



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 01 2015

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


RE: Nelson's Golden Years  
137 Oklahoma Cemetery Road  
Dubois, Pennsylvania 15801  
License #: 316500

Dear Ms. Nelson:

As a result of the Department of Human Services' annual licensing inspections on August 4, 2015 and August 5, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

  
Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: NELSON S GOLDEN YEARS		License Number: 31650
Address: 137 OAKLAHOMA CEMETARY ROAD, DUBOIS, PA 15801		County: Clearfield
Administrator: Kathy Nelson		Region: WEST
Legal Entity Name: NELSON GOLDEN YEARS INC		
Legal Entity Address: PO BOX 446, DUBOIS, PA 15801		
Certificate(s) of Occupancy 1-2 07/08/2011 Sandy Twp.		<b>RECEIVED</b>  NOV 13 2015  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 55	Waking Staff: 41
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/04/2015: Miller-Linhart, Alden; Pfaff, Vicki 08/05/2015: Miller-Linhart, Alden; Pfaff, Vicki		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers: N/A Random Indicators: N/A		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 60  Number of Residents Served: 49  Secured Dementia Care Unit in Home: No  Area:  Secured Dementia Unit Capacity, if Applicable:  Number of Residents Served in Secured Dementia Care Unit, if applicable:  Number of Current Hospice Residents: 1  Number of Hospice Residents in past year: 5	<b>Number of Residents who:</b>  Receive Supplemental Security Income: 5  Are 60 Years of Age or Older: 48  Have Mental Illness: 1  Have an Intellectual Disability: 2  Have a Mobility Need: 6  Have a Physical Disability: 0	

Violation Report: 31650 - 08/04/2015 - Miller-Linhart, Alden  
PCH Name: NELSON S GOLDEN YEARS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION  
On 7/10/15 at approximately 12:00 p.m., staff person A was serving food to residents in the dining area. Staff person A witnessed resident #1 give resident #2 regular crackers with salt which resident #2 was not permitted due to medical reasons. Staff person A yelled "Are you trying to kill him/her" and "He/she is on a low sodium diet" at resident #1. Resident #1 stated the incident upset him/her. Staff person B, the home's administrator, was notified of the allegation of verbal abuse on 7/14/15; however, the allegation of verbal abuse was not reported to the Area Agency on Aging.

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.

7-10-15 Incident occurred  
7-14-15 Incident was brought to Kathy Nelson Administrator Attention by Resident [redacted]  
7-15-15 AAA [redacted] called me regarding a complaint had been called in to AAA  
7-17-15 [redacted] and [redacted] AAA came to PCH to speak with [redacted]  
7-21-15 [redacted] Department of Human Services called me Kathy Nelson regarding a written Incident  
7-21-15 Written report was faxed to [redacted] Department of Human Services. (See Attached Report)  
I Kathy Nelson Administrator and [redacted] Administrator have reviewed Regulation 2600.16 (a) and understand the immediate reporting within 24 hrs.

Immediately: The administrator will review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act and the Department of Human Services regulations. 11-16-15  
Within 45 days of receipt of the accepted plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept. 11-16-15

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 *11-10-15*  
*10-11-15 marked*

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

The above plan of correction is approved as of 11-16-15  
(Date)

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

Plan of correction implementation status as of 11-16-15  
(Date)

Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 31650 - 08/04/2015 - Miller-Linhart, Alden  
PCH Name: NELSON S GOLDEN YEARS

NOV 13 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(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.

2a. DESCRIPTION OF VIOLATION

On 7/10/15 at approximately 12:00 p.m., staff person A was serving food to residents in the dining area. Staff person A witnessed resident #1 give resident #2 regular crackers with salt which resident #2 was not permitted due to medical reasons. Staff person A yelled "Are you trying to kill him/her" and "He/she is on a low sodium diet" at resident #1. Resident #1 stated the incident upset him/her. Staff person B, the home's administrator, was notified of the allegation of verbal abuse on 7/14/15; however, staff person A was not suspended pending the outcome of the investigation until 7/21/15.

