



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 07 2017

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 inspection on March 17, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "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: 31650									
Address: 137 OAKLAHOMA CEMETARY ROAD, DUBOIS, PA 15801		County: Clearfield									
Administrator: Kathy Nelson		Region: WEST									
Legal Entity Name: NELSON GOLDEN YEARS INC											
Legal Entlly Address: PO BOX 446, DUBOIS, PA 15801											
Certificate(s) of Occupancy <table border="0"> <tr> <td>E, 5A</td> <td>I-2, 5A</td> <td>R-2, 5B</td> </tr> <tr> <td>07/21/2015</td> <td>07/08/2011</td> <td>06/29/2011</td> </tr> <tr> <td>Pennsafe Bldg Inspect Serv</td> <td>Bureau Veritas NA., Inc.</td> <td>Bureau Veritas NA., Inc.</td> </tr> </table>			E, 5A	I-2, 5A	R-2, 5B	07/21/2015	07/08/2011	06/29/2011	Pennsafe Bldg Inspect Serv	Bureau Veritas NA., Inc.	Bureau Veritas NA., Inc.
E, 5A	I-2, 5A	R-2, 5B									
07/21/2015	07/08/2011	06/29/2011									
Pennsafe Bldg Inspect Serv	Bureau Veritas NA., Inc.	Bureau Veritas NA., Inc.									
Staffing Hours <table border="0"> <tr> <td>Resident Support: N/A</td> <td>Total Daily Staff: 53</td> <td>Waking Staff: 40</td> </tr> </table>			Resident Support: N/A	Total Daily Staff: 53	Waking Staff: 40						
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<table border="0"> <tr> <td>Type of Inspection: Full</td> <td>BHA Docket Number: N/A</td> <td>Notice: Unannounced</td> </tr> </table>			Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced						
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced									
Reason(s) for Inspection(s) Renewal, Complaint		RECEIVED									
On-Site Inspections Dates and Department Representatives On-Site 03/17/2017: Park, Beth; Summers, Vicky		MAY 05 2017 WEST REGION FIELD OFFICE Human Services Licensing									
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: 50 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: 18	Number of Residents who: Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 50 Have Mental Illness: 6 Have an Intellectual Disability: 2 Have a Mobility Need: 3 Have a Physical Disability: 0										

RECEIVED

MAY 05 2017

Page 2 of 7

Violation Report: 31650 - 03/17/2017 - Park, Beth
PCH Name: NELSON S GOLDEN YEARS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION

The home held more than \$200.00 for resident #1 from August 2016 to the present; however, assistance was not offered in establishing an interest bearing account.

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.

See attached plan of correction
page 2^a of 7

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

5-3-17

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

The above plan of correction is approved as of

5/8/17
(Date)

Plan of correction implementation status as of

5/8/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *PNL*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

PNL
(Initials)

Page 2^a of 7

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MAY 06 2017
WEST VIRGINIA FIELD OFFICE
Human Services Licensing

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 31650

REGULATION 2600.20 (b) (6)

1. Why is this regulation important? To make the residents aware who are receiving SSI money that there are interest bearing accounts available to them. To also offer the resident assistance in making personal purchases with the funds and make sure they are aware that the interest earned may affect their eligibility to receive SSI.
2. How was the regulation violated? An interest- bearing account was not offered to the resident once [redacted] exceeded \$200 for 2 consecutive months.
3. What caused the violation? On March 6, 2017 when the state inspector was conducting our annual inspection, the personal care home was holding one residents' monies of more than \$200 for more than 2 consecutive months and did not offer the resident an interest -bearing account.
4. What can be done right away to fix the violation? On March 23, 3017 the Administrator offered the resident assistance in setting up an interest bearing - account on [redacted] monies that was kept in the safe. Administrator also offered [redacted] assistance with any purchases. Resident declined an interest -bearing account. Resident made a couple small purchases.
5. What can we do to prevent future violations? Administrator needs to offer ^{all} ~~SSI~~ residents interest-bearing accounts or assist them with purchases if their monies exceed more than \$200 for more than 2 consecutive months. NU
5/3/17
6. Who will be responsible for preventing future violations? Administrator and/or Assistant Administrator will monitor and assure ongoing compliance.

Within 30 days of receipt of the plan of correction: a designated staff person will audit all resident financial records to ensure all residents for whom the home holds more than \$200.00 for more than 2 consecutive months are offered assistance in establishing an interest-bearing account. NU
5/2/17

Kathy Nelson

Kathy Nelson Administrator 5-3-17

RECEIVED

MAY 05 2017

Violation Report: 31650 - 03/17/2017 - Park, Beth
PCH Name: NELSON S GOLDEN YEARS

WEST VIRGINIA OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on [redacted] 15, resigned on [redacted] 16 and was rehired on [redacted] 16. However, this staff person's criminal history background check was completed on [redacted] 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.

