



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 31 2016

Ms. Katy 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 Mr. Virgo:

As a result of the Department of Human Services' annual licensing inspection on June 2, 2016 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: NELSON S GOLDEN YEARS		License Number: 31850
Address: 137 OAKLAHOMA CEMETARY ROAD, DUBOIS, PA 15801		County: Clearfield
Administrator: Kathy Nelson		Region: NORTHEAST
Legal Entity Name: NELSON GOLDEN YEARS INC		
Legal Entity Address: PO BOX 446, DUBOIS, PA 15801		
Certificate(s) of Occupancy		
C-2 LP 03/22/1995 PA Dept of L&I	C-2 LP 10/10/1996 PA Dept of L&I	C-2 LP 12/10/1997 PA Dept of L&I
Staffing Hours		
Resident Support: 5	Total Daily Staff: 59	Waking Staff: 44
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/02/2016: Yellenic, Cindy; Dumas, Gerald		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
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: 3 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 49 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 5 Have a Physical Disability: 0	

Violation Report: 31650 - 06/02/2016 - Yellenic, Cindy
 PCH Name: NELSON S GOLDEN YEARS

1. REGULATION 55 Pa.Code §2600

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 mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff Person A's annual training provided to direct care staff persons for 2015 training year did not include the following topics: personal care service needs, and care for residents with mental illness and/or an intellectual disability. Staff Person B's annual training provided to direct care staff persons for 2015 training year did not include the topic of personal care service needs.

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.

1. Why is the regulation important? By educating our staff on personal care service needs and care for residents with mental illness and/or intellectual disability, Bethel equips the staff to provide quality care to our residents.
2. How was the regulation violated? Employees A and B did the inservice but failed to sign the Inservice Training Record. However the Activity Director responsible for the Training did not observe the omission of signed Training Records. Employees A+B did the Inservice but the Co. that did the Inservice had not yet return the Certificates.
3. What caused the violation? Failure of Employees A+B to sign the Inservice Training Record and the Activity Director responsible did not catch it.
4. What can be done right away to fix the violation? Obtain the Certificates of training June 7, 2016 for employee A+B and sign the Employee Training Record.
5. What can we do to prevent future violations? Activity Director is responsible to check monthly Inservice Records that each employee has completed the Assign Inservice and sign the Training Record and Certificates and return from the Training Co.
6. Who will be responsible for preventing future violation? Activity Director. **The ADMINISTRATOR SHALL MONITOR AND ASSURE ongoing compliance.**

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

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

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Kathy Nelson Administrator* *7-13-16*

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The above plan of correction is approved as of 7/18/16
 (Date)

Plan of correction implementation status as of 7/18/16
 (Date)

The above plan of correction was approved by M
 (Initials)

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

Violation Report: 31650-06/02/2016 - Yellenic, Cindy
 PCH Name: NELSON S GOLDEN YEARS

1. REGULATION 55 Pa.Code §2600
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION
 Outside lighting is not provided for the emergency evacuation route between D and E wings. The lack of lighting poses a safety risk in evacuating to the fire safe area.

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.

1. why is the regulation important? To provide light during evacuation due to fire drill or emergency exiting during the night hours. This provides safety for our residents.

2. How was the regulation violated? The home was LMI Inspection and DHS inspected and no one even mentioned the lights. Also we have never evacuated out this exit during the night hours to realize there was a safety light issue.

3. What caused the violation? Inspection done June 2, 2016 by DHS + the Inspector sighted the violation.

4. What can be done right away to fix the violation? On 6-3-16 called Penta Electric. On 6-8-16 motion light for fire escape Ramp was installed.

5. what can we do to prevent future violations? Maintenance Department will inspect for any unlighted evacuation routes, once identify will place appropriate lights.

6. who will be responsible for preventing future violations? maintenance Department Supervisor

• The Administrator shall monitor and assure ongoing compliance. *[Signature]* 7/18/16

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 *7-3-16*

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Violation Report: 31650 - 06/02/2016 - Yellenic, Cindy
 PCH Name: NELSON S GOLDEN YEARS

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The macadam ramp, located outside the emergency exit of E wing, has a graded slope. The ramp does not have a hand rail for residents and staff to safely exit the building in an 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.

