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

October 19, 2026

[redacted]
CLARION PA PC OPCO LLC
[redacted]

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

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2026, 08/18/2026 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**: *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *37* **Waking Staff**: *28*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *08/18/2026*

Inspection Dates and Department Representative

08/13/2026 - On-Site: [redacted]

08/18/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* **Residents Served**: *37*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10* **Are 60 Years of Age or Older**: *37*

Diagnosed with Mental Illness: *10* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *1*

Inspections / Reviews

08/13/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/18/2026*

09/29/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/05/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/05/2026*

Inspections / Reviews *(continued)*

10/19/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/05/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] resident [redacted] told staff person A that [redacted] roommate, resident [redacted] told [redacted] when someone was showering resident [redacted] they put something up inside [redacted] Staff person A asked resident [redacted] to come and talk with [redacted] Resident [redacted] told staff person A that when someone was showering [redacted] they put something up inside [redacted] and since then it burns when [redacted] urinates. On [redacted] resident [redacted] also told staff person B that staff person C showered [redacted] a few weeks ago and stuck something up inside [redacted] and [redacted] has had a burning sensation ever since. Staff persons A and B reported this incident to staff person D who received the information on [redacted], however the allegation of abuse was not reported. On [redacted] resident [redacted] was seen by [redacted] for constant pain and burning in [redacted] vaginal area. At this visit an object was found inside the resident's [redacted] and removed. The home was notified by the [redacted] about the findings, and it was only then that an allegation of abuse was reported by the home on [redacted].

Plan of Correction ***Accept [redacted] 09/29/2026)***

15a. Upon identification of the deficiency, the Administrator reviewed the circumstances surrounding the delayed report.

Regulation 2600.15(a) was reviewed and AAA came in and completed a whole staff education on types of abuse and reporting requirements. The education emphasized that all suspected or alleged abuse must be reported immediately and that staff are not permitted to delay reporting while attempting to investigate or determine whether abuse occurred.

Staff have been instructed to immediately notify the appropriate Administrator/designee of any allegation or suspicion of abuse and to follow that facility's established reporting policy.

If an allegation involves any staff person, the Administrator/designee will immediately implement the appropriate plan of supervision or suspend the staff person as required and submit the required documentation to the department.

The Administrator/designee will review all incident reports, abuse allegations, and related documentation. Weekly for 4 weeks and monthly thereafter for 3 months to verify that suspected abuse is reported immediately and that all required notifications and protective measures are documented.

Any identified failure to follow the abuse reporting procedure will result in immediate corrective action, including additional education and/or disciplinary action as appropriate.

Responsible Person: Administrator or designee

Licensee's Proposed Overall Completion Date: *09/17/2026*

Implemented [redacted] - 10/19/2026)

15b - Supervisor Plan

2. Requirements

2600.

15b Supervisor Plan *(continued)*

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], resident [redacted] told staff person A that [redacted] roommate, resident [redacted] told [redacted] when someone was showering resident [redacted] they put something up inside [redacted] Staff person A asked resident [redacted] to come and talk with [redacted] Resident [redacted] told staff person A that when someone was showering [redacted] they put something up inside [redacted] and since then it burns when [redacted] urinates. On [redacted] resident [redacted] also told staff person B that staff person C showered [redacted] a few weeks ago and stuck something up inside [redacted] and [redacted] has had a burning sensation ever since. Staff persons A and B reported this incident to staff person D who received the information on [redacted], however the allegation of abuse was not reported and staff person D was not suspended or supervised. On [redacted] resident [redacted] was seen by [redacted] [redacted] for constant pain and burning in [redacted] vaginal area. At this visit an object was found inside the resident's vaginal cavity and removed. The home was notified by the [redacted] about the findings, and it was only then that an allegation of abuse was reported by the home on [redacted]

Plan of Correction ***Accept[redacted] - 09/29/2026)***

2600 15(b)

Upon identification of the deficiency, the Administrator reviewed the circumstances surrounding the allegation. Staff person C did not return to the personal care unit unsupervised during the investigation and had no contact with resident [redacted] as appropriate, pending further review and investigation.

The Administrator / designee has provided education to all management staff and supervisors regarding the requirements of 55 Pa. Code 2600.15 (b)

Education emphasized to management: whenever an allegation of abuse involving a resident and a home staff person is received, the home must immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident. Staff will be instructed that protective measures must be implemented immediately and may not be delayed while waiting for an investigation to be completed.

Supervisors and management staff received education on the appropriate documentation required, including the date and time the allegation was received, the immediate protective action taken, the plan of supervision or suspension implemented, and notifications made.

