



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 21 2018

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

RE: Nelson's Golden Years  
137 Oklahoma Cemetery Road  
Dubois, Pennsylvania 15801  
Certificate #: 448680

Dear Ms. Nelson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 15, 2018, 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](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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



APR 25 2018

Violation Report: 44868 - 02/15/2018 - Eveses, Joseph  
PCH Name: NELSON S GOLDEN YEARS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The resident privacy code for the licensing inspection summary, dated 3/17/17, was posted with the summary and included resident names to include: resident #1 and resident #2.

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 2A

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathy Kilgore Administrator* Date *4-24-18*

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

The above plan of correction is approved as of <u>5/4/18</u> (Date)	Plan of correction implementation status as of <u>5/4/18</u> (Date)
The above plan of correction was approved by <u>BS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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APR 25 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 448680

REGULATION 2600.17

1. Why is this regulation important? To protect resident privacy and ensures that homes comply with other applicable laws.
2. How was the regulation violated? The resident privacy code for the licensing inspection summary, dated 3-17-17, was not removed prior to posting.
3. What caused the violation? Administrator/Assistant Administrator failed to remove the resident privacy code before posting it.
4. What can be done right away to fix the violation? On February 15, 2018, during annual inspection, Assistant Administrator removed the resident privacy code page from the bulletin board posting.
5. What can we do to prevent future violations? When Administrator or Assistant Administrator receive the approved Plan of Correction they will remove the resident privacy code page prior to posting it on the bulletin board.
6. Who will be responsible for preventing future violations? Administrator or Assistant Administrator will be responsible for ensuring resident confidentiality.

Immediately - The administrator or assistant administrator will check the home at least weekly to ensure resident records are kept confidential and locked. BB 5/4/18

pg. 2 of 7

Kathy Kilgore  
Kathy Kilgore Administrator 4-24-18

APR 25 2018

Violation Report: 44868 - 02/15/2018 - Eveses, Joseph

PCH Name: NELSON S GOLDEN YEARS

WEST REGION FIELD OFFICE  
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

There was no lock on the door to the A wing common bathroom.

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 3A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Kathy Kilgore*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Kathy Kilgore Administrator*

Date

*4-24-18*

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(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *BB*

Partially Implemented - Inadequate Progress

Not Implemented

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APR 25 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 448680

REGULATION 2600.42(s)

1. Why is this regulation important? To maintain residents right to privacy during bathing, dressing, changing and medical procedures. Protects residents' right to privacy while protecting other residents from dangerous and harmful items.
2. How was this regulation violated? There was no lock on the door to the A wing common bathroom.
3. What caused the violation? The lock on the door to the A wing common bathroom was actually removed due to a resident previously locking them self in the bathroom. Administrator felt this was a safety issue. Instead of having a lock, a sign had been placed on the outside of the door that could be flipped to "in use" or "vacant."
4. What can be done right away to fix the violation? On February 16, 2018, locks were placed on all common bathroom doors to provide privacy to the residents during bathing, dressing, changing and medical procedures.
5. What can we do to prevent future violations? Locks will not be removed from common bathroom doors. Keys to these locks will be stored in the medication room so they are available to staff if a resident accidentally locks them self in the bathroom.
6. Who will be responsible for preventing future violations? Upon monthly maintenance walk throughs, maintenance person will ensure locks are on all common bathrooms and that they are in working order.

pg 3 of 7

*Kathy Kilgou*

*Kathy Kilgou Administrator 4-24-18*

*BB 5/4/18*

Violation Report: 44868 - 02/15/2018 - Eveges, Joseph  
PCH Name: NELSON S GOLDEN YEARS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The first aid kit in the automobile used by the home to transport residents did not contain a breathing shield.

