

Department of Human Services  
Bureau of Human Service Licensing

November 6, 2020

MICHAEL HAASS, OWNER  
GOLDEN HEIGHTS OPCO LLC  
1208 SAINT JAMES STREET  
PHILADELPHIA, PA 19107

RE: GOLDEN HEIGHTS PERSONAL CARE  
HOME  
3522 ROUTE 130  
IRWIN, PA, 15642  
LICENSE/COC#: 45030

Dear Mr. Haass,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/05/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jody Garvey

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *GOLDEN HEIGHTS PERSONAL CARE HOME* License #: *45030* License Expiration Date: *03/01/2021*  
 Address: *3522 ROUTE 130, IRWIN, PA 15642*  
 County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

Name: *Kathy Silko* Phone: *7247443200* Email: *kathy@goldenheightspersonalcare.com*

**Legal Entity**

Name: *GOLDEN HEIGHTS OPCO LLC*  
 Address: *1208 SAINT JAMES STREET, PHILADELPHIA, PA, 19107*  
 Phone: *7247443200* Email: *MIKE@WALDENSVIEWCAPITAL.COM; Jogarvey@pa.gov*

**Certificate(s) of Occupancy**

Type: *I-2* Date: *05/11/2010* Issued By: *Township of Penn*  
 Type: *C-2 LP* Date: *02/23/1999* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *82* Waking Staff: *62*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal,Provisional* Exit Conference Date: *10/05/2020*

**Inspection Dates and Department Representative**

*10/05/2020 - On-Site: Laurie Garrigan, Ashley Roser*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *75* Residents Served: *57*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *13*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *25* Have Physical Disability: *0*

## Inspections / Reviews

## 10/05/2020 - Full

Lead Inspector: *Laurie Garrigan*Follow-Up Type: *POC Submission*Follow-Up Date: *10/19/2020*

## 10/19/2020 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *POC Submission*Follow-Up Date: *10/23/2020*

## 10/21/2020 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *11/19/2020*

## 10/29/2020 - Document Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *11/19/2020*

## 11/6/2020 - Document Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Not Required*

## 17 - Record Confidentiality

### 1. Requirements

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.

### Description of Violation

*At 10:52 a.m., the following resident information was unlocked, unattended, and accessible on the south nurse's station counter:*

- *Daily care notes for 30 residents including resident #1's note indicating that the resident was out of the facility at the hospital for a hip fracture and dehydration.*
- *Shift temperature check documentation for 9/26/20 and 10/5/20, indicating resident names and temperatures including resident #2.*
- *South change list for multiple residents including resident #2.*
- *Daily assignment sheet for 10/5/20 listing resident names and shower schedules, to include resident #3.*

### Plan of Correction

**Accept**

*Information found above was immediately removed from the Nurse's Station on the day of inspection (10/5/20). Moving forward all residents' information was moved to the lock Medication room. DON, Administrator and the Med passers will check the nurse's station daily to ensure residents information is not accessible to anyone except the above mentioned in regulation 2600.17. Nurses' aides and med passers have been instructed to keep all resident's information in the locked medication room at all times.*

**Completion Date:** 10/20/2020

### Document Submission

**Implemented**

*Attachment 2600.17 the first three pictures are showing the nurse's station where the violation occurred and now shows no resident's information is a the desk. The fourth picture shows the medication room where all resident's information is now stored and the last picture shows the key pad lock on the medication room.*

*Attachment 2600.17 11.5.2020 shows education sign in sheet of Importance of Record Confidentiality and the daily checks that the med passer do on each Nurse's station*

## 95 - Furniture and Equipment

### 1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

### Description of Violation

*At 10:15 a.m., the closing mechanism at the top center of the green double fire doors near room #103 was preventing the door from closing completely, leaving a 4" gap in between the doors.*

95 - Furniture and Equipment (*continued*)**Plan of Correction****Accept**

*Immediately on the day of inspection (10/5/20), the maintenance employee adjusted the closing mechanism while the inspector was present to ensure the double fire doors worked properly. On 10/6/2020 maintenance employee contacted Eastern Door Controls to inspect why the doors did not close properly. On 10/7/2020 (see page 3A) enclosed the report from Eastern Door Controls that noted the doors sagged and in-stalled 2 Roton Hinges to correct the problem. Maintenance will inspect the doors during his morning inspections Monday thru Friday to ensure the doors are closely properly. Maintenance and the Administrator was educated by Eastern Door Controls on 10/7/2020 and how to inspect the fire doors during the morning inspections (Monday thru Friday) See page 3B)*