See attached plan of correction
page 3^a of 7

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 *5-3-17*

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

The above plan of correction is approved as of <u>5/8/17</u> (Date)	Plan of correction implementation status as of <u>5/8/17</u> (Date)
The above plan of correction was approved by <u><i>KN</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>KN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 3^a of 7

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 31650

REGULATION 2600.51

RECEIVED
MAY 05 2017
WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. Why is the regulation important? To maintain a safe environment for our residents, employees and visitors.
2. How was the regulation violated? On March 6, 2017 when the state inspector pulled the employees chart that was hired on [REDACTED]/2015 and then resigned on [REDACTED]/2016 and rehired on [REDACTED]/2016 the employee criminal background check was completed for the first hire [REDACTED]/2015 on [REDACTED]/2016 but not rechecked for the second hire on [REDACTED]/2016.
3. What caused the violation? The assistant administrator asked the administrator is it necessary to redo the criminal history background check since the employee did not work for the facility for a three month period and [REDACTED] was employed by another health care facility for the same three month period. When I, the administrator, attended previous seminars and this same situation has occurred at other personal care homes, the Department of Human Services employee that was speaking stated it would not be necessary to repeat the criminal history checks since the employee returned before one year and [REDACTED] maintained her employment in the same field, therefore a criminal history check was not completed.
4. What can be done right away to fix the violation? A criminal history check will be completed on 05/03/2017. When we receive the criminal history results, if the employee has any prohibitive offenses in OAPSA [REDACTED] will be terminated, if not [REDACTED] will be maintained as an employee.
5. What can we do to prevent future violations? Upon hire and/or rehire of an employee, a criminal history check will be performed within 30 days. A review of all current employee charts will also be done within 30 days to make sure they are all in compliance.
6. Who will be responsible for preventing future violations? Administrator and/or assistant administrator who does all of the hiring and completion of employee charts will monitor and assure ongoing compliance.

Within 30 days of receipt of the plan of correction: all staff persons responsible for the hiring of new staff will be educated regarding the requirements of the Older Adult Protective Services Act, including the requirement that all new staff must have a criminal history background check completed no more than 1 year prior to the date of hire.

Kathy Nelson

Kathy Nelson Administrator 5-3-17

JK
5/8/17

MAY 15 2017

Violation Report: 31650 - 03/17/2017 - Park, Beth
PCH Name: NELSON S GOLDEN YEARS

WEST VIRGINIA STATE OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired on [redacted]/15, resigned on [redacted] 16 and was rehired on [redacted] 16. However, this staff person did not complete any of the required trainings, to include evacuation procedures, prior to or during the first day of the rehire date.

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.

See attached plan of correction
Page 4^o of 7

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>5-3-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/8/17</u> (Date)	Plan of correction implementation status as of <u>5/8/17</u> (Date)
The above plan of correction was approved by <u>[initials]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>P.N.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 31650

REGULATION 2600.65 (a)

RECEIVED
MAY 03 2017
WEST REGIONAL FIELD OFFICE
Florida Services Licensing

1. Why is the regulation important? It is important that all staff and volunteers have knowledge in fire safety and emergency preparedness, including evacuation procedures, for the safety and well-being of the residents.
2. How was the regulation violated? When an employee resigned on [REDACTED]/2016 then was rehired on [REDACTED]/16, the assistant administrator did not have her complete these trainings.
3. What caused the violation? Assistant Administrator did not complete the required orientation in general fire safety and emergency preparedness, including evacuation procedures prior to or during her first day of work when rehired on [REDACTED]/2016.
4. What can be done right away to fix the violation? Employee will be reoriented in general fire safety and emergency preparedness, including evacuation procedures on 05/03/2017. This would have been completed by 03/07/2017 but this was not conveyed to us at our exit interview.
5. What can we do to prevent violations? Upon hire and or rehire all employees and volunteers will have an orientation in general fire safety and emergency preparedness, including evacuation procedures prior to or during the first work day. Within 30 days a review of all current employee charts will be done to make sure they are in compliance.
6. Who will be responsible for preventing future violations? Assistant administrator will make sure all new hires and rehires complete all required trainings prior to or during the first work day. Administrator will assure ongoing compliance.

Within 30 days of receipt of the plan of correction: all staff persons responsible for staff orientation + training will be educated regarding the requirement that all new staff persons must receive orientation in all topics required by 2600.65a prior to or during the first day of work.

J.W.
5/8/17

Kathy Nelson

Kathy Nelson Administrator 5-3-17

Violation Report: 31650 - 03/17/2017 - Park, Beth
PCH Name: NELSON S GOLDEN YEARS

WEST VIRGINIA FIELD OFFICE:
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
Direct care staff person A was hired on [redacted]/15, resigned on [redacted]/16 and was rehired on [redacted]/16. This staff person did not complete any of the required trainings to include resident rights and reporting of reportable incidents and conditions since the rehire date.

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.