The Administrator /designee will review all allegations of abuse involving staff persons weekly for 4 weeks and monthly for 3 months to verify that an appropriate plan of supervision or suspension was implemented immediately and that the action was fully documented.

Any identified failure will result in immediate corrective action, including additional education and /or disciplinary action as appropriate.

Responsible Person:

Administrator or designee

Licensee's Proposed Overall Completion Date: *09/17/2026*

Implemented [redacted] - 10/19/2026)

16c - Written Incident Report

3. Requirements

16c - Written Incident Report *(continued)*

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 [redacted], resident [redacted] told staff person A that [redacted] roommate, resident [redacted] told [redacted] when someone was showering resident [redacted] they put something up inside [redacted] Staff person A asked resident [redacted] to come and talk with [redacted] Resident [redacted] told staff person A that when someone was showering [redacted] they put something up inside [redacted] and since then it burns when [redacted] urinates. On [redacted], resident [redacted] also told staff person B that staff person C showered [redacted] a few weeks ago and stuck something up inside [redacted] and [redacted] has had a burning sensation ever since. Staff persons A and B reported this incident to staff person D who received the information on [redacted], however the allegation of abuse was not reported. On [redacted] resident [redacted] was seen by [redacted] for constant pain and burning in [redacted] vaginal area. At this visit an object was found inside the resident's vaginal cavity and removed. The home was notified by the [redacted] about the findings, and it was only then that an allegation of abuse was reported to the department on [redacted]

Plan of Correction ***Accept [redacted] - 09/29/2026)***

The home acknowledges that the specific incident allegation was not reported within the guidelines of the regulation.

All staff including Administrator received training on 55 Pa Code 2600.16 and 2600.15 Emphasizing the importance of the strict 24-hour reporting window starting from the initial moment of allegation.

Implement tracking log that records the exact date and time an allegation or incident is first discovered, alongside the date and time the regional office or complaint hotline is notified.

Administrator is responsible for this plan of correction

Licensee's Proposed Overall Completion Date: *09/17/2026*

Implemented [redacted] - 10/19/2026)

23a - Activities of Daily Living Assistance

4. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan dated [redacted] for resident [redacted] indicates the resident requires assistance from staff with showers twice a week. On [redacted], the resident had last received a shower on [redacted]

Plan of Correction ***Accept [redacted] - 09/29/2026)***

Resident [redacted]s shower schedule and ADL needs were immediately reviewed with the resident and responsible staff.

23a - Activities of Daily Living Assistance (continued)

Staff were reminded that all ADLs must be provided in accordance with each resident's current assessment and support plan. Resident [redacted] will be overed and assisted with showers twice weekly, as indicated in the residents support plan. Any refusal or inability to complete the scheduled shower will be documented, and appropriate follow - up will be initiated.
The Administrator/designee will review Resident#3's ADL documentation weekly for four weeks to ensure showers are being provided as scheduled and that any refusals or missed services are appropriately documented and addressed. Any identified concerns will be corrected immediately.
Staff Education:
All direct -care staff will be educated on the requirement to follow residents assessments and support plans regarding ADL services provided and to report missed or refused services to the Administrator/designee.
On 8/18/2026 all showers were reviewed with the resident and they have now been added into the TAR for documentation.
Administrator/designee will take corrective action promptly if any variance from the resident assessment or support plan is identified.
Administrator/designee is responsible for this plan of correction.

Licensee's Proposed Overall Completion Date: *09/17/2026*

Implemented [redacted] 10/19/2026)

57d - Waking Hours

5. Requirements

2600.
57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [redacted] a total of 33 hours of direct care was required. However, only 21 of the required 25 hours were provided during waking hours.

On [redacted], a total of 33 hours of direct care was required. However, only 21 of the required 25 hours were provided during waking hours.

On [redacted], a total of 32 hours of direct care was required, However, only 20 of the required 24 hours were provided during waking hours.

Plan of Correction ***Accept [redacted] - 09/29/2026)***

The Administrator/Designee reviewed the staffing and personal care service schedules for 8/2,8,3 and 8/15 to identify the cause of the identified deficiency.
The facility recognizes that the required percentage of personal care service hours was not provided during waking hours on the identified dates.
The administrator / designee will ensure that personal care services are scheduled based upon each resident's current assessment and support plan, and that at least 75% of the required personal care service hours are available

57d - Waking Hours (continued)

during waking hours.
Prior to finalizing each weekly staffing schedule, management will review.
Total personal care service hours that must be available during waking hours.
The staff scheduled to provide those services.
Potential staffing vacancies, call-offs or schedule changes that could result in noncompliance.
A daily staffing review will be completed.
Staff Education:
All applicable direct-care staff and supervisory staff will be educated regarding the requirements of 57.d. and the facility's procedures for maintaining required personal care service hours during waking hours.
Administrator/Designee will be responsible for this plan of correction.

