

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 25, 2012 until August 25, 2013,  
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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 16 2012

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 July 19, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

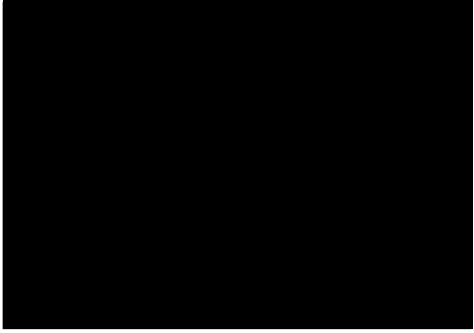

A handwritten signature in black ink, appearing to read "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

**RECEIVED**

PCH Name: NELSON S GOLDEN YEARS		License Number: 316500
Address: 137 OAKLAHOMA CEMETARY ROAD, DUBOIS, PA 15801		County: Clearfield
Adminstrator: Kathy Nelson		Region: WEST
Legal Entity Name: NELSON GOLDEN YEARS INC	Western Field Office Adult Residential Licensing	
Legal Entity Address: PO BOX 446, DUBOIS, PA 15801		
<b>Certificate(s) of Occupancy</b>		
I-2 07/08/2011 Bureau Veritas North America	C-2 LP 12/10/1997 L&I	C-2 LP 10/10/1996 L&I
<b>Staffing Hours</b>		
Resident Support: 0	Total Dally Staff: 51	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
07/19/2012: Miller-Linhart, Alden; Rojon, Dennis		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 60	Number of Residents who:	
Number of Residents Served: 46		
Secured Dementia Care Unit in Home: No		
Area:		
Secured Dementia Unit Capacity, if Applicable:		
		

Violation Report: 31650 - 07/19/2012 - Miller-Linhart, Alden  
PCH Name: NELSON S GOLDEN YEARS

2/2012

1. REGULATION 55 Pa.Code §2600  
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home currently has eight resident rooms located in the new addition of the home. The resident rooms have an intercom-audio monitoring system that cannot be turned on/off in the resident rooms.

The resident rooms in the original part of the building have audio monitoring in resident rooms that can be turned on/off, however, the residents have not been notified and educated as to how to turn the system off, therefore, the audio monitoring remains on at all times.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Short Term: on 4-14-12 Kathy Nelson Administrator ordered a TekTone wireless Emergency Call System from Dynamark (See Attached order)  
7-27-12 System was received and Installed by [redacted] from Dynamark

7-27-12 letter was mailed to Resident and/or Designated Party (see Attached)

8-1-2012 thru 8-31-12 Staff and Residents will be Inservice on the Emergency Call system. Any problems will be worked out with the Residents and Staff. Inservice will be done by Kathy Nelson  
9-1-12 The wireless Emergency Call System will be working and the Intercom-audio monitoring System will be turned off.

Long Term: The wireless Emergency Call system will be monitored by Maintenance Department and Administrator daily.  
Any problems that arise will be corrected at the onset.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Kathy Nelson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathy Nelson Administrator* Date *7-31-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8-2-12</u> (Date)	Plan of correction implementation status as of <u>8-2-12</u> (Date)
The above plan of correction was approved by <u>[initials]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>8-2-12</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31650 - 07/19/2012 - Miller-Linhart, Alden  
PCH Name: NELSON S GOLDEN YEARS

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home has an emergency water supply contract through Sysco dated September 18, 2007. The contract does not include: the amount of water to be delivered, a guarantee that the water will be delivered, immediately upon request, 24-hours-per-day and a guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Short Term: 7-30-12 Kathy Nelson Administrator obtain H2O Agreement with Hugh Water Services (See Attach)

Long Term: Kathy Nelson Administrator will obtain and revise Annual water Agreement with [redacted] President Romida Inc. Hugh Water Services Division.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kathy Nelson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Kathy Nelson Administrator

Date

7-31-12

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The above plan of correction is approved as of

8-2-12  
(Date)

Plan of correction implementation status as of 8-2-12  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented 8-2-12
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31650 - 07/19/2012 - Miller-Linhart, Alden  
PCH Name: NELSON S GOLDEN YEARS

1. REGULATION 55 Pa.Code §2600  
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
The home's emergency procedures are not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Short Term: 7-23-12 Kathy Nelson made a copy of the Emergency Preparedness Plan put in a three ring binder and labeled. The binder was placed in a wall hanging file pocket, located beside the Resident Visitor Information Bulletin Board area in the main hall way beside the Dining Room.

