

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

August 16, 2023

[REDACTED] DIRECTOR OF OPERATIONS
GUARDIAN ELDER CARE AT CLARION LLC
[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 05/10/2023 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: 08/30/2023
 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: [REDACTED]
 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: 32 Waking Staff: 24

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 05/10/2023

Inspection Dates and Department Representative

05/10/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 40 Residents Served: 30
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 26
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

05/10/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/22/2023

05/23/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/31/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/31/2023

Inspections / Reviews *(continued)*

05/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/01/2023

08/16/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Direct care staff A, hired [REDACTED], did not receive training within the first 40 hours of work in the following content areas: Emergency Medical Plan and Reportable Conditions and Incidents.

Plan of Correction

Accept [REDACTED] - 05/24/2023)

Staff A orientation did not include the Emergency Medical Plan and Reportable conditions as an oversight by [REDACTED], LPN, PCHA. [REDACTED] orientation period was difficult due to scheduling conflicts with [REDACTED] availability.

Staff A completed Emergency Medical Plan training by [REDACTED], LPN, PCHA on 05/15/23.

All staff, including Staff A, received Reportable Conditions and Incidents training by [REDACTED], LPN, PCHA on 05/15/2023

Documentation attached

A Tracking and monitoring system and documentation of training for new hires was developed by and to be used by [REDACTED], LPN, PCHA effective 5/23/23 starting with the next new hire. [REDACTED], LPN Administrator will use the tool to ensure training for new hires is timely and includes all required training and both the Ann Winger, LPN, PCHA /or designee (Orientation of new hires is periodically provided by the facility HR manager and/or RCC) and new hire will sign acknowledging when completed. Documents attached.

05/15/2023 a new hire and annual training binder was developed by the Administrator to ensure all required topics of training are available to all staff to be used effective 5/23/23 starting with the next new hire. Table of contents attached.

The facility uses an online training program Relias for staff training. Staff are permitted to complete trainings from their home or in house. In the event staff are not able to access the online courses a new hire and annual training binder was developed 05/15/2023 by [REDACTED], LPN, PCHA to ensure all required topics of training are available to all staff. Table of contents attached.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [REDACTED] - 08/16/2023)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff B, hired [REDACTED], did not received training in the following required content areas during the 2022 training year: medication self administration, instruction on meeting the needs of residents (DME and RASP), infection control, care for residents with dementia and cognitive impairment and care for residents with mental health

65f - Training Topics (continued)

diagnoses.

Direct care staff C, hired [REDACTED], did not received training in the following required content areas during the 2022 training year: instruction on meeting the needs of residents (DME and RASP).

Plan of Correction

Accept [REDACTED] - 05/24/2023)

Staff B failed to complete the assigned trainings timely. Staff B had been counseled by the administrator 05/10/2023 on the mandatory requirement for completing assignments.

Staff B has completed training by [REDACTED], LPN, PCHA on medication self administration, instruction on meeting the needs of residents (DME and RASP), infection control, care for residents with dementia and cognitive impairment and care for residents with mental health diagnoses.

Staff C was counseled on the mandatory training requirements on [REDACTED] and received DM and RASP Training by [REDACTED], LPN, PCHA on 05/15/23. Documentation attached.

All staff have completed training by [REDACTED], LPN, PCHA on Pre screen, DME, RASP as of 05/18/2023. Documentation attached.

A monitoring and tracking tool developed by [REDACTED], LPN, PCHA completed an audit on 05/15/2023 of current status of staff assigned trainings. [REDACTED], LPN, PCHA will monitor monthly and all staff will be given a reminder half way through the month to complete the trainings. Failure to complete the trainings can result in disciplinary action.

The facility uses an online training program Relias for staff training. Staff are permitted to complete trainings from their home or in house. In the event staff are not able to access the online courses a new hire and annual training binder was developed 05/15/2023 by [REDACTED], LPN, PCHA to ensure all required topics of training are available to all staff. Table of contents attached.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [REDACTED] - 08/16/2023)

65g - Annual Training Content**3. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff B, hired [REDACTED], did not received training in the following required content areas during the 2022 training year: resident rights and the Older Adult Protective Services Act (OAPSA).

Plan of Correction

Accept [REDACTED] 05/24/2023)

Staff B failed to complete the assigned trainings timely. Staff B had been counseled by [REDACTED], LPN, PCHA 05/10/23 on the mandatory requirement for completing assignments.

65g - Annual Training Content (continued)

All Staff received OPSA training on [redacted] by Ann Winger, LPN, PCHA. Documentation attached.

A monitoring and tracking tool developed by [redacted], LPN, PCHA completed an audit on 05/15/2023 of current status of staff assigned trainings. [redacted] LPN, PCHA will monitor monthly and all staff will be given a reminder half way through the month to complete the trainings. Failure to complete the trainings can result in disciplinary action. Document attached.

