

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

April 20, 2023

[REDACTED]
GUARDIAN ELDER CARE AT CLARION LLC
[REDACTED]
[REDACTED]

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 05/13/2022, 05/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CLARION SENIOR LIVING License #: 44797 License Expiration: 08/30/2022
 Address: 999 HEIDRICK STREET, CLARION, PA 16214
 County: CLARION Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 05/16/2022

Inspection Dates and Department Representative

05/13/2022 - On-Site: [REDACTED]
 05/16/2022 - Off-Site: [REDACTED]

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: 2 Are 60 Years of Age or Older: 5
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

05/13/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/06/2022

11/10/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/19/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/12/2022

Inspections / Reviews (*continued*)

11/16/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/23/2022

04/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 9/18/19.

Plan of Correction**Accept (JW - 11/15/2022)**

A Fire drill and Safety Inspection was completed 06/08/2022 by the [REDACTED]. See attached Inspection report and Fire letter.

Administrator will work with the Director of Maintenance to schedule the annual drill and inspection with the first available Fire Expert.

The Administrator will add it to the annual training plan as a reminder and begin scheduling with the local fire departments January of each year.

Licensee's Proposed Overall Completion Date: 11/10/2022

Implemented (CB - 04/20/2023)

132d - Evacuation

2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

- 12/17/21, at 3:32 pm. - 5 minutes, 14 seconds
- 1/27/22, at 1:32 pm. - 3 minutes, 55 seconds
- 2/03/22, at 6:13 am. - 5 minutes, 23 seconds
- 3/16/22, at 7:16 pm. - 3 minutes, 57 seconds
- 4/29/22, at 10:37 am. - 4 minutes, 49 seconds

Plan of Correction**Directed (JW - 11/15/2022)**

A Fire Drill and Safety Inspection was conducted by the [REDACTED] on 6/8/2022. At that time the Safety Expert adjusted certified the evacuation time. All drills since have been under the certified times. See drills attached. If at any time a drill exceeds the maximum time limit Administrator and staff will identify the possible reasons for exceeding the time limit and make corrections accordingly. Repeat drills will be performed that month until the maximum time limit is met.

Directed Plan:

By 11/25/22: The administrator or designee will develop and implement a tracking system to ensure that, if fire drill evacuation times continue to exceed 2 minutes and 30 seconds, a safe evacuation time from a fire safety expert is obtained in writing annually. JW 11/15/22

132d - Evacuation (continued)

Directed Completion Date: 11/10/2022

Implemented (CB - 04/20/2023)

187a - Medication Record

3. Requirements

2600.

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

8. Frequency of administration.

Description of Violation

Resident #1 is prescribed Loperamide, 2mg, 1 cap twice a day as needed. However, resident #1's May 2022 medication administration record (MAR) indicates, Loperamide, 2mg, 1 cap every 8 hours as needed.

Plan of Correction

Accept (JW - 11/15/2022)

Mar updated 11/1/2022 by Administrator . See attached. The medication was found to be given correctly even though the MAR and label did not match. See attached.

RCC and Pharmacy to label/MAR check monthly during bin exchange.

Licensee's Proposed Overall Completion Date: 11/10/2022

Implemented (CB - 04/20/2023)

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #1's most recent assessment, dated [REDACTED] does not include the resident's ability to self-administer medications. religious affiliation and participation in activities. These areas of the form were blank.

Plan of Correction

Directed (JW - 11/16/2022)

Resident #1 RASP updated [REDACTED] by the RCC See attached.

RCC completed a whole house audit.

RCC to review RASP monthly for completion.

Directed Plan:

By 11/25/22: The administrator or designee will audit all current resident assessments and support plans to ensure each is timely, complete and up-to-date with the resident's current needs. JW 11/16/22

225c - Additional Assessment (*continued*)

Directed Completion Date: 11/10/2022

Implemented (CB - 04/20/2023)

227a - Support Plan 30 Days

5. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2's initial assessment dated [REDACTED], indicates that the resident requires minimal assistance with supervision and assistance in medication administration by opening container or locked storage area. However, the resident's support plan, dated [REDACTED], does not include a plan for how the home will meet these needs.

Plan of Correction*Directed (JW - 11/16/2022)*

Corrections made 05/13/22 by the RCC

RCC completed whole house audit. RCC will review RASPS monthly for completeness.

DIRECTED PLAN:

By 11/25/22: The administrator or designee will audit all current resident assessments and support plans to ensure each is timely, complete and up-to-date with the resident's current needs. JW 11/16/22

Directed Completion Date: 11/10/2022

Implemented (CB - 04/20/2023)

227d - Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's assessment, dated [REDACTED] indicates the resident has a need for assistance in handling aggressive behaviors toward residents and staff. The resident's support plan, dated [REDACTED], does not document how this need will be met other than "bingo etc.".

Plan of Correction*Accept (JW - 11/16/2022)*

See attached. Resident #1 RASP updated [REDACTED] by the RCC. See attached.

RCC completed a whole house audit on 5/16/2022.

227d - Support Plan Medical/Dental (continued)

RCC to review RASP monthly for completion.

Resident is currently being evaluated for transfer to a more appropriate living setting to deal with his specific behaviors and intellectual needs.

Licensee's Proposed Overall Completion Date: 11/10/2022

Implemented (CB - 04/20/2023)

251b - Record Entries Legible

7. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident #3's most recent medical evaluation was written over on the sections for the date the resident was evaluated and the date that the form was completed.

Plan of Correction

Accept (JW - 11/16/2022)

Resident #3 most recent DME from PCP attached. RCC to monitor for write overs or any altering of documents as they are completed by the Residents PCP. If occurs RCC with request the physician completes a new form at the time found.

Licensee's Proposed Overall Completion Date: 11/10/2022

Implemented (CB - 04/20/2023)