

Department of Human Services
Bureau of Human Service Licensing

August 20, 2021

[REDACTED], ADMINISTRATOR
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2021, 06/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: [REDACTED] Phone: *8142266380* Email: [REDACTED]

Legal Entity

Name: *GUARDIAN ELDER CARE AT CLARION LLC*
Address: *8796 ROUTE 219, VSI BUILDING, BROCKWAY, PA, 15824*
Phone: *8142266284* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *05/16/1974* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *06/03/2021*

Inspection Dates and Department Representative

06/02/2021 - On-Site: [REDACTED]
06/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* Residents Served: *26*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: *22*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/02/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/30/2021*

7/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/30/2021*

7/27/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/06/2021*

8/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 6/2/21, the middle dumpster lid was halfway open and the dumpster was approximately 1/2 full of trash.

Plan of Correction

Accept

The dumpster is a shared dumpster with the Skilled Nursing facility. The employee who was observed by surveyor using and failing to close the lid was from the Skilled Nursing housekeeping staff. The Housekeeper was addressed immediately. All Housekeeping staff will be inserviced by the Maintenance Supervisor on the proper use and securing of the dumpster by 08/06/2021. All Personal Care staff will be inserviced on the proper use and securing of the dumpsters by 08/06/2021. PCHA will monitor the dumpsters weekly and address immediately if found out of compliance.

Completion Date: 08/06/2021

Document Submission

Implemented

Inservices completed. Documents attached.

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 6/3/21, approximately 2' of the doorframe in the in the shared bathroom between bedrooms #211 and #212 is covered with a what appears to be rust and chipping paint. Also, the baseboard heater behind the toilet is also covered with what appears to be rust.

REPEAT VIOLATION: 7/31/2020

Plan of Correction

Directed

These areas of rust were identified by the facility prior to. Attached is the invoice for the replacement of the door frames dated 03/31/2021. Due to the COVID pandemic the delivery of the materials was delayed. The door frames were replaced 06/23/2021. Invoice attached. The rusted heater covers were addressed by the Plumber on 06/07/2021. See attached email. Again procurement of the parts is an issue. Plumber contacted again 07/21/2021 plumber states all items ordered. Has not received a delivery or install date. See attached email. The heating cover will be temporarily treated with a rust preventing/covering paint until they can be replaced. DIRECTED: The heater cover shall be replaced within 10 days of receipt of parts. [redacted] 7/27/21

DIRECTED: Within 3 days of receipt of the plan of correction, then monthly thereafter: A designated staff person shall inspect the home to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. [redacted] 7/27/21

Completion Date: 07/30/2021

88a - Surfaces (continued)

Document Submission

Implemented

Heat covers were cleaned and treated with Rustoleum and the facility will keep communicating with the plumbing company on immediately replacing the covers when received. Photos attached.

The door frames were replaced 6/23/2021 - invoice and photos attached.

The administrator performed a walk through with the Maintenance Department to identify any areas with in the facility that need repaired, replaced. All staff will be inserviced on identifying and reporting areas in need of repair to both the Administrator and the Maintenance Department. The Administrator will perform a walk through monthly to identify areas that are needed and that they have been repaired/replaced.

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's, as well as the municipality's emergency preparedness plans are not posted in a public and conspicuous place in the home.

Plan of Correction

Accept

The personal care facility shares an emergency action plan with the skilled nursing and is quite large. The plan is located in a central location within the nursing home. The Administrator posted a notice of its location and who to contact to view the plans. See photo attached. A copy of the emergency plans will be copied and placed in the main entrance to the facility.

Completion Date: 07/30/2021

Document Submission

Implemented

A copy of the facility emergency action plan and the Clarion County Emergency action plan was placed in the entrance to the facility. The Administrator will monitor its placement. The manuals will be updated as needed by the Maintenance/Life Safety Manager.

Photos attached.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED], resident #2 was prescribed [REDACTED] apply topically twice a day under right breast for 14 days; however, on 6/2/21, this medication was still present in the home's medication cart.

183d - Prescription Current (continued)

Plan of Correction

Directed

The discontinued medication was removed from the med cart immediately. The medication carts were audited on 06/04/2021 to ensure all medications are current.

All staff will be in-serviced on the removal of discontinued medications at the time of end of use. DIRECTED: The staff in-service shall be conducted by 8/6/21. Documentation of the training shall be kept. [REDACTED] 7/27/21

Administrator/designee will monitor the medication carts monthly.

Completion Date: 08/06/2021

Document Submission

Implemented

See attached

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

Resident #1 is prescribed [REDACTED]; however, this medication is not available in the home.

Plan of Correction

Accept

The pharmacy was notified immediately and a refill was received. The medication carts were audited on 6/4/2021 to ensure all ordered/current medications were present. Pharmacy completes a whole cart bin exchange / review every 28 days. This does not include PRNs. PRN medications will be audited monthly for necessity and availability by Med Techs. If not used in 90 days physician will be consulted on necessity. If found by the physician to not be needed a discharge order will be received and the medication will be removed from the cart and returned to the pharmacy for destruction. If during the audit medications have 7 days or less, a refill will be requested from the pharmacy. All staff will be in-serviced on the proper procedures by 8/6/2021 Admin/designee to monitor monthly.

Completion Date: 08/06/2021

Document Submission

Implemented

see ttached

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:
3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The most recent photographs for resident #1 and resident #2 are dated [REDACTED].

252 - Record Content (continued)

Plan of Correction**Accept**

All current residents photos were updated [REDACTED]. See attached. All Residents will have their photo taken on admission and annually. Administrator/designee will be responsible for taking and monitoring the photos on admission and annually. All staff to be in-serviced on identification photos 8/6/2021

Completion Date: 08/06/2021

Document Submission**Implemented**

See attached