



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

AUG 24 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Kathy Nelson, Administrator  
Nelson Golden Years, Inc.  
P.O. Box 446  
DuBois, Pennsylvania 15801

RE: Nelson's Golden Years  
137 Oklahoma Cemetary Road  
DuBois, Pennsylvania 15801

Dear Ms. Nelson:

As a result of the Department of Public Welfare's licensing inspection on August 10, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your licensed capacity.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a date "1/90".

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NELSON GOLDEN YEARS, INC.

LEGAL ENTITY

To operate NELSON'S GOLDEN YEARS

NAME OF FACILITY OR AGENCY

Located at 137 OAKLAHOMA CEMETARY ROAD, DUBOIS, PA. 15801

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 60  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 24, 2011 until August 24, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 316500

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME NELSON S GOLDEN YEARS, 137 OAKLAHOMA CEMETARY ROAD DUBOIS, PA 15801		CURRENT LICENSE NUMBER 316500	
INSPECTION DATES (Include all dates of the inspection) 08/10/2011		REGIONAL REPRESENTATIVE Tera Newman, Jan Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kathy Nelson Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Kathy Nelson</i>	DATE 8-19-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Peggino (JJP)</i>	DATE 8-22-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) <i>Short Term</i>	DATE COMPLIANCE VERIFIED BY
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contracts for resident #1, resident #2 and resident #3 were not signed by the residents.	8-24-11 8-31-11 8-31-11 8-31-11	Review contract with Residents #1 #2 and #3 and have signed by resident. Notify the payer and resident designated person of the resident signature. Review All residents contracts to see if there are any other contracts not signed by resident Review contracts with Resident and have signed Notify the payer and resident designated person of the resident signature. <i>Long Term</i> Administrator will Review Annually the resident contract at the medical Eval update for signatures	8-22-11 <i>JJP</i>
	<b>Western Region</b>  AUG 19 2011  Adult Residential Licensing	Annually		

Administrator will be responsible for All the above.

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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME NELSON'S GOLDEN YEARS, 137 OAKLAHOMA CEMETARY ROAD DUBOIS, PA 15801		CURRENT LICENSE NUMBER 316500	
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SIGNATURE OF LEGAL ENTITY <i>Kathy Nelson</i>	DATE 8-19-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 8-22-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
906 For a home serving 8 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.	The home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency. On 8-10-11, the home served 44 residents.  <b>Western Region</b>  AUG 19 2011  Adult Residential Licensing	8-17-11  8-18-11  8-26-11  weekly	<u>Short Term</u> Adm. Purchase Talkabout 2-way Radios. Adm. Change the 2-way Radios re-chargable Batteries 16 Hrs. Adm. Interview Staff on the use of the Talkabout 2-way Radios. Put 2-way Radio into service.  <u>Long Term</u> Adm. will weekly check on the staff use of the 2-way radios and solve any problems as they occur.	8-22-11 <i>JJP</i>

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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME NELSON S GOLDEN YEARS, 137 OAKLAHOMA CEMETARY ROAD DUBOIS, PA 15801		CURRENT LICENSE NUMBER 316500	
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SIGNATURE OF LEGAL ENTITY <i>Natly Nelson</i>	DATE 8-19-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i>	DATE 8-22-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Resident #4 and resident #5 do not have a source of light that can be turned on/off from bedside.	8-17-11	<u>Short Term</u> Adm. Purchase wall mount Tap Lights.	
		8-18-11	Maintenance place wall mount Tap Lights on wall beside Resident #4 and #5 Bed.	8-22-11
		8-19-11	Educate Residents on the use of the Tap light and Staff.	<i>JYP</i>
	<b>Western Region</b>		Housekeeping will Audit All Residents Rooms to verify there is a operable lamp or other source of lighting that can be turned on/off at bedside	
	AUG 19 2011		Correct if None available	
	Adult Residential Licensing	weekly	<u>Long Term</u> Housekeeping will weekly verify that a workable source	