The facility uses an online training program Relias for staff training. Staff are permitted to complete trainings from their home or in house. In the event staff are not able to access the online courses a new hire and annual training binder was developed 05/15/2023 by [redacted], LPN, PCHA to ensure all required topics of training are available to all staff. Table of contents attached.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [redacted] - 08/16/2023)

103g - Storing Food

4. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 5/10/23 there were multiple open and unsealed items in the walk-in freezer to include:

- *one plastic bag containing hamburger patties
- *one plastic bag containing chicken fingers
- *one plastic bag containing lasagna noodles

Plan of Correction

Accept [redacted] - 05/24/2023)

Dietary manager [redacted], CDM corrected the open containers 05/10/2023 and counseled staff present. Photo attached

The Dietary manager will be providing inservice to all dietary staff regarding proper food storage by 5/31/2023

The dietary staff will audit the freezer food storage 2 times daily for 30 days beginning 05/15/2023. Dietary manager will ensure it is being completed daily for 30 days. Documentation attached.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [redacted] - 08/16/2023)

132a - Monthly Fire Drill

5. Requirements

2600.

132a - Monthly Fire Drill (continued)

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home failed to evacuate all residents during multiple fire drills in the past 12 months on the following dates and times:

- *4/4/23 at 8:44 a.m.– 30 residents in the home, 28 evacuated
- *3/22/23 at 6:16 p.m.– 28 residents in the home, 27 evacuated
- *2/24/23 at 2:05 a.m. – 30 residents in the home, 29 evacuated
- *9/26/23 at 7:03 p.m. – 33 residents in the home, 26 evacuated

Plan of Correction

Accept [redacted] - 05/24/2023)

- 4/4/23 at 8:44 a.m.– 30 residents in the home, 28 evacuated
- 3/22/23 at 6:16 p.m.– 28 residents in the home, 27 evacuated
- 2/24/23 at 2:05 a.m. – 30 residents in the home, 29 evacuated
- 9/26/23 at 7:03 p.m. – 33 residents in the home, 26 evacuated

The fire drills performed on the above dates occurred during an active COVID 19 outbreak and those individuals who sheltered in place were actively COVID positive.

An amendment to the fire drill policy was written by [redacted], LPN, PCHA on 05/15/2023 to include evacuating those with contagious disease. Copy attached. Policy effective 05/15/2023.

All Staff were informed by the Administrator of the new policy on 05/15/23. Copy attached.

Staff will ensure all residents will be evacuated during all drills beginning with the monthly fire drill due for May, 2023 to be monitored by the Maintenance Director performing the drill and documented on the Fire Drill log.

A drill was conducted 05/23/2023. All residents were evacuated. Document attached.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [redacted] - 08/16/2023)

133.1 - Exit Signs

6. Requirements

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

On 5/10/23 there was no exit sign on the wooden door leading from the enclosed smoking area to the parking lot. This door was magnetically locked, but according to staff interviews, will release when the fire alarm is activated. The home currently serves 30 residents.

Plan of Correction

Accept [redacted] - 05/24/2023)

Administrator and Maintenance Director not aware an exit sign was required on the actual gate. There is an illuminated exit sign at the door exiting the building.

133.1 - Exit Signs (continued)

An appropriate sign was placed by the Maintenance director on 05/10/2023. Photo attached.

This gate is outside of and can be seen from the staff office area. The gate is in the designated Smoking area which also has a fire extinguisher and the gate opens automatically when the Fire alarm is activated.

Maintenance Director will monitor the placement of the sign monthly during monthly Fire Extinguisher checks beginning 6/2023

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented () - 08/16/2023)

141b1 - Annual Medical Evaluation**7. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

As of 5/10/21 resident #1's most recent medical evaluation was ().

Plan of Correction

Accept () - 05/24/2023)

05/10/2023 Administrator () spoke to the RCC () who is responsible for ensuring all DME are completed timely. Per her own personal tracking it was marked as being completed and questioned whether it had been misfiled. Administrator and RCC searched current records and filed charts but was Unable to find in chart and/or filed medical records.

05/10/2023 A new DME has been requested by the RCC and scheduled to be completed Tuesday 05/23/2023 by the PCP.

05/15/2023 The RCC completed an audit of all Resident DME and began scanning a copy of the completed DME to the resident Electronic Health Record beginning 6/2023.

The RCC and Administrator will be scanning all 2022 and 2023 DME already completed to the EHR by 7/1/2023. The EHR will prevent misplaced/misfiled documents. This will enable the Administrator access when out of the facility to monitor the status of the DME.

A tracking tool developed by the RCC 05/15/2023 for Due date, completed and reviewed for completeness and scan to EHR effective 05/2023 Copy attached.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented () - 08/16/2023)

184a - Resident's Meds Labeled**8. Requirements**

184a - Resident's Meds Labeled (continued)

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 - The name of the medication.

Description of Violation

Resident #2 is prescribed [redacted] – give 1 tablet by mouth one time a day. However, the resident's medication label indicated: [redacted] – take 1 tablet daily.

Plan of Correction

Accept [redacted] - 05/24/2023)

Residents admission med list listed [redacted] 1 tablet daily. Copy attached.

