

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

June 18, 2024

[REDACTED], ADMINISTRATOR  
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 05/14/2024 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]

**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: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 05/14/2024

**Inspection Dates and Department Representative**

05/14/2024 - 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: 3 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 2 Have Physical Disability: 0

**Inspections / Reviews**

05/14/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/14/2024

06/18/2024 - POC Submission  
 Submitted: [REDACTED] Date Submitted: 06/18/2024  
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

06/18/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/18/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] the home reported a resident abuse allegation against Staff person A indicating that the staff person was immediately removed from the facility and suspended. However, Staff person A returned to work on [REDACTED] without the Department approving a supervision plan.

Plan of Correction

Accept ([REDACTED] - 06/18/2024)

[REDACTED] upon being notified of the Abuse allegation the staff person was removed from the facility immediately. [REDACTED] LPN Administrator was notified by [REDACTED], Clarion Aging, that the abuse allegation was unfounded. Administrator asked if the employee was permitted to return to work and [REDACTED] stated yes. Administrator misunderstood that the employee could not return without a department approved plan. [REDACTED] returned to the facility on [REDACTED] - [REDACTED] was reassigned to a different work area and is not permitted to provide direct care to the resident involved, unless absolutely necessary in an emergency. [REDACTED], lpn, Administrator and [REDACTED] RCC will be monitoring daily for complaints of or signs of Abuse. All PC staff were given training on Abuse and Reporting on 5/23/24. Attached. In the future employees will not permitted to return to work without a Department approved supervision plan.

Licensee's Proposed Overall Completion Date: 06/04/2024

Implemented [REDACTED] - 06/18/2024)