



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 18 2018

Mr. Brian Rendos  
Chief Financial Officer  
Guardian Elder Care at Clarion, LLC  
VSI Building  
8796 Route 219  
Brockway, Pennsylvania 15824

RE: Clarion Senior Living  
999 Heidrick Street  
Clarion, Pennsylvania 16214  
License #: 447970

Dear Mr. Rendos:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 10, 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.

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](https://www.surveymonkey.com/r/BHSL_Inspection).

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".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 44797 - 07/10/2018 - Garrigan, Laurie  
 PCH Name: CLARION SENIOR LIVING

**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**

At 9:40 a.m., the privacy coding document, which included the names of residents #1, #2, #3 and #4, was attached to the license inspection summary, dated 6/21/17, and posted on the wall near room #99.

At 9:40 a.m., the privacy coding document, which included the name of resident #5, was attached to the license inspection summary, dated 2/8/18, and posted on the wall near room #99.

**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.*

The privacy coding document was removed immediately. Administrator will post a copy of the license inspection summary for public review without the privacy coding document. The original will be kept in the Administrators Office.

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, LPA, PCHA</i>	Date <i>10/02/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10/9/18  
 (Date)

Plan of correction implementation status as of 10/9/18  
 (Date)

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

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

Violation Report: 44797 - 07/10/2018 - Garrigan, Laurie  
 PCH Name: CLARION SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

At 11:40, a thick layer of dust and cobwebs, approximately ¼ inch thick, covered the exhaust fan in the shared bathroom between bedrooms #213 and #214.

At 11:45 a.m., no paper towels, mechanical air blower, individual cloth towels or other sanitary means of hand drying was present at the sink in resident #6's bathroom.

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.

The Maintenance Director completed a whole house check of all exhaust fans. All fans were cleaned. The Maintenance Director will do a weekly check and clean as needed.

Staff placed paper towels in the paper towel dispenser. Staff will monitor during daily room rounds. Administrator will monitor weekly.

Immediately: All staff members shall be educated on the new daily room round form. *IM* 10/9/18

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, LPA, PCHA</i>	Date <i>10/02/18</i>
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 (Initials)

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- Partially Implemented - Adequate Progress *IM*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44797 - 07/10/2018 - Garrigan, Laurie  
PCH Name: CLARION SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

At 9:50 a.m. there was no lid on the trash can next to the dumpster, which was approximately 1/4 full of trash.

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.

The trash can had been placed next to the dumpster to be discarded. The trash can was disabled immediately 07/10/2018 by turning it upside down.

The trash can was then picked up with the weekly dumpster and discarded 07/11/2018.

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, LCN, PCHA*      Date *10/02/18*

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*IAH*  
The above plan of correction was approved by \_\_\_\_\_ (Initials)

Plan of correction implementation status as of 10/9/18 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress *IAH*  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 44797 - 07/10/2018 - Garrigan, Laurie  
 PCH Name: CLARION SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**2a. DESCRIPTION OF VIOLATION**  
 At 12:30 p.m., the exhaust fan in the bathroom of bedroom #102 was inoperable. No window was present in this bathroom.

**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.*

The Maintenance Director replaced the exhaust fan 07/10/2018.  
 Administrator performed whole house check on all exhaust fans. All remaining fans operational.  
 Staff will monitor during daily room rounds and report any problems found to Maintenance and the Administrator for immediate repair.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ANN WINGER, LPN, PCHA</i>	Date <i>10/02/18</i>
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Violation Report: 44797 - 07/10/2018 - Garrigan, Laurie  
 PCH Name: CLARION SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**  
 Emergency service numbers were not posted by several phones to include the following places:  
 \* Resident house phone  
 \* Bedroom #212  
 \* Bedroom #213

**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.*

The Emergency telephone numbers were posted in all resident rooms on 07/10/2018.  
 Staff will monitor during daily room rounds.

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, LPA, PCHA</i>	Date <i>10/02/18</i>
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Violation Report: 44797 - 07/10/2018 - Garrigan, Laurie  
 PCH Name: CLARION SENIOR LIVING

**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**  
 At 10:03 a.m., no screen was present in the window closest to the exit door in the large 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.