1. why is the regulation important? To provide safety to Residents when exiting the building by having a rail to hold on to.
2. How was the regulation violated? The POC was inspected by Unit Inspector and OAS Inspector and no one even mention the ramp.
3. what caused the violation? Inspection done June 2, 2016 by DHS Inspector sighted the violation.
4. what can be done right away to fix the violation? Maintenance has purchased the lumber and supplies and the rail was installed 7-12-16.
5. what can we do to prevent future violations? Maintenance Dept. will inspect for any ramps and stairways for hand rails that need installed for residents and staff to exit the building safely during emergency and non-emergency.
6. who will be responsible for preventing future violations? Maintenance Department Supervisor

The administrator shall monitor and assure ongoing compliance.

M
7/18/16

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

7-3-16

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Violation Report: 31650 - 06/02/2016 - Yellenic, Cindy
 PCH Name: NELSON S GOLDEN YEARS

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

There were 10+ cigarette butts in the mulch, below the smoking area, to the left of the front door.

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.

1. why is the regulation important? To prevent fires to PCH and on its surroundings
 2. How was the regulation violated? Staff, Residents and/or visitors did not use the Smoking Stand provided even with signs posted to keep cigarettes butts in smoking stand.
 3. what caused the violation? 3rd shift was responsible to clean the cigarette stand nightly which was not done and maintenance did not keep the grounds clean.
 4. what can be done right away to fix the violation? Cigarette butts were picked up, staff reminded when they are in the smoking area smoking to look for cigarettes butts and clean up the area daily. On 6-14-16 landscape crew removed all the mulch out front and replaced it with river rock
 5. what can we do to prevent future violation? Continue to insure staff regarding ^{help} cleaning up the smoking area daily
 6. who will be responsible for preventing future violation? House Keeping Department will be responsible to check and clean the area daily, maintenance will be responsible for the grounds.
- The administrator shall monitor and assure ongoing

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathy Nelson* M
7/18/16

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Nelson Administration* Date *7-3-16*

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Violation Report: 31650 - 06/02/2016 - Yellenic, Cindy
PCH Name: NELSON S GOLDEN YEARS

1. REGULATION 55 Pa. Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or 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

The first aid kit in the home had a tube of triple antibiotic ointment that expired 9/2015.

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.

1. Why is the regulation important? In case of emergency if someone pulls the first aid kit and need to use the triple antibiotic ointment it will be effective to use if it had not expired.
2. How was the regulation violated? The Administrator did not check the first aid kits to verify everything was within date of expiration and replace it.
3. What caused the violation? PCH was inspected by DHS on June 2, 2016 and the inspector checked the first aid kit and the triple antibiotic ointment was expired.
4. What can be done right away to fix the violation? Administrator purchase June 3, 2016 4 tubes of triple antibiotic and replaced all 4 tubes in all the first aid kits.
5. What can we do to prevent future violations? Administrator will check all first aid kits semi-annual and when the kits are used for supplies and expiration date and replenish and replace as needed.
6. Who will be responsible for preventing future violations?
 - Administrator

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/04/2015

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 *7-3-16*

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

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

Violation Report: 31650 - 06/02/2016 - Yellenic, Cindy
 PCH Name: NELSON S GOLDEN YEARS

1. REGULATION 55 Pa.Code §2600.

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order for Acetaminophen 500 mg. The medication did not have the required components listed on the medication bottle.

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.

1. why is the regulation important? To Identify a resident's medication to the specific resident.
2. How was the regulation violated? when the medication Nurse who is responsible for audit the cart on a monthly basis she missed this bottle of Acetaminophen 500mg, 500mg Label.
3. what caused the violation - A Bottle of Acetaminophen 500mg was missing a label when the DHS inspector on June 2, 2016 was checking the med cart.
4. what can be done right away to fix the violation? Medication Nurse who is responsible obtain a Label June 3rd, 2016 and placed it on the bottle. She also audit the med cart for any other med violation.
5. what can we do to prevent future violation? The medication cart will be audit on a monthly basis by Assign medication Nurse any medication violations will be corrected.
6. who will be responsible for preventing future violations?
 Assign medication Nurse
 The Administrator shall monitor and assure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kathy Nelson

M
 7/18/16

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

Kathy Nelson Administrator

Date

7-3-16

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 (Date)

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7/18/16
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M
 (Initials)

Violation Report: 31650 - 06/02/2016 - Yellenic, Cindy
 PCH Name: NELSON S GOLDEN YEARS

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 The resident's right to question and refuse medications was not included in the resident records for Resident #2 and Resident #3.

