

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

March 14, 2025

[REDACTED] ESQUIRE/REASONABLE PERSON
CLARION PA PC OPCO, LLC

RE: CLARION PERSONAL CARE
COMMUNITY
999 HEIDRICK STREET
CLARION, PA, 16214
LICENSE/COC#: 45588

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/04/2025 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 PERSONAL CARE COMMUNITY* License #: *45588* License Expiration: *10/29/2025*
 Address: *999 HEIDRICK STREET, CLARION, PA 16214*
 County: *CLARION* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *CLARION PA PC OPCO, 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: *27* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/04/2025*

Inspection Dates and Department Representative

02/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *40* Residents Served: *27*
 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: *24*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/04/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/07/2025*

03/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/13/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/10/2025*

Inspections / Reviews (*continued*)

03/10/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/13/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/13/2025

03/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/13/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

183d - Prescription Current

2. 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 2/4/25, Clotrimazole-Betamethasone External Cream prescribed for resident #1 was in the home's medication cart; however, the medication was discontinued on 1/14/25.

Plan of Correction

Accept (█ - 03/10/2025)

Staff over looked the medication in the med cart. RCC █ removed and discarded the discontinued medication 2/4/25 upon discovery. 2/5/25 RCC █ performed a cart check for any further discontinued medications. Staff will be in-serviced by Administrator █ LPN by 3/13/25 on the proper Storage and disposing of medications. Staff completed 3/3/25. See attached. RCC █ and █, LPN Admin will perform a cart check monthly beginning next bin exchange 3/13/25 prior to pharmacy bin exchange and all discontinued or expired medications can be processed by the pharmacy for proper disposal.

Proposed Overall Completion Date: 03/13/2025

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented (█ - 03/14/2025)

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2's Albuterol Sulfate Aerosol Powder Breath was open and undated. According to the manufacturer's instructions, Albuterol Sulfate Aerosol Powder Breath expires 13 months after opening.

Resident #2's Stiolto Respimat AER was open and undated. According to the manufacturer's instructions, Stiolto Respimat AER expires 3 months after first use.

Plan of Correction

Accept (█ - 03/10/2025)

Resident Albuterol sulfate was brought in from home on admission █. Unable to determine when it was originally opened. Expiration date - July 2025. Per Pharmacy recommendations discard date would be the manufacturers expiration date of July 2025. See attached. 2/6/25 The list of recommended expiration dates was placed by █, LPN, PCHA in both MAR books as well as hung on the wall in the staff offices for reference. The Medication is a PRN and resident has not used since admission █. 2/27/25 RCC █ Requested physician discontinue for non-use. Order received 2/27/25. See attached. Cart reviewed 2/4-2/7 by RCC █ to ensure medications are dated correctly. RCC █ and █ LPN will perform a monthly chart audit beginning 3/13/25 prior to pharmacy bin exchange for dates of open and dates of discard. If found all attempts will be made to identify when opened. If unable the medication will be discarded and a new one opened and dated appropriately. Any found to be expired will be removed immediately and a new one opened and

183e - Storing Medications (continued)

dated appropriately. All staff will be in serviced by Administrator [REDACTED] LPN by 3/13/25 on the dating of medications when opened and when to discard. Completed 3/3/25. See attached.

See attached

Proposed Overall Completion Date: 03/13/2025

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented ([REDACTED] - 03/14/2025)

184a - Resident's Meds Labeled

4. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed Nystatin External Powder. The pharmacy label for resident 1's Nystatin External Powder, indicates Nystop.

Plan of Correction

Accept ([REDACTED] - 03/10/2025)

See attached.

Resident ordered Nystatin Powder.

Nystatin is the generic name. Nystop and Nyamyc are brand names for Nystatin.

Pharmacy substituted the brand names when the generic form was not available.

By 3/13/25 All staff will be in serviced by Administrator [REDACTED] LPN to inspect all incoming medication deliveries to ensure that when a substitute is made by the pharmacy that the label identifies the substitute is identified as either the generic form or the brand name. If not labeled correctly the staff member will notify the pharmacy of the need for a new label reflecting the change. Inservice completed 3/3/25. Pharmacy will review the labels monthly during bin exchange beginning 3/13/25. RCC [REDACTED] will review the cart monthly beginning 3/13/25 prior to pharmacy review and bring any concerns to their attention.

Proposed Overall Completion Date: 03/13/2025

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented ([REDACTED] - 03/14/2025)

187a - Medication Record

5. Requirements

2600.

187a - Medication Record (continued)

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed Nystatin External Powder. However, resident #1's February 2025 medication administration record (MAR) indicates Nyamyc.

Resident #1 is prescribed Humalog Kwikpen, inject as per sliding scale:

- * 0-149 = 0 units
- * 150-200 = 1 unit
- * 201-250 = 2 units
- * 251-300 = 3 units
- * 301-350 = 4 units
- * 351-400 = 5 units
- * 400+ = 6 units
- * Above 401, give insulin and call the Doctor

However, resident #1's February 2025 MAR indicates "151 - 200 = 1 unit.

Plan of Correction

Accept (█ - 03/10/2025)

Resident had recently returned from █ and a transcription error was made regarding █ sliding scale coverage. The correct scale was verified and the correction to the MAR was made 2/4/25 by RCC █ █ 2/4/25 RCC █ reviewed all sliding scale orders for accuracy. All staff will be in serviced by █ LPN on proper documentation/transcription of medication orders by 3/13/25. Completed 3/3/2025 see attached.

Proposed Overall Completion Date: 03/13/2025

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented (█ - 03/14/2025)

227d - Support Plan Medical/Dental

6. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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 self-administers multiple medications to include Ozempic and Acetaminophen. The assessment for resident #1, dated [REDACTED] indicates the resident can self-administer medications with assistance in remembering schedule, offering medications at prescribed times, and opening container or locked storage area. However, the resident's support plan, dated [REDACTED] does not document how the home will assist the resident with remembering schedule.

The assessment for resident #1, dated [REDACTED], indicates the resident uses of a bed enabler for assistance in transferring in/out bed/chair. However, the resident's support plan, dated [REDACTED] does not address educating the resident on the safety risks of the use of a bed enabler.

Plan of Correction**Accept ([REDACTED] - 03/10/2025)**

8/8/24 an order from the Resident's PCP was received for resident to self administer. 8/8/24 Resident was given both verbal and written instructions on the use and administering of Ozempic by [REDACTED], LPN, Admin. Resident has been on this medication for several years and had been administering it to [REDACTED] prior to admission. The Ozempic is stored in the medication cart and is delivered to the resident at the time of administration. 2/4/25 RASP Updated by MRCC [REDACTED].

5/18/23 Resident was presented on admission with the benefits and negative outcomes of using a bed enabler by [REDACTED], LPN, Admin. [REDACTED] updated the RASP 2/4/25.

See attached.

Proposed Overall Completion Date: 03/13/2025

Licensee's Proposed Overall Completion Date: 03/13/2025

Implemented ([REDACTED] - 03/14/2025)