**Completion Date:** 10/20/2020

**Document Submission****Implemented**

*attachment 2600.95 first page is the service order of the repaid done by Eastern Door Controls which was to install Roton Hinges to correct the problem of the doors shagging. The next page is the fire doors safety checks done daily Monday thru Friday*

## 183d - Prescription Current

**1. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

*Resident #4's Atorvastatin 10mg tablets were discontinued on 1/23/20; however, on 10/5/20, the medication was still present in the home's medication cart.*

**Plan of Correction****Accept**

*The above medication was immediately taken out of the medication cart during the day of inspection (10/5/20). Moving forward med passers on an individual basis was verbally educated from 10/5/2020 to 10/9/2020 on how to remove discontinued medications from the medication cart and if it comes from facility pharmacy to return the discontinued medication if not the med passers are to return the discontinued medications to the office so that the medication can be disposed of in the RX destroyer. Also from 10/5/2020 to 10/9/2020 the med passers educated on how to check MARS to ensure residents are still on the medication that are in the med cart. On a monthly basis the Director of Nursing (DON) and the Administrator will review MARS and medication that are in the medication cart all have current orders to ensure the 2600.183 d requirements are met. (See page 4 A, 4B, 4C, 4D: These are the forms that the facility uses to have record when a medication is discontinued)*

**Completion Date:** 10/20/2020

**Document Submission****Implemented**

*attached 2600.183 d. The first page is the med passer sign-in sheet on the topic on what to do with discontinued medication. The second page is the RX destroyer is what the administrator uses to properly discard discontinued medications. The next page is the drug release/release of responsibility form that is used when sending discontinued medications back to the facility pharmacy or to the responsible party and the last page is a form the facility utilizes when ever medications need to be discarded in the RX destroyer.*

*Attached 2600.183d 11.5.2020 shows when the audit was done on MAR reviews. Also when November and December audits are scheduled. The administrator also marked her calendar email when the next audits are due.*

## 184a - Labeling OTC/CAM

**1. Requirements**

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

**Description of Violation**

*Resident #5 was prescribed Magnesium Oxide 400mg-give 1 tablet by mouth 2 times a day; however, the pharmacy label on the medication indicates give 1 tablet by mouth daily.*

**Plan of Correction****Accept**

*On the day of inspection, a change of direction sticker was placed on the medication mentioned above by the Administrator/LPN. Med passers were verbally educated on the importance to compare the pharmacy label to the MARS and not to administer the medication if they do not match until the DON or Administrator is contacted to verify the correct order to administer the medications. Immediately the DON and the Administrator will compare MARS and medication labels on all readmission of a resident. Also monthly cart audits will be done by the DON to compare all medications to MARS and labels. See 4A*

**Completion Date:** 10/14/2020

**Document Submission****Implemented**

*Attached 2600.184 a is the med passers' sign-in sheet that shows the med passers who were presented during the meeting on the importance to compare the pharmacy label to the MARS to ensure the correct medication is given to the resident*

*Attached 2600.183d 11.5.2020 shows when the audit was done on monthly cart audit. Also when November and December audits are scheduled. The administrator also marked her calendar email when the next audits are due.*

## 185a - Implement Storage Procedures

**1. Requirements**

2600.

- 185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident #6 was prescribed Bisacodyl 10mg suppository-unwrap and insert 1 suppository rectally daily as needed. However, the medication was not available in the home for administration.*

**Plan of Correction****Accept**

*The day of the inspection the above medication was ordered thru the facility pharmacy and delivered for resident for administration if needed on 10/5/2020 at 4:20 pm (See page 5A). Immediately the med passers were verbally educated 10/5 to 10/9/2020 (see Page 4A) on the importance of ordering prn medications prior to the last dose being used. The DON and Administrator on the monthly audit of all medications will review the prn medications to ensure all prns are available as ordered.*

**Completion Date:** 10/19/2020

185a - Implement Storage Procedures (*continued*)**Document Submission****Implemented**

*Attached is 2600.185 a. The first page is the med passers' sign in sheet showing the med passers that were present during a meeting on the importance of reordering medications. The second page is showing that the medication was delivered that day 10/5/2020 by the facility pharmacy delivered the medications.*

*Attached 2600.185a 11.5.2020 shows when the audit was done on monthly cart audit. Also when November and December audits are scheduled. The administrator also marked her calendar email when the next audits are due.*