See page 3A

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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME NELSON S GOLDEN YEARS, 137 OAKLAHOMA CEMETARY ROAD DUBOIS, PA 15801		CURRENT LICENSE NUMBER 316500	
INSPECTION DATES (include all dates of the inspection) 08/10/2011		REGIONAL REPRESENTATIVE Tera Newman, Jan Cutler	
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10177 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Resident #4 and resident #5 do not have a source of light that can be turned on/off from bedside.		<u>Continue</u> of lighting will be accessible at each residents bedside.	
<p><b>Western Region</b></p> <p>AUG 19 2011</p> <p>Adult Residential Licensing</p>				

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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

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REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
142a 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.	On 9-15-10, resident #8 was ordered Physical Therapy. The home has not assisted the resident in securing physical therapy.	8-19-11	<u>Short Term</u> SULC. Contact Resident #6 physician to see if the physician wants PT ordered. Follow physician order. Document on Resident #6 Assessment and Support Plan the outcome ordered or Not ordered. Adm. Audit All residents medical Eval and/or physician orders to verify physician orders have been followed if Not Contact physician Document on Residents Assessment and Support plan if applicable.	8-22-11 <i>JJP</i>
	<b>Western Region</b>  AUG 19 2011	8-31-11		

Adult Residential Licensing

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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME NELSON S GOLDEN YEARS, 137 OAKLAHOMA CEMETARY ROAD DUBOIS, PA 15801		CURRENT LICENSE NUMBER 316500	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Nancy Nelson</i>	DATE 8-19-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JSP</i>	DATE 8-22-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
185a 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.	The home does not have the following PRN medications available for resident #7:  Bisacodyl sup 10mg - Insert 1 suppository rectally daily as needed for constipation.  Docusate Sodium 100mg - Take one capsule orally as needed for constipation.  Milk of Mag - Take 30ml orally daily as needed for constipation.	8-11-11  8-19-11  8-24-11  weekly	<u>Short Term</u> med Nurse [redacted] LPN obtain Bisacodyl Sup 10mg. Docusate Sol 100mg and milk of mag 30ml for resident #7 med Nurse Sue L will Audit All Residents MAR's to medications available and obtain any meds if are not available. Adm. will conduct a mandatory med Room Insuvice to Review med Room Procedures, Documentation of Insuvice will be completed.  <u>Long Term</u> med Nurse will weekly Audit All Residents See page 5A	8-22-11 <i>JSP</i>
	<b>Western Region</b>  AUG 19 2011  Adult Residential Licensing			

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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
185a 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.	The home does not have the following PRN medications available for resident #7:  Bisacodyl sup 10mg - Insert 1 suppository rectally daily as needed for constipation.  Docusate Sodium 100mg - Take one capsule orally as needed for constipation.  Milk of Mag - Take 30ml orally daily as needed for constipation.	<i>weekly</i>	<i>Continue <u>Lax Plan</u> MAR'S to medication Available. Any errors will be corrected if any.</i>	
	Western Region  AUG 19 2011  Adult Residential Licensing			

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME NELSON 5 GOLDEN YEARS, 137 OAKLAHOMA CEMETARY ROAD DUBOIS, PA 15801		CURRENT LICENSE NUMBER 316500	
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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #1, resident #2 and resident #3 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.  Western Region  AUG 19 2011  Adult Residential Licensing	8-24-11  8-30-11	<u>Short Term</u> Adm. will educate Resident #1, #2 and #3 to the residents right to refuse medication if the resident believes that there may be a medication error when the contract had been previous order violation 25b.  Adm. will review all residents contracts to see if there are any other contracts Not Sign by the resident and at the signing will educate the resident the right to refuse	8-22-11 <i>JJP</i>

See page 6A

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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME NELSON S GOLDEN YEARS, 137 OAKLAHOMA CEMETARY ROAD DUBOIS, PA 15801		CURRENT LICENSE NUMBER 316500	
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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #1, resident #2 and resident #3 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.  <b>Western Region</b>  AUG 19 2011  Adult Residential Licensing	8-30-11  Admission Date	<u>Continue short term medication</u> if the resident believe that there may be a medication error  <u>Long Term</u>  Adm. will educate the Resident the right to refuse medication if the resident believes that there may be a medication error at the Admission Signing of the contract.	