On admission the RCC [redacted] entered the [redacted] as ER. The MAR printed from the EHR with the [redacted]. The medication came from the pharmacy as [redacted] but the label printed from the EHR stated ER. The pharmacy was contacted on 05/10/23 by the Administrator regarding the different forms of [redacted] and the pharmacist stated that [redacted] does not have an over the counter form in ER. Documentation attached.

The residents physician was contacted on 05/10/23 and verified that [redacted] is the accurate dose/form. It was found that it was a transcription error by the RCC when entering in to the EHR and not a a medication/dosage error. The MAR was adjusted 05/12/23 by [redacted], LPN, PCHA. Documentation attached.

05/10/2023 The RCC [redacted] was given counseling and training by [redacted], LPN, PCHA regarding the transcription of doctor's orders. Documentation attached

Effective Bin exchange 06/2023 Medications and labels are monitored monthly by the pharmacy during bin exchange. If errors are found the pharmacist will notify the RCC and/or PCP and a clarification/correction requested. The EHR/MAR will be updated by the RCC once the clarification/correction is received from the PCP in writing.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [redacted] - 08/16/2023)

185a - Implement Storage Procedures

9. 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 s glucometer is not calibrated to current date and time.

There were multiple incorrect blood glucose readings recorded on resident #1 s medication administration record (MAR) to include:

[redacted] blood glucose reading of [redacted] however the glucometer indicates [redacted]
[redacted] blood glucose reading of [redacted] however the glucometer indicates [redacted]

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept (JW 05/24/2023)

05/10/2023 It was found that the staff member performing the BGM transposed the number.

All staff were given training on performing and documenting BGM readings by [REDACTED], LPN, PCHA by 05/31/2023.

Documentation attached

All Glucometers are calibrated monthly by the 11-7 staff effective May 2023.

Administrator will conduct a BGM audit weekly. Beginning the week of 05/15/2023. Documentation attached

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [REDACTED] 08/16/2023

187d - Follow Prescriber's Orders

10. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [REDACTED] – give 1 tablet by mouth one time a day

However, according to staff interviews, the resident has been administered: [REDACTED] – take 1 tablet daily on 5/1/23 through 5/10/23.

Plan of Correction

Accept [REDACTED] 05/24/2023

Residents admission med list listed [REDACTED] 1 tablet daily. Copy attached.

On admission the RCC [REDACTED] entered the [REDACTED] into the EHR. The MAR printed from the EHR with the [REDACTED]. The medication came from the pharmacy as [REDACTED] but the label printed from the EHR stated ER. The pharmacy was contacted on 05/10/23 by the Administrator regarding the different forms of Ascorbic Acid and the pharmacist stated that Ascorbic Acid does not have an over the counter form n ER. Documentation attached.

The residents physician was contacted on 05/10/23 and verified that [REDACTED] is the accurate dose/form. t was found that it was a transcription error by the RCC when entering in to the EHR and not a a medication/dosage error. The MAR was adjusted 05/12/23 by [REDACTED], LPN, PCHA. Documentation attached.

05/10/2023 The RCC [REDACTED] was given counseling and training by [REDACTED], LPN, PCHA regarding the transcription of doctor's orders. Documentation attached

Effective Bin exchange 06/2023 Medications and labels are monitored monthly by the pharmacy during bin exchange. If errors are found the pharmacist will notify the RCC and/or PCP and a clarification/correction requested. The EHR/MAR will be updated by the RCC once the clarification/correction is received from the PCP in writing.

Licensee's Proposed Overall Completion Date: 05/23/2023

187d - Follow Prescriber's Orders (continued)

Implemented (JW 08/16/2023)

225a - Assessment 15 Days

11. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

On 5/10/23 resident #2 s initial medical evaluation, dated [redacted] indicates a diagnosis of vitamin deficiency, [redacted]. However, the resident s initial assessment and support plan, dated [redacted], does not address these diagnoses.

Plan of Correction

Accept [redacted] - 05/24/2023)

05/10/2023 Administrator [redacted] spoke to the RCC [redacted] who is responsible for ensuring all RASP are completed timely and include all diagnosis / conditions.

05/10/2023 RCC was counseled by [redacted], LPN, PHCA on ensuring that all diagnosis/conditions appear on the Resident RASP and are addressed with interventions and who is responsible for those interventions.

Residents RASP was updated 05/10/2023 by the RCC [redacted]. Document attached

05/15/23 A whole house audit was completed by the RCC for due dates and content on completed RASP to this point n 2023.

The RCC will use a tracking tool for due dates and content monthly beginning 05/2023. Document attached.

The RASP will be scanned to the Resident EHR once completed as well as a hard copy in the current open record for access by all staff.

The RCC and Administrator will be scanning all 2022 and 2023 RASP already completed to the EHR by 7/1/2023. This will enable the Administrator access when out of the facility to monitor the status of the RASP and prevent misplacing/misfiling of documents.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [redacted] 08/16/2023)