## 187a - Medication Record

**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

*Resident #2 was prescribed Citalopram HBR 10mg tablet -give 1 tablet by mouth daily and Docusate Sodium 100mg capsule- give 1 capsule by mouth 2 times daily. However, the resident's October 2020 medication administration record (MAR) does not indicate the diagnoses or purpose for the medications.*

**Plan of Correction****Accept**

*On Tuesday following Monday's inspection, the DON added the diagnosis to the medication listed above (see page 5B). The DON also reviewed all residents MARS to ensure a diagnosis was listed for each medication. The DON is in contact with our pharmacy to ensure that they are entering diagnosis into the Quick Mar program. Immediately DON ensured all diagnosis is listed on orders faxed to the pharmacy. Pharmacy is aware to ensure diagnosis are on all medications. Before approving any new orders in Quick Mar the DON will do one final check to ensure diagnosis are listed on the MARS.*

**Completion Date:** 10/19/2020

**Document Submission****Implemented**

*attached 2600.187 a is showing that the diagnosis were added to the two above medications please see on the first page by the arrows are the diagnosis that were added to the medications*

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #5 was prescribed Duloxetine HCL 30mg capsules-give 1 capsule by mouth at bedtime. However, between 9/28/20 and 10/5/20, the resident was administered 2 capsules by mouth at bedtime.*

## 187d - Follow Prescriber's Orders (continued)

**Plan of Correction****Accept**

*Immediately on day of inspection (10/5/20) the wrong medication was taken out of the cart and our pharmacy was contacted to send the correct medication for the bedtime medication pass ( See page 6 A). Reportable incident report for the medication error completed along with notification of resident's POA, resident, and resident's PCP. (See page 6b 1-13). Moving forward every time a resident is readmitted to our facility from the hospital or skilled facility, DON and Administrator will compare all medication with readmission orders to verify that 2600.187. d requirements are in compliance. Med passers were verbally educated on this process from 10/5/2020 thru 10/9/2020. See page 4*

**Completion Date:** 10/20/2020

**Document Submission****Implemented**

*attached 2600.187 d. The first page is the med passers' sign in sheet that were present for a meeting discontinued medications removal and comparing the pharmacy label to the MARS. The second page is showing that the correct medication was delivered on 10/5/2020 by the facility pharmacy. pages 6B 1 thru 13 is showing the PCP was notified to the med error and his response along with the medication error reportable. paperwork*

## 225a - Assessment 15 Days

**1. Requirements**

2600.

- 225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

*An assessment was not completed for resident #5, who was admitted to the home on 6/12/20.*

**Plan of Correction****Accept**

*The initial assessment was completed on 10/6/2020. Immediately on 10/6/2020 the DON will be utilizing our Tabula Pro program to track all initial assessment to ensure compliance with regulation 2600. 225.a are completed in the correct timeframe.*

*Also on a daily basis the Administrator will also review with the Tabula Pro program to ensure compliance with the regulation and to assist the DON to complete the forms in a time sensitive timeframe. (See 6C 1-17). The DON understands on 10/6/2020 the importance of utilizing Tabula Pro program by reviewing the DASH board section of Tabula Pro that shows when the initial assessment needs completed by.*

**Completion Date:** 10/20/2020

**Document Submission****Implemented**

*attached 225 c is showing the completed assessment for resident # 5 was completed 10/6/2020.*

*Attached is 2600.225a 11.5.2020 that shows Tabula Pro Dashboard calendar when forms are due that the DON and Administrator has access to via a website*

## 225c - Additional Assessment

**1. Requirements**

2600.

- 225.c. The resident shall have additional assessments as follows:
1. Annually.

225c - Additional Assessment (*continued*)**Description of Violation**

*Resident #6's most current assessment was completed on 7/18/19.*

**Plan of Correction****Accept**

*The annual assessment was completed on 10/6/2020. Immediately on 10/6/2020 the DON will be utilizing the Tabula Pro program to track all assessment to ensure compliance with regulation 2600.225.c are done. Also on a daily basis the Administrator will check the Tabula Pro program calendar daily to ensure the compliance with the regulation and assist the DON to complete assessments in a time sensitive timeframe (see 6D 1-17). The DON understands on 10/6/2020 the importance of utilizing Tabula Pro program by reviewing the DASH board section of Tabula Pro that shows when the initial assessment needs completed by.*

**Completion Date:** 10/20/2020

**Document Submission****Implemented**

*attached 2660.225 c is showing the assessment for resident #6 has been completed on 10/6/2020*