

Department of Human Services  
Bureau of Human Service Licensing

November 25, 2020

LORI SAKALAS, MARKET LEADER  
GUARDIAN ELDER CARE AT CLARION LLC  
8796 ROUTE 219, VSI BUILDING  
BROCKWAY, PA 15824

RE: CLARION SENIOR LIVING  
999 HEIDRICK STREET  
CLARION, PA, 16214  
LICENSE/COC#: 44797

Dear Ms. Sakalas,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/22/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *CLARION SENIOR LIVING* License #: *44797* License Expiration Date: *08/30/2021*  
 Address: *999 HEIDRICK STREET, CLARION, PA 16214*  
 County: *CLARION* Region: *WESTERN*

**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*  
 Phone: *8142651164* Email: *LORI.SAKALAS@GUARDIANELDERCARE.NET*

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *33* Waking Staff: *25*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *10/22/2020*

**Inspection Dates and Department Representative**

*10/22/2020 - On-Site: Amy Duncan*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *40* Residents Served: *33*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *20* Are 60 Years of Age or Older: *27*  
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**10/22/2020 - Partial**

Lead Inspector: *Amy Duncan* Follow-Up Type: *POC Submission* Follow-Up Date: *11/05/2020*

Inspections / Reviews (*continued*)

## 10/28/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *11/03/2020*

## 10/28/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *11/20/2020*

## 11/25/2020 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

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 initial assessment, dated 7/14/20, indicates the resident requires some physical assistance with personal hygiene, and the resident's initial support plan, dated 7/14/20, indicates staff will help/assist the resident with bathing. However, there have been numerous weeks, to include the weeks of 9/16/20, 9/23/20, 10/12/20 and 10/26/20, that the resident has only received assistance with showering 1 time weekly.

REPEAT VIOLATION: 8/21/2019

Plan of Correction

Directed

10/22/2020 Staff spoke to Resident #1 to determine how often and what days of the week she would like showered. The shower schedule was updated to reflect Resident's wishes.

Staff also instructed that if at any time a Resident refuses to bathe on the scheduled day to document refusal and offer a shower another time of that day or another day that week.

Current shower schedule reflects all Resident preferences. Copy attached.

Immediately: A designated staff person shall review the home's shower schedules weekly to ensure residents are receiving weekly showers in accordance with the resident assessments and support plans. 10/28/2020 LM

By 11/20/20: All direct care staff persons shall be reeducated to review resident assessments and support plans to ensure all residents receive assistance with ADL's. Documentation of the education shall be kept. 10/28/2020 LM

Immediately: A designated staff person shall interview at least 4 resident weekly for one month, then monthly thereafter to ensure all resident's receive assistance with ADL's and IADL's, to include bathing assistance, as indicated in resident assessments and support plans. 10/28/2020 LM

Completion Date: 10/22/2020

Document Submission

Implemented

Documentation attached

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The toilet in the shared bathroom between resident bedrooms #104 and #106 has been lying on the floor and in disrepair since approximately 10/6/20.

95 - Furniture and Equipment *(continued)***Plan of Correction****Accept**

*The toilet had been removed by the plumber in order to run a camera through to identify the areas needing repair. The bathroom was not being used by Residents. The toilet was reinstalled. Photo attached. The plumber has been instructed to replace any fixtures that are removed immediately upon their repair. The plumbing company began their repair on 10/26/2020 with anticipated completion 10/30/2020.*

**Completion Date:** 10/22/2020

**Document Submission****Implemented**

*Documentation attached*