

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

January 4, 2024

[REDACTED], ADMINISTRATOR
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 11/21/2023 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: *08/30/2024*
 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: Total Daily Staff: *29* Waking Staff: *22*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *12/11/2023*

Inspection Dates and Department Representative

11/21/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *40* Residents Served: *29*
 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: *25*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/21/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/25/2023*

12/28/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/04/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/05/2024*

Inspections / Reviews (*continued*)

01/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

01/04/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 11/15/23 at 5pm, resident #1 had an unwitnessed fall and hit [redacted] head. [redacted] was sent to emergency room, where [redacted] was diagnosed with [redacted] and was transferred to another hospital. On [redacted]/23, resident #1 was discharged to a nursing and rehabilitation center for short term rehabilitation. However, the home did not report this incident to the Department until 12/6/23.

Plan of Correction

Accept [redacted] - 01/04/2024)

On 11/23/23 Administrator [redacted], LPN, reviewed all internal incident/fall reports for the previous 12 months. No reportable incidents found to be not reported. On 12/6/2023 Administrator [redacted], LPN, completed and submitted an incident report for the fall of Resident #1. 12/13/2023 all Staff completed inservice training on the need for and how to complete and submit a reportable incident. Documentation attached. All incidents are to be reported to Administrator [redacted] or RCC [redacted] at the time of the incident to ensure that the proper reporting is completed.

All incidents will be reviewed by Administrator [redacted] during facility Quality Management. Residents with multiple falls and or injury will be evaluated for safety and appropriate level of care and supervision.

Proposed Overall Completion Date: 12/20/2023

Licensee's Proposed Overall Completion Date: 01/02/2024

Implemented [redacted] - 01/04/2024)