

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

April 16, 2026

[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 01/30/2026 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: 10/29/2026
 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: 05/16/2025 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 29 Waking Staff: 22

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 01/30/2026

Inspection Dates and Department Representative

01/30/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 40 Residents Served: 25
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 21
 Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

01/30/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/15/2026

03/24/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/06/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/07/2026

Inspections / Reviews *(continued)*

04/16/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65f - Training Topics

1. Requirements

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff members A and B did not receive training in personal care service needs of the resident, safe management techniques or care for residents with mental illness or intellectual disability, during training year 2025.

Plan of Correction

Accept ([REDACTED]) - 03/24/2026

Staff A & B will complete the required training related to personal care services needs safe management techniques, and care for residents with mental illness or intellectual disabilities. Documentation of completed training will be placed in the employee's personal file.

Training will be completed no later than 3/20/26

The Administrator or designee will review all staff training records to ensure that required annual training hours and topics are completed with in the training year. A training tracking log will be maintained to monitor required topics and completion dates for each staff member.

The administrator or designee will conduct quarterly reviews of employees training files to ensure compliance with annual training requirements. Any missing training will be scheduled immediately to ensure staff remain compliant with regulation 2600.65f Any missing trainings will be completed no later than 3/20/26

Responsible Person: Administrator/ designee

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented ([REDACTED]) - 04/16/2026

86b - Bathroom

2. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 1-30-26 at 10:35AM the exhaust fan in resident #1's bathroom was inoperable. There was no widow in the room.

On 1-30-26 at 10:45 AM the exhaust fan in resident #2's bathroom was inoperable. There was no window in the room.

Plan of Correction

Accept ([REDACTED]) - 03/24/2026

The exhaust fan in resident #1 was replaced on 2/9/26 resident #2 exhaust fan was replaced on 3/6/26 to ensure they are fully operational and providing proper ventilation. Both bathrooms were tested to confirm the exhaust fans are functioning properly on 3/6/26. The Administrator or designee will implement a monthly environmental

86b - Bathroom (continued)

inspection checklist to ensure that all exhaust fans and ventilation systems in bathrooms are functioning properly. Monthly inspections will start on 3/6/26, and will continue for three months to ensure compliance. Maintenance will complete and document monthly building inspections. Any maintenance issues identified will be addressed immediately to maintain compliance with regulation 2600.86.B
Responsible Person: Maintenance director

Licensee's Proposed Overall Completion Date: 03/08/2026

Implemented () - 04/16/2026

103e - Left Overs**3. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 1-30-26 at 10:18 AM there was an open, unlabeled bag of French fries in the freezer.

On 1-30-26 at 10:19 AM there was an open, unsealed box of beef patties in the freezer.

Plan of Correction

Accept () - 03/24/2026

1/30/26 upon discovery, the open bag of French fries and the open box of beef patties were properly sealed and labeled with the date they were opened. Food storage in the freezer was inspected to ensure all items were properly sealed and labeled.

The dietary supervisor and dietary staff will conduct routine checks of all freezer and refrigerator items are properly sealed and labeled with the date opened.

All dietary staff responsible for food storage will be re-educated on proper food storage procedures, including the requirement that all opened food items must be sealed and labeled with the date opened. Weekly inspection checks started on 1/30/26 and will continue for four weeks and then monthly for 2 months.

The dietary supervisor and dietary staff are responsible for ensuring compliance.

Compliance was achieved on 1/30/26 and will be maintained ongoing

Licensee's Proposed Overall Completion Date: 03/15/2026

Implemented () - 04/16/2026

185a - Implement Storage Procedures**4. 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

On 1/30/26 at 2:30 PM the blood glucose check for resident #4 was documented as 103. However, the resident's glucometer indicated the reading was 85.

Plan of Correction

Accept () - 03/24/2026

Upon discovery on 1/30/26 of the discrepancy. Resident #4 blood glucose record was reviewed and corrected to

185a Implement Storage Procedures (continued)

reflect accurate glucometer reading of 85. The resident was assessed no adverse effects noted. All staff responsible for blood glucose monitoring and documentation were re educated on proper procedures for accurate documentation of glucometer readings on 2/15/26. including verifying the reading recording it in the MAR. Staff were instructed to document the blood glucose reading immediately after performing the test and verify accuracy prior to charting. Random audits of glucose documentation will be conducted to ensure compliance. The Administrator or designee will conduct weekly audits of blood glucose documentation for 30 days starting 2/2/2026 to ensure readings recorded in the resident record match the glucometer readings. Any discrepancies will be addressed immediately with additional staff education. Corrective action and re education were completed with all staff 2/15/26 with documentation monitoring will continue through April 2nd.

Licensee's Proposed Overall Completion Date: 03/08/2026

Implemented (█) - 04/16/2026