Long Term: Kathy Nelson Administrator will check the location of the binder weekly to make sure not misplaced. Review and updates of manual will be done by Administrator Annually and on as needed bases

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kathy Nelson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathy Nelson Administrator*      Date *7-31-12*

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(Date)

Plan of correction implementation status as of 8-2-12  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented *8-2-12*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31650 - 07/19/2012 - Miller-Linhart, Alden  
PCH Name: NELSON S GOLDEN YEARS

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

Western Field Office  
Adult Residential Licensing

- (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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include the diagnoses for the prescribed medications as follows: Aggrenox, Klor-Con, Bisoprolol Fumarate, Levothyroxine, Donepezil HCL, Bumetaride, Letrozole, and Sertraline.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Short Term: 7-20-12 [redacted] MAR was completed with diagnoses for each prescribe medication by [redacted] med Nurse (Attached copies of July 2012 and August 2012 MAR's).  
Med Room staff Review all current Residents MAR's to Assure completion of medication Administration.  
7-20-12 Kathy Nelson Administrator Inservice med Room staff Regarding Regulation 2600.187 (See Attach Inservice)  
Long Term: [redacted] med Nurse will Monitor Residents MAR's weekly to assure the completion of the MAR's according to Regulation 2600.187

Repeat Violation: No	Date(s) of Previous Violation(s):	08/10/2011		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Kathy Nelson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathy Nelson Administrator* Date *7-31-12*

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(Date)

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(Date)

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(Initials)

- Fully Implemented 8-2-12
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Violation Report: 31650 - 07/19/2012 - Miller-Linhart, Alden  
PCH Name: NELSON S GOLDEN YEARS

1. REGULATION 55 Pa.Code §2600  
2600.225(a) - 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.  
Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
Resident #1 was admitted on 6/30/12. The resident's initial assessment was not dated and did not include the resident's no added salt diet or the diagnosis of dementia.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
Short Term: 7-20-12 <sup>Resident #1's</sup> [redacted] Initial Assessment was corrected by adding Date, No Added Salt Diet and diagnosis of Dementia.  
7-30-12 thru 8-6-12 <sup>STAFF</sup> [redacted] will Review all Residents RASP for completion.  
Long Term: Kathy Nelson Administrator who completes the Resident Assessment part of the RASP will complete it within the 15 days of Admission.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kathy Nelson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathy Nelson Administrator*      Date *7-31-12*

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RECEIVED

Violation Report: 31650 - 07/19/2012 - Miller-Linhart, Alden  
PCH Name: NELSON S GOLDEN YEARS

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3's annual assessment, dated 6/4/12, indicates the resident is mobile; however, the resident's medical evaluation, dated 4/19/12, indicates the resident is immobile.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Short Term: 7-23-12 Kathy Nelson Administrator contacted Dr. [redacted] Re: [redacted] mobility Needs. Dr. [redacted] completed the DME and Fax Back (see Attached)

7-23-12 to 7-25-12 Kathy Nelson Administrator Review all Residents DME for mobility Needs and compare to Annual Assessments

Long Term: [redacted] med Nurse who does the Annual Assessments will compare the DME to the Assessment upon completion Annually and as Needed. Kathy Nelson Administrator who gets the DME completed Annually and as Needed will also compare the DME to the Annual Assessment and as Needed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Nelson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Nelson Administrator</i>	Date <i>7-31-12</i>
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