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.

7-10-15 Incident Occurred  
7-21-15 ~~Staff Person A~~ was suspended until AAA and DHS completed their investigation and made their decision  
8-7-15 ~~Staff Person A~~ from DHS stated ~~Staff Person A~~ can return to work due to AAA and DHS could not substantiate the complaint.

Immediately, if any suspected abuse or allegations of abuse occur, the home will immediately place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person, which must have the pre-approval of the Department, or suspend the staff person or persons involved. 11-16-15

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on the requirements of regulation 2600.15(b) and the home's policy and procedures for allegations of abuse. Documentation of education shall be kept. 11-16-15

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

*11-10-15*

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(Date)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *K*  
(Initials)

Violation Report: 31650 - 08/04/2015 - Miller-Linhart, Alden  
PCH Name: NELSON S GOLDEN YEARS

NOV 13 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION  
On 7/10/15 at approximately 12:00 p.m., staff person A was serving food to residents in the dining area. Staff person A witnessed resident #1 give resident #2 regular crackers with salt which resident #2 was not permitted due to medical reasons. Staff person A yelled "Are you trying to kill him/her" and "He/she is on a low sodium diet" at resident #1. Resident #1 stated the incident upset him/her. Staff person B, the home's administrator, was notified about the incident on 7/14/15; however, the allegation of verbal abuse was not reported to the Department until 7/21/15.

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.

*Incident occurred 7/10/15, on 7/21/15 a written report was faxed to Department of Human Services.*

*I Kathy Nelson Administrator was not aware a incident report was to be made out on non-substantiated complaints. However now that I have been made aware and explain to me Regulation 2600.16 I will report any future complaints within 24hrs to AAA and Department of Human Services.*

Immediately: The administrator will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. *11-16-15*

Immediately: The administrator will develop and implement a policy and procedures to ensure any reportable incidents and conditions are reported in accordance with regulation 2600.16c. *11-16-15*

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements. Documentation of education will be kept. *11-16-15*

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 *11-10-15*

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WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 7/10/15 at approximately 12:00 p.m., staff person A was serving food to residents in the dining area. Staff person A witnessed resident #1 give resident #2 regular crackers with salt which resident #2 was not permitted due to medical reasons. Staff person A yelled "Are you trying to kill him/her" and "He/she is on a low sodium diet" at resident #1. Resident #1 stated the incident upset him/her.

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.

*Upon Hire All staff sign a:  
 Statement of Abuse policy  
 Code of Conduct policy  
 (See Attach)*

*Upon hire and annually Employees are given training regarding Residents Rights and The Older Adult Protective Service Act.*

Immediately: The administrator will privately interview at least two residents a week for three months and biannually thereafter to ensure residents are treated with dignity and respect. Documentation of interviews shall be kept. *11-16-15*

Within 45 days of receipt of the accepted plan of correction: All direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator will receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept. *11-16-15*

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 *11-10-15*

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
On 8/4/15, the #5 produce refrigerator in the basement did not have a thermometer.

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.  
Immediate plan of correction: on 8/4/15 [redacted] Kitchen Supervisor placed a thermometer in # 5 produce refrigerator located in basement.  
8/6/15 All Kitchen staff was Inservice regarding Regulation 2600.103(f) by Administrator Kathy Nelson. See Attached Inservice.  
11/10/15 [redacted] Kitchen Supervisor Inservice Documentation logs for Refrigerators and Freezers to be started 11/11/15  
11/11/15 A Daily Documented Log has been placed in the Kitchen with all Refrigerators and Freezers listed. The Second Shift Cook is responsible to record, verifying that there is a thermometer in each Refrigerator and Freezer and that the Refrigerator and Freezer is working, and record the thermometer temperature. If there are any immediate concerns they are to be reported to [redacted] Kitchen Supervisor who will be responsible to correct any concerns. [redacted] Kitchen Supervisor will monitor the logs on a weekly basis and handle any concerns that may arise from Incomplete logs

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(Required on EVERY Page) *Kathy Nelson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathy Nelson*      Date *11/10/15*

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WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**

On 10/15/14, the home's fire safety expert determined a maximum fire safe evacuation time of 2 minutes and 30 seconds. The exceeded the fire safe evacuation time as follows:  
 4/28/15 at 5:00 a.m. - 5 minutes and 10 seconds.  
 7/8/15 at 11:05 a.m. - 3 minutes and 20 seconds.