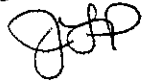
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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> NELSON S GOLDEN YEARS, 137 OAKLAHOMA CEMETARY ROAD DUBOIS, PA 15801		<b>CURRENT LICENSE NUMBER</b> 316500	
<b>INSPECTION DATES (Include all dates of the inspection)</b> 08/10/2011		<b>REGIONAL REPRESENTATIVE</b> Tera Newman, Jan Cutter	
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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kathy Nelson</i>		<b>DATE</b> 8-19-11	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
			<b>DATE</b> 8-22-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION <small>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)</small>	DATE COMPLIANCE VERIFIED BY
187a 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	The medication administration record for resident #7 does not include the Ear drops sol 6.5% - Use as directed as needed for ear wax.	8-18-11	<u>Short Run</u> Resident #7 MAR Now Includes Ear drops sol 6.5% use as directed PRN for ear wax	8-22-11 
	The medication administration record for resident #8 does not include a diagnosis for : Alprazolam 0.8 - Take one tab orally at HS.	8-18-11	Resident #8 MAR Now includes diagnosis for Alprazolam 0.8 take one tab orally at HS	
	The medication administration record for resident #9 does not include a diagnosis for: Fluticasone Propionate nasal spray or Ciprodex Otic Suspension 80 mcg	8-18-11	Resident #9 MAR now includes a diagnosis for Fluticasone Propionate Nasal Spray - Congestion.	
	Resident #9 MAR now includes diagnosis for Ciprodex Otic Suspension 80 mcg - Ear Blockage	8-18-11		
<b>Western Region</b> AUG 19 2011 Adult Residential Licensing				

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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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.	Western Region  AUG 19 2011  Adult Residential Licensing	8-24-11  weekly	<u>Lory Plam</u> Adm. will conduct a mandatory med room staff inservice to review med room procedures. Documentation of inservice will be completed.  Skill med nurse will weekly audit all residents MARs to assure the MARs include diagnosis for each medication listed as well as each medication in the cart will be on the MAR.	

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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<ul style="list-style-type: none"> <li>1) The initial assessment for resident #1, dated 1/5/11, does not address the residents low lactose, thin liquids diet per medical evaluation, dated 1-5-11.</li> <li>2) The initial assessment for resident #2, dated 1/20/11, does not address the residents diet of thin liquids per medical evaluation, dated 1-14-11.</li> <li>3) The initial assessment for resident #2 was completed on 1-20-11, prior to the resident being admitted to the home on 1-31-11.</li> <li>4) The initial assessment for resident #6, dated 9/11/10, does not address the residents need for physical therapy per medical evaluation, dated 9-15-11.</li> <li>5) The initial assessment for resident #6 does not address the residents diagnosis of HTN, hyperlipidemia, DM, Edema, Lumber radiculopathy and gait abnormality per medical evaluation, dated 9-15-11.</li> <li>6) The initial assessment for resident #8, dated 2/2/11, does not address the residents PT/OT</li> </ul>	<p>8-18-11</p> <p>9-9-11</p>	<p><u>Short Term</u></p> <p>Adm. updated Resident #1 Assessment Form to state Diet: Low lactose Regular Thin Liquids. Notify Dietary manager [redacted] ad change in Diet.</p> <p>Adm. updated Resident #2 Assessment Form to state Diet: Regular 2 thin liquid Notify Dietary manager NICKI O or change in Diet.</p> <p>Adm. Review All Residents Medical Eval. Compare to Assessment Form to Include Special Health or Dietary Needs.</p> <p>See page 9A</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (IPW)</p>