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.

1. why is the regulation important? To Give Residents the right to question and refuse a medications if they feel there is a medication error.
2. How was the regulation violated? The Residents Rights list was retyped and from the list of Residents Rights the Right for a Resident to question and refuse medications was not included in the residents rights
3. what caused the violation? When the PCH was inspected June 2, 2016 Two of the Residents Charts pulled did Not have the Right for a resident to question or refuse medications if the resident believes there is a error, all other charts pulled had the right to refuse med if the resident file there is a error.
4. what can be done right away to fix the violation? Residents Rights roster was corrected to add the residents has the right to question and refuse a medication if the resident believes there may be a medication error. The Two Residents #2 and #3 charts have been corrected, reviewed with the residents, signed off. All residents charts will be audited and corrected by July 31, 2016
5. what can we do to prevent future violations? make sure if and when regulations are re-typed and up dated that they are completed according to regulation
6. who will be responsible for preventing future violation? Assistant Administ

Repeat Violation: No Date(s) of Previous Violation(s): } • The Administrator shall monitor for ongoing compliance

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nathy Nelson Administrator* Date *7-3-16*

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The above plan of correction is approved as of <u>07/18/16</u> (Date)	Plan of correction implementation status as of <u>7/18/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31650 - 06/02/2016 - Yellenic, Cindy
 PCH Name: NELSON S GOLDEN YEARS

1. REGULATION 55 Pa.Code §2600
 2600.227(f) - A resident may participate in the development and implementation of the support plan. A resident may include a designated person in making decisions about services.

2a. DESCRIPTION OF VIOLATION

The Summary and Determination sections in the RASPs for Resident #2, #3, #4, #5, and #6 were incomplete. A summary was not completed to include the resident's/designee's participation in the development of the RASP, comments for improving quality care and or changes identified in the assessment process for implementation of his/her support plan.

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.

1. why is the regulation important? To Improve quality of care given to each resident by identifying changes and providing information pertinent to providing care.
2. How was the regulation violated? Summary and Determination Section on the RASP was Not completed on Resident #2 #3 #4 #5 and #6
3. what caused the violation - Assistant Administrator left the Summary and Determination Blank on Resident #2 #3 #4 #5 and #6
4. what can be done right away to fix the violation? The Summary and Determination section will be completed on all residents by July 31, 2016.
5. what can we do to prevent future violation? Summary and Determination section will be completed on every resident upon admission, annually or when there are identified changes on a resident
6. who will be responsible for preventing future violation?
 Assistant Administrator

The administrator shall monitor and assure ongoing Compliance - M - 7/18/16

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 7-3-16

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7/18/16
 (Date)

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7/18/16
 (Date)

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Violation Report: 31650 - 06/02/2016 - Yellenic, Cindy
 PCH Name: NELSON S GOLDEN YEARS

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The resident records of residents #2, #3, #4, #5, and #6 did not include identifying marks.

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.

1. why is the regulation important? It is important to assess each resident upon admission to document identifying marks, if any on each resident
2. How was the regulation violated? Assistant Administrator completing Support plan was not aware that if resident had no identifying marks this was to be documented.
3. what caused the violation? There was no documentation on Resident #2 #3 #4 #5 and #6 as to whether they had any identifying marks or not.
4. what can be done right away to fix the violation? Resident #2 #3 #4 #5 and #6 will be assessed and identifying marks if any will be documented by July 31, 2016 if there are none it will be noted
5. what can we do to prevent future violation? Assess each resident thoroughly for identifying marks and document them in there Support plan and/or on the Attachment to MASI
6. who will be responsible for preventing future violating?
 Assistant Administrator

The administrator shall monitor and assure ongoing compliance - *M* 7/18/16

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 *7-3-16*

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