**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.*

July 6, 2015 I Kathy Nelson Administrator contacted [redacted] Building Code official regarding a Fire Safety Inspection to determine a maximum safe Evacuation Time for our Personal Care Home, due to the current 2 1/2 minutes is not enough time to evacuate.  
 July 13, 2015 [redacted] Building Code official came and conducted a Fire Safety Inspection (See Attached Report) and determined that the maximum safe Evacuation time is 5 minutes and 40 seconds for Nelson's Golden years, this will be updated Annually by [redacted] Kathy Nelson Administrator and/or [redacted] Administrator Assistant will Assist and Review all monthly fire drills to assure we stay within the maximum safe Evacuation time of 5 minutes 40 seconds. All staff has a Annual Inservice of Fire Safety Completed by a Fire safety expert and Emergency preparedness procedure and Recognition and Response to Crises and Emergency situation.

Immediately: If the home's fire drill evacuation time exceeds that safe evacuation time specified in writing by the fire safety expert within the past year, for any fire drill, the administrator will complete the following steps to reduce the safe evacuation to a time specified in writing by a fire safety expert within the past year:

- \* Conduct additional fire drills monthly until the home's evacuation time is less than the time specified by the home's fire safety expert for three consecutive months.
- \* Relocate residents who require special assistance with evacuation closer to exits or fire-safe areas in accordance with the home's contract and the home rules.
- \* Add additional staff to meet the safe evacuation time specified by the fire safety expert within the past year.
- \* Monitor all fire drills to determine problems encountered and corrective measures.

11-16-15 p

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 *11-10-15*

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NOV 13 2015

WEST REGION FIELD OFFICE  
Human Services License

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or recalled for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed warfarin tabs 4mg take one tab daily. The resident had the medication at bedside which indicated a prescription fill date of 5/31/13 and a use by date of 5/31/14.

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.

8-5-15 During our State Inspection, the Inspector found a bottle of warfarin 4mg which indicated a prescription fill date of 5/31/13 and a use by date 5/31/14 in the medication cart in the resident drawer, not at resident bedside. Upon request of the Inspector [redacted] medication coordinator called the Resident's Doctor, Dr. [redacted] to verify the warfarin 4mg daily and to fax us the order which the office did (see attached). [redacted] disposed of the expire warfarin 4mg and open up a un-expired bottle of warfarin 4mg on 8/5/15.

August 7th and 8th 2015 Kathy Nelson Administrator Inservice Med. Room staff Regarding Regulation 2600.183(f) (See Attached) [redacted] medication coordinator is responsible to Audit all medication according to Regulation 2600.183(f) monthly and P.R.N.

Immediately: The home's monthly medication audit will include; medication carts, first aid kits and any other medication storage areas to ensure there are no expired or discontinued medications. Any expired or discontinued medications will be immediately discarded in accordance with the Department of Environmental Protection and Federal and State regulations. This includes prescription medications, OTC medications and CAM. 11-16-15

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 11-10-15

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NOV 13 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the home on [redacted] 14. The home has a preadmission screening for the resident; however the preadmission screening is not dated. Therefore it is unable to be determined if the preadmission screening was completed prior to admission.

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.

The Preadmission screening that was not dated cannot be corrected due to the Employee that completed the form no longer works at Nelson's Golden Years.

Kathy Nelson Administrator and/or [redacted] Administrator Assistant who fill out the preadmission screening have reviewed Regulation 2600.224(a) will review the form once it is filled out to make sure it is filled out completely

(Immediately: The administrator or designated staff person will review all resident records to ensure all residents have a preadmission screening completed and present in each resident file.

11-16-15

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 *11-10-15*

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