59123032049

AUG 19 11 01:02P  
2011/11/2011 13:58

Western Regional

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY <i>Nathy Nelson</i>	DATE 8-19-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8-22-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<ul style="list-style-type: none"> <li>1) The initial assessment for resident #1, dated 1/5/11, does not address the residents low lactose, thin liquids diet per medical evaluation, dated 1-5-11.</li> <li>2) The initial assessment for resident #2, dated 1/20/11, does not address the residents diet of thin liquids per medical evaluation, dated 1-14-11.</li> <li>3) The initial assessment for resident #2 was completed on 1-20-11, prior to the resident being admitted to the home on 1-31-11.</li> <li>4) The initial assessment for resident #6, dated 9/11/10, does not address the residents need for physical therapy per medical evaluation, dated 9-15-11.</li> <li>5) The initial assessment for resident #6 does not address the residents diagnosis of HTN, hyperlipidemia, DM, Edema, Lumber neuropathy and gait abnormality per medical evaluation, dated 9-15-11.</li> <li>6) The initial assessment for resident #8, dated 2/2/11, does not address the residents PT/OT</li> </ul>	<p align="center">Lyn Ann Annexity</p>	<p align="center"><u>Long Term Care</u></p> <p>Adm. will within 15 days of Admission Complete the Initial Assessment to include Special Health or Dietary Needs</p> <p>3) Short Term - None</p> <p><u>Long Term</u></p> <p>Administrator will within 15 days of Admission Complete the Initial Assessment.</p> <p>Such will complete the Assessment Form Annexity and when a significant change in residents needs</p> <p align="center">See page 9B</p>	

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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME NELSON S GOLDEN YEARS, 137 OAKLAHOMA CEMETARY ROAD DUBOIS, PA 15801		CURRENT LICENSE NUMBER 316500	
INSPECTION DATES (Include all dates of the inspection) 08/10/2011		REGIONAL REPRESENTATIVE Tera Newman, Jan Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Kathy Miller</i>	DATE 8-19-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8-22-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<p>1) The initial assessment for resident #1, dated 1/5/11, does not address the residents low lactose, thin liquids diet per medical evaluation, dated 1-5-11.</p> <p>2) The initial assessment for resident #2, dated 1/20/11, does not address the residents diet of thin liquids per medical evaluation, dated 1-14-11.</p> <p>3) The initial assessment for resident #2 was completed on 1-20-11, prior to the resident being admitted to the home on 1-31-11.</p> <p>4) The initial assessment for resident #6, dated 9/11/10, does not address the residents need for physical therapy per medical evaluation, dated 9-15-11.</p> <p>5) The initial assessment for resident #6 does not address the residents diagnosis of HTN, hyperlipidemia, DM, Edema, Lumber radiculopathy and gait abnormality per medical evaluation, dated 9-15-11.</p> <p>6) The initial assessment for resident #8, dated 2/2/11, does not address the residents PT/OT</p>	8-18-11	<p>4) <u>Short Term</u> Refer to Violation 1429.</p> <p>5) Adm. updated Resident #6 Assessment to address the Resident diagnosis of HTN, hyperlipidemia, DM, Edema, Lumber radiculopathy, and Gait abnormality per the medical Eval.</p> <p>7) Adm. updated Resident #7 Assessment to Address the Resident diagnosis of HTN, TIA, Anemia, Osteoporosis, Parkinson's, Benign Familial Tremors and macular degeneration per med Eval.</p>	