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 5A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Kathy Kilgore*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Kathy Kilgore Administrator*

Date

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Page 5 of 7  
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APR 25 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 448680

REGULATION 2600.171(b)(5)

1. Why is the regulation important? To ensure that essential items for basic emergency medical care are present in case of an emergency.
2. How was the regulation violated? While inspector was making rounds with Activity Director (also a staff person who provides transportation for the residents), she inspected the first aid kit that was in Activity Director's car. She did not find that the kit contained a breathing shield. This was not verbalized by the inspector to the Activity Director at the time.
3. What caused the violation? As above, a breathing shield was not noted to be in the first aid kit of the employee that provides transportation. Assistant Administrator was made aware of this during the exit interview. By that time the Activity Director was gone for the day so we were unable to look at the first aid kit together to verify there was not a breathing shield.
4. What was done right away to fix the violation? On February 16, 2018, the morning after inspection, Assistant Administrator checked the first aid kit to replace the missing breathing shield. Upon opening the kit there were actually 2 breathing shields in the first pocket on the far left of the kit. Assistant Administrator did make 2 attempts to reach the lead inspector to make him aware of this. Inspector did not return either call.
5. What can we do to prevent future violations? The first aid kits are inspected every week, due to a violation last year, to ensure they contain all of the required items. If any items are missing they will be immediately replaced.
6. Who will be responsible for preventing future violations? Administrator or Assistant Administrator will continue to inspect all first aid kits every week.

pg 5 of 7

Kathy Kilgore

Kathy Kilgore Administrator 4-24-18

BB 5/14/18

APR 25 2018

Violation Report: 44868 - 02/15/2018 - Eveses, Joseph

PCH Name: NELSON S GOLDEN YEARS

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #3 is prescribed Senexon - 8.6-50mg - take 1 tab by mouth once daily. However, the medication label read EQ stool softener with laxative - take one tablet by mouth daily.

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 6A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Kathy Kilgore*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*Kathy Kilgore Administrator*

Date

*4-24-18*

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Partially Implemented - Inadequate Progress

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APR 25 2018

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 448680

WEST REGION FIELD OFFICE  
Human Services Licensing

REGULATION 2600.184(a)

1. Why is the regulation important? To reduce the possibility that medication will be administered to the wrong resident or improperly administered.
2. How was the regulation violated? The medication that was ordered is not what the label read. It was the same drug but the label read the store brand of the medication.
3. What caused the violation? The label on the medication that was delivered by the pharmacy did not match what was actually prescribed. The staff person accepting the prescription and the staff administering the medication did not make sure the labels matched.
4. What can be done right away to fix the violation? Immediately following inspection of the med room, staff notified the pharmacy that the label did not match the actual prescription. The pharmacist assured staff that it was the correct medication, it was store brand instead of brand specifically ordered. He apologized for placing an incorrect label on the bottle. The label was corrected and placed on the medication bottle on February 16, 2018.
5. What can we do to prevent further violations? Staff will inspect all medications/labels when they are delivered to make sure they match the prescription prior to accepting them, placing them in med cart or dispensing them. If they are incorrect the medication will be returned to the pharmacy for correction/new label.
6. Who will be responsible for preventing future violations? Med room staff will be responsible for making sure the original container for prescription medication are labeled with a pharmacy label that includes resident name, name of the medication, date the prescription was issued, prescribed dosage and instructions for administration, name and title of the prescriber.

pg. 6 of 7  
Kathy Kilgore  
Kathy Kilgore Administrator 4-24-18

BB 5/14/18

Violation Report: 44868 - 02/15/2018 - Evegges, Joseph  
 PCH Name: NELSON S GOLDEN YEARS

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 9/2/15. However, a preadmission screening was not completed within 30 days prior to the resident's 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.

*See attached  
 Plan of Correction page 7A*

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

*Kathy Kilgore*

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

*Kathy Kilgore Administrator*

Date

*4-24-18*

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 (Initials)

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

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APR 25 2018

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 448680

REGULATION 2600.224(a)

1. Why is the regulation important? To ensure that the home can safely meet a resident's needs prior to admission.
2. How was the regulation violated? Assistant Administrator did not complete a new preadmission screening for a resident that was readmitted to the personal care home.
3. What caused the violation? Resident #3 was admitted to the home on 6-28-08. She moved out on 10-8-14 to live with her [REDACTED] she returned to the home on 9-2-15. A preadmission screen was not completed on her second admission.
4. What can be done right away to fix the violation? A late preadmission screen was done on February 16, 2018.
5. What can we do to prevent future violations? A preadmission screen will be completed on all residents admitted to the home within 30 days prior to admission, including residents that are discharged and readmitted.
6. Who will be responsible for preventing future violations? Assistant Administrator will be responsible for completing a preadmission screen within 30 days prior to admission of all residents.

pg 7 of 7

Kathy Kilgore  
Kathy Kilgore Administrator 4-24-18