Person was suspended and subsequently terminated following investigation of these events. All staff will be inserviced on proper medication documentation by 04/1/2018.

Administrator/designee will perform MAR reviews weekly for 30 days and then monthly thereafter.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANN WINGER LPN PC ADMIN.* Date *03/23/18*

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

The above plan of correction is approved as of 3/23/18 (Date)

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

Plan of correction implementation status as of 3/30/18 (Date)

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

Violation Report: 44797 - 02/08/2018 - McConnell, Deb
PCH Name: CLARION HEALTHCARE 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

The pre-admission screening form for resident #1, admitted [redacted] 17, does not include a determination that the home can meet the service needs of 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.

2/9/2018 Administrator completed whole house audit of all current Pre Admission screens.

Administrator/designee will audit Pre Admission Screens prior to the Admission of a new Resident.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ann Wingert, PC Admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ANN WINGERT, PC ADMIN* Date *03/23/18*

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

The above plan of correction is approved as of 3/30/18
(Date)

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

Plan of correction implementation status as of 3/30/18
(Date)

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