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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME NELSON S GOLDEN YEARS, 137 OAKLAHOMA CEMETARY ROAD DUBOIS, PA 15801		CURRENT LICENSE NUMBER 316500	
INSPECTION DATES (Include all dates of the inspection) 08/10/2011		REGIONAL REPRESENTATIVE Tera Newman, Jan Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Kathy Nelson</i>	DATE 8-18-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 8-27-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
	<p>that was received per medical evaluation, dated 1-31-11.</p> <p>7) The initial assessment for resident #9, dated 1/17/11, does not address the residents diagnosis of HTN, TIA, Anemia, osteoporosis, Parkinsens, Benign Familial Tremors and macular degeneration per medical evaluation dated 1-17-11.</p> <p>8) The initial assessment for resident #10, dated 3/1/11, does not address the residents diagnosis of Openia or Lymphedema per medical evaluation, dated 3-3-11.</p>	<p>8-18-11</p> <p>9-16-11</p>	<p><u>Short Term</u></p> <p>Adm. up dated Resident #9 Assessment to address the Resident diagnosis of Openia or Lymphedema per Med Eval.</p> <p><u>Long Term</u></p> <p>Adm. Review All Residents Assessments Compare to medical Eval. to Include diagnosis</p> <p>Adm. will within 15 days of Admission complete the Initial Assessment to Include Diagnosis from medical Eval.</p> <p>Such will Review Annually the up dated Residents medical</p>	

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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME NELSON S GOLDEN YEARS, 137 OAKLAHOMA CEMETARY ROAD DUBOIS, PA 15801		CURRENT LICENSE NUMBER 316500	
INSPECTION DATES (Include all dates of the inspection) 08/10/2011		REGIONAL REPRESENTATIVE Tera Newman, Jan Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Nelson</i>	DATE 8-19-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 8-22-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
	<p>that was received per medical evaluation, dated 1-31-11.</p> <p>The initial assessment for resident #9, dated 1/17/11, does not address the residents diagnosis of HTN, TIA, Anemia, osteoporosis, Parkinsens, Benign Familial Tremors and macular degeneration per medical evaluation dated 1-17-11.</p> <p>The initial assessment for resident #10, dated 3/1/11, does not address the residents diagnosis of Opeia or Lymphedema per medical evaluation, dated 3-3-11.</p> <p align="center"><b>Western Region</b></p> <p align="center">AUG 19 2011</p>	<p>Annually</p> <p>8-19-11</p> <p>9-16-11</p> <p>within 15 days Adm.</p>	<p><u>Long Term Care.</u> Eval to make sure the Annual Assessment include diagnosis</p> <p>b) <u>short Term.</u> Adm. Update Resident #16 Assessment Form to include PT/OT received per the medical Eval.</p> <p>Adm. Review all residents Medical Eval. Complaints Assessment Form to include Treatments/Therapies.</p> <p><u>Long Term</u> Adm. w/d within 15 days Admission complete etc</p>	

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**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME NELSON S GOLDEN YEARS, 137 OAKLAHOMA CEMETARY ROAD DUBOIS, PA 15801		CURRENT LICENSE NUMBER 316500	
INSPECTION DATES (Include all dates of the inspection) 08/10/2011		REGIONAL REPRESENTATIVE Tera Newman, Jan Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Kathy Nelson</i>	DATE 8-19-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8-22-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
	<p>that was received per medical evaluation, dated 1-31-11.</p> <p>The initial assessment for resident #9, dated 1/17/11, does not address the residents diagnosis of HTN, TIA, Anemia, osteoporosis, Parkinsens, Benign Familial Tremors and macular degeneration per medical evaluation dated 1-17-11.</p> <p>The initial assessment for resident #10, dated 3/1/11, does not address the residents diagnosis of Opeia or Lymphedema per medical evaluation, dated 3-3-11.</p> <p align="center">Western Home Care AUG 19 2011</p>	<p>within 15 days Adm</p> <p>Annually</p>	<p><u>Long Term CMT</u></p> <p>Initial Assessment to include treatments/therapies</p> <p>will Review Annually the Residents Medical Eval to make sure the Annual Assessment include treatments/therapies.</p>	

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