



October 11, 2019

Ms. Ann Winger, LPN
Personal Care Home Administrator
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 Ms. Winger:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 26, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

RECEIVED
AUG 23 2019
WEST REGION FIELD OFFICE
Human Services Licensing

Facility Information

Name: *CLARION SENIOR LIVING*
Address: *999 HEIDRICK STREET, CLARION, PA 16214*
County: *CLARION* Region: *WESTERN*

License Number: *44797*

Administrator

Name: *Ann Winger* Phone: *8142266380* Email: *Ann.Winger.@oilcityhcrc.net*

Legal Entity

Name: *GUARDIAN ELDER CARE AT CLARION LLC*
Address: *8796 ROUTE 219 VSI BUILDING, BROCKWAY, PA, 15824*

Certificate(s) of Occupancy

Type: *C-1* Date: *05/16/1974* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

06/26/2019 - On-Site: Debora McConnell, Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* Residents Served: *36*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *na*

Number of Residents Who:

Receive Supplemental Security Income: *21* Are 60 Years of Age or Older: *29*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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.)

Facility had copy of staff members active military ID card on file as proof of high school graduation. Individuals can not join any branch of the military without a high school diploma or GED.

A copy of his Nurse Aide Certification from the state of Oklahoma was received 06/26/19.
A letter from the high school proving graduation was received 6/27/19.
Copies attached.

All staff files reviewed and all current staff have a diploma or GED on file.

All new hires will have proof of high school graduation/GED on file at the time of hire.

Legal Entity Representative

Ann Winger, LPN, PCITA
Signature

ANN WINGER, LPN, PCITA *8/21/19*
Printed Name and Title Date

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The above plan of correction is approved as of 9/3/19
(Date)

Plan of correction implementation status as of 9/3/19
(Date)

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

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

93a - Handrails

Regulations

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The right side metal handrail at the main entrance is not securely attached and moves approximately 1/2".

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 outside handrail was welded and bolted to the cement walk way.
Photo of repair attached.

All handrails will be monitored by the Maintenance department and repairs made upon discovery. Monitoring will take place at least monthly. - JRW 9/3/19
Staff will report any and all repair needs to the Maintenance Department upon discovery.

Legal Entity Representative

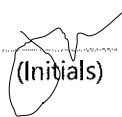
Ann Winger LPN RCHA
Signature

ANN WINGER LPN RCHA 8/21/19
Printed Name and Title Date

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103f - Refrigerator/Freezer Temps

Regulations

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.

Description of Violation

On 6/26/19 at 10:45 am., the temperature in the freezer in the dining room measured 10 degrees Fahrenheit.

REPEAT VIOLATION: 7/10/2018

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.)

It was determined that the thermometers that were defective. The thermometers were replaced. Temperatures are within acceptable range. Photos attached. Temperatures are monitored daily. Staff will adjust the settings if temperature found to be above acceptable range. If it is found that the adjustments do not correct the problem a new thermometer will be placed. If temperatures continue to be above acceptable range the refrigerator will be removed from service.

Legal Entity Representative

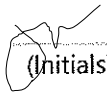
Ann Winger Jn PCNA
Signature

ANN WINGER, LPN, PCNA 8/21/19
Printed Name and Title Date

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133.1 - Exit Signs

Regulations

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There is no exit sign over the emergency exit door leading from the dining room to the outside patio. The home currently serves 36 residents.

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 area described was determined by the Department of Health Life Safety Inspector that the gate is not an emergency exit and therefore signage was not required. A "this is not an exit" sign was placed on the gate. 06/26/19 and floor plans updated. Copy attached. Photo of gate attached.

Legal Entity Representative


Ann Winger for PCNA
Signature

ANN WINGER, LPN, PCNA 8/21/19
Printed Name and Title Date

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 is prescribed Humalog Kwikpen, 100unit/ml, three times a day as per sliding scale as follows; 150-249=2 units and 250 or higher=4 units. However, the June 2019 medication administration record (MAR) indicates as follows; 150-249=2 units and 250-300=4 units.

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 facility verified with the original order dated 10/3/18 the coverage of 250 or higher = 4 units. Copy attached. The MAR was updated to reflect the correct wording. Copy attached.

A whole house audit of MARs for sliding scale parameters was completed. MAR reviews will be completed monthly by staff to ensure pharmacy labels match.

Legal Entity Representative

Ann Winger, RN, RCHA
Signature

ANN WINGER, CPN, RCHA 8/21/19
Printed Name and Title Date

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187b - Date/Time of Medication Admin.

Regulations

2600.

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

Description of Violation

Multiple staff interviews indicate the MAR is initialed b staff prior to the administration of the medication to the resident.

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 current staff were inserviced on proper documentation of medication administration.
- Administrator will monitor through monthly MAR reviews.
- All new staff will be trained with stress on proper documentation of medication administration.

Immediately -The administrator or designee will observe a medication pass by each staff person who administers medication, then monthly thereafter to ensure all medication administration documentation is completed after medication is administered and accurately recorded in the MAR. Documentation will be kept.

Legal Entity Representative

Ann Winger PCMA
Signature

ANN WINGER, LPN, PCMA 08/21/19
Printed Name and Title Date

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