A whole house review was completed by the Administrator to ensure any window that could be opened had a screen. The window in the large diningroom was secured to prevent it from being opened 07/10/2018. All staff and residents will be in seviced on Regulation 2600.92 by 10/31/2018.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/21/2017
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ann Winger, PCMA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ANN WINGER, LPN, PCMA</i>	Date <i>10/02/18</i>
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Violation Report: 44797 - 07/10/2018 - Garrigan, Laurie  
 PCH Name: CLARION SENIOR LIVING

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 At 11:45 a.m., the finish was wearing off the toilet seat in the bathroom of bedroom #212, exposing the wood layer underneath.  
 At 12:30 p.m., the grab bars for the shared toilet in bedroom #102 were loose and not securely fastened. The left side moved approximately 3" in each direction and the right side moved approximately 1" in each direction.

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.*

The toilet seat was replaced 07/11/2018.  
 The wall where the grab bars were secured was repaired and the grab bars were reattached and secured.  
 Staff will monitor during daily room rounds. At any time an issue is found it will be reported to Maintenance and the Administrator for repair.  
 Administrator will monitor room rounds 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, LPA, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ANN WINGER, LPA, PCHA</i>	Date <i>10/02/18</i>
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Violation Report: 44797 - 07/10/2018 - Garrigan, Laurie  
 PCH Name: CLARION SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #7's bedside lamp was inoperable. No other source of lighting which could be turned on/off from bedside was present.  
 Resident #8's bedside lamp was inoperable. No other source of lighting which could be turned on/off from bedside was present.

**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 whole house audit completed 07/10/2018.  
 Over bed lighting repaired 07/10/2018  
 Staff will monitor during daily room rounds.  
 Repairs to be reported to Maintenance and the Administrator when found for repair.  
 A temporary lighting source will be given to the resident until the repair is complete.  
 Administrator will monitor daily room rounds weekly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 44797 - 07/10/2018 - Garrigan, Laurie  
 PCH Name: CLARION SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**2a. DESCRIPTION OF VIOLATION**

At 11:40 a.m., no soap was present at the sink in the shared bathroom of bedrooms #213 and #214.

At 12:30 p.m., there was no soap in the wall mounted soap dispenser in the shared bathroom for bedroom #102.

**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.*

Soap refilled in both bathrooms immediately 07/10/2018  
 All soap dispensers checked and no others found empty.  
 Staff will monitor during daily room rounds and replace as needed.  
 Administrator will monitor daily room rounds 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, CPN, PCHA</i>	Date <i>10/02/18</i>
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Violation Report: 44797 - 07/10/2018 - Garrigan, Laurie  
 PCH Name: CLARION SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**2a. DESCRIPTION OF VIOLATION**  
 At 11:30 a.m., an uncovered, unlabeled and undated plate of food, appearing to be mashed potatoes with gravy, vegetables, and meatloaf, was present in the refrigerator of 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.

All staff and residents will be inserviced on Regulation 2600/103(e) by 10/31/2018.  
 Staff will monitor refrigerators/freezers daily and remove any items that are not labeled and/or dated.  
 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 for PCHA*

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Violation Report: 44797 - 07/10/2018 - Garrigan, Laurie  
 PCH Name: CLARION SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**  
 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**  
 At approximately 11:30 a.m., no thermometer was present in the freezer section of the refrigerator/freezer, located in 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.*

A thermometer was placed by staff in the freezer immediately 07/10/2018.  
 Staff will monitor daily during daily temp checks.  
 Administrator will monitor 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; UPN, PCHA*      Date *10/02/18*

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Violation Report: 44797 - 07/10/2018 - Garrigan, Laune  
 PCH Name: CLARION SENIOR LIVING

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

Resident #9's glucometer is not calibrated to the correct time.

**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 glucometers were checked and calibrated 07/10/2018.  
 Staff check glucometers every shift and calibrate as needed. Checks documented on daily room rounds.  
 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 for PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ANN WINGER, CPN, PCHA</i>	Date <i>10/02/18</i>
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