*See attached plan of correction
Page 5^a of 7*

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 *5-3-17*

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

The above plan of correction is approved as of 5/8/17
(Date)

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

Plan of correction implementation status as of 5/8/17
(Date)

Fully Implemented
 Partially Implemented - Adequate Progress *KW.*
 Partially Implemented - Inadequate Progress
 Not Implemented

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 31650

REGULATION 2600.65 (b)

RECEIVED
MAY 06 2017
WEST HAVEN FIELD OFFICE
Human Services Licensing

1. Why is the regulation important? It is important that all staff persons and volunteers have knowledge in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under OAPSA and reporting of reportable incidents and conditions for the safety and well-being of the residents.
2. How was the regulation violated? When an employee resigned on [REDACTED]/2016 then was rehired on [REDACTED]/2016 the assistant administrator did not have her complete these trainings.
3. What caused the violation? Assistant administrator did not complete the required orientation including resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the OAPSA and reporting of reportable incidents and conditions within 40 scheduled working hours when employee was rehired on [REDACTED]/2016.
4. What can be done right away to fix the violation? Employee will be reoriented on resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the OAPSA and reporting of reportable incidents and conditions on 05/03/2017. This would have been completed by 03/07/2017 but this was not conveyed to us at our exit interview.
5. What can we do to prevent future violations? Upon hire and or rehire all employees and volunteers will have an orientation that includes resident rights, emergency medical plan, mandatory reporting of abuse and neglect under OAPSA and reporting of reportable incidents and conditions within 40 scheduled working hours. Within 30 days a review of all current employee charts will be done to make sure they are in compliance.
6. Who will be responsible for preventing future violations? Assistant administrator will make sure all new hires and/or rehires complete all required trainings within 40 scheduled working hours. Administrator will assure ongoing compliance.

Within 30 days of receipt of the plan of correction: all staff persons responsible for staff orientation and training will be educated regarding the requirement that all new staff persons must receive orientation in all topics required by 2600.65b within 40 scheduled working hours. J.N. 5/8/17

Kathy Nelson
Kathy Nelson Administrator 5-3-17

RECEIVED

MAY 05 2017

Violation Report: 31650 - 03/17/2017 - Park, Beth
PCH Name: NELSON S GOLDEN YEARS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

There was no thermometer, eye coverings or tweezers in the first aid kit in the kitchen.

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.

See attached plan of correction
6th of 7

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 *5-3-17*

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

The above plan of correction is approved as of <u>5/8/17</u> (Date)	Plan of correction implementation status as of <u>5/8/17</u> (Date)
The above plan of correction was approved by <u><i>PN</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>PN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 6^a of 7

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 31650

REGULATION 2600.96 (a)

1. Why is the regulation important? In case of emergency when an employee needs to obtain a first aid kit it has all of the necessary items to provide first aid.
2. How was the regulation violated? The first aid kit did not have a thermometer, goggles or tweezers
3. What caused the violation? When the inspector asked the employee that was making rounds with her to see the first aid kit in the kitchen area she showed her a first aid kit that a prior employee purchased and had put in a file cabinet for personal use instead of the PCH first aid kit located in the staff room beside the kitchen.
4. What can be done right away to fix the violation? On March 6, 2017, day of the inspection, the employee was informed of where the first aid kit was located that would be used for the kitchen, not the one she found in a file cabinet.
5. What can we do to prevent future violations? The first aid kit will be inspected on a weekly basis by the administrator and/or assistant administrator. A note will be attached to the first aid kit notifying any other staff member that uses anything from the first aid kit they must notify the administrator and/or assistant administrator what was used so it gets replaced. All staff will be inserviced on the location of the first aid kit within 30 days regarding location, contents and procedure if anything is used out of it.
6. Who will be responsible for preventing future violations? Administrator and/or assistant administrator will assure ongoing compliance.

Kathy Nelson

Kathy Nelson Administrator 5-3-17

*n.w.
5/8/17*

RECEIVED
MAY 05 2017
WEST VIRGINIA POLICE
Human Services Division

Violation Report: 31650 - 03/17/2017 - Park, Beth
PCH Name: NELSON S GOLDEN YEARS

MAY 05 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 2/25/17, does not include diagnoses of anxiety and depression as indicated on the resident's medical evaluation, dated 11/29/16.

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.

*All attached plan of correction
Page 7 of 7*

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>5-3-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u><i>PN</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>PN</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 7^a of 7

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 31650

REGULATION 2600.225 (C)

RECEIVED
MAY 05 2017
WEST NESHAMING FIELD OFFICE
Human Services Licensing

1. Why is the regulation important? Documentation of the resident support plan/RASP allows the PCH to create a comprehensive profile of a residents needs and serves as the basis for the plan to meet those needs.
2. How was the regulation violated? When the assistant administrator completed the RASP on 02/25/2017 she used the DME dated 02/19/2016 which did not include the diagnosis of anxiety and depression instead of using the most recent DME dated 11/29/2016 that did include the diagnosis of anxiety and depression.
3. What caused the violation? Assistant administrator used the wrong DME to complete the RASP.
4. What can be done right away to fix the violation? Assistant administrator added the diagnosis of anxiety and depression to the RASP indicated and checked all remaining resident charts to assure the most current DME is addressed on the RASP.
5. What can we do to prevent future violations? Assistant administrator will make sure to use the most current DME to complete the RASP.
6. Who will be responsible for preventing future violations? Assistant administrator will be sure to use the most current DME when filling out the RASP. Administrator will also monitor and assure ongoing compliance.

Kathy Nelson
Kathy Nelson Administrator 5-3-17

PA
5/8/17