



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: ann.winger@oilcityhcrc.net
brian.rendos@guardianeldercare.net

Mailing Date: February 7, 2020

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 inspection on August 21, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

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: *8143197774* 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-7* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

08/21/2019 - On-Site: Belinda Graziano

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* Residents Served: *34*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *19* Are 60 Years of Age or Older: *26*
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's support plan, dated 1/24/19, indicates that staff will monitor the resident for exit-seeking behaviors and redirect if this occurs and that the resident's family accompanies the resident when out of the facility.

However, on 7/1/19, at approximately 5:30 p.m., resident #1, who has a diagnosis of dementia, was found by the police wandering outside an apartment building, approximately 1 mile from the home. The resident told the police she believed she lived in the apartment building. The home was unaware that the resident was out of the building until notified by the police.

Also, on 7/27/19, at approximately 4:00 p.m., resident #1 was found wandering near a cemetery, approximately 2 miles from the home. The resident was unable to recall where she lived. The home was unaware that the resident was out of the building until a passer-by, who found the resident, brought her back to the home at approximately 4:45 p.m.

7/27/19 Resident was placed on every 15 minute checks monitoring for exit seeking behavior.
7/28/19 Administrator contacted family regarding transfer of Resident to a facility that could accommodate Residents exit seeking behavior.
8/1/19 Resident was transferred to a facility that provided secured memory care.

All current Residents assessed for exit seeking behaviors. None found. All new Residents will be thoroughly assessed for Exit seeking behaviors prior to admission to determine appropriateness of admission. Any individual found to have exit seeking behaviors will not be admitted to the facility. Any current individuals who develop exit seeking behavior will be transferred to a more appropriate setting. Facility installed alarms on all door. Alarms are on and in alarm mode 24 hours with the exception of the Main entrance which has a chiming sound for entering and exiting during waking hours and moved to alarm mode when all doors are locked at night

Alarms are monitored daily by Maintenance for proper functioning.

All Staff inserviced on the use of RASP Identifying care needs of 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.)

See page 3 of 3

Legal Entity Representative

Ann Winger LPN PCITA
Signature

ANN WINGER LPN PCITA
Printed Name and Title

10/22/19
Date

23a - Activities of Daily Living Assistance (continued)

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/3/20 Plan of correction implementation status as of 2/3/20
(Date) (Date)

The above plan of correction was approved by JW
(Initials)

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