Licensee's Proposed Overall Completion Date: *09/18/2026*

Implemented [redacted] - 10/19/2026)

85a - Sanitary Conditions

6. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 10:19 a.m. there were 6 bottles of various brands of liquid bodywash in the home's common bathroom shower on the left side of PC [redacted] hall. None of the bottles were labeled with a resident name.

On [redacted] at 2:06 p.m. there were 5 bottles of various brands of liquid bodywash in the home's common bathroom shower on the right side of PC [redacted] hall. None of the bottles were labeled with a resident name.

On [redacted] at 10:26 a.m. the carpet in room [redacted] was stained and dirty particularly in the area alongside the one of the beds, and upon entrance into the shared bedroom.

Plan of Correction ***Accept [redacted] - 09/29/2026)***

The facility will maintain sanitary conditions in all resident rooms, bathrooms, and common areas to comply with 2600 85.a.
On 8/18/26 all liquid body wash was removed from the common bathroom shower on left and right side of PC#1 hall.
Staff will ensure that personal care products kept in common bathroom areas are appropriately identified with the residents name and stored in a manner that promotes cleanliness, organization, and infection control. Staff will also routinely inspect resident rooms and common areas for stained, soiled, or otherwise unsanitary flooring and will address identified concerns promptly.
Room 216 is scheduled for new paint and flooring starting September 16th and will be completed no later than 10/1/26.
Administrator / Designee will monitor resident rooms, common areas, and floors daily for four weeks then weekly for four months. If any areas are unsanitary staff will be notified and the areas will be cleaned.
Cleaning of rooms have been added to the TAR for accurate documentation.

85a Sanitary Conditions (continued)

Administrator/Designee will be responsible for this plan of correction

Licensee's Proposed Overall Completion Date: *09/18/2026*

Implemented [redacted] - 10/19/2026)

142a - Secure Medical Care

7. Requirements

2600.
142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

During the period of [redacted] to [redacted], resident [redacted] experienced vaginal burning and irritation. This was initially reported to staff on [redacted] when resident [redacted] told staff person A that [redacted] roommate, resident [redacted] told [redacted] when someone was showering resident [redacted] they put something up inside [redacted] Staff person A asked resident [redacted] to come and talk with [redacted] Resident [redacted] told staff person A that when someone was showering [redacted] they put something up inside [redacted] and since then it burns when [redacted] urinates. On [redacted], resident [redacted] also told staff person B that staff person C showered [redacted] a few weeks ago and stuck something up inside [redacted] and [redacted] has had a burning sensation ever since. Staff persons A and B reported this incident to staff person D, who received the information on [redacted]

On [redacted] the resident was ordered 2 prescriptions for infections, [redacted], take 1 capsule by mouth three times a day and also [redacted], take 1 by mouth for 14 days for suspected Urinary Tract Infection. The resident's pain and burning did not subside. On [redacted] resident [redacted] was seen by [redacted] [redacted] for constant pain and burning in [redacted] area. At this visit an object was found inside the resident's [redacted] and removed.

Plan of Correction ***Accept [redacted] 09/29/2026)***

Upon identification of the concerns involving resident [redacted] the facility initiated corrective measures to ensure the resident received appropriate medical evaluation and treatment.
Resident [redacted] was evaluated by [redacted] medical providers for [redacted] ongoing complaints of vaginal burning and irritation. The facility followed the recommendations and orders resulting from medical evaluations and followed and documented in the resident records.
Resident [redacted] was evaluated for appropriate level of care, and was moved to the skilled unit for higher level of care.
All staff are responsible for promptly recognizing , reporting and documenting, and responding to changes in a residents health status.
All direct care staff, supervisors and other applicable staff will receive education regarding the requirements of 142.a and the facility's procedures for responding to changes in resident health status:
Staff education:
**Immediately document the resident's complaint and observe symptoms.*
**Notify the appropriate supervisor/Administrator*
**Determine whether immediate medical attention, emergency services, or evaluation by the residents healthcare provider is warranted*
**Follow all physician/provider recommendations and orders*
**Document the medical evaluation, treatment, orders,*

142a Secure Medical Care (continued)

**Notify the appropriate individuals*
The Administrator/Designee will review assessment and support plan and update when needed
Administrator/Designee is responsible for this plan of correction

Licensee's Proposed Overall Completion Date: *09/18/2026*

Implemented [redacted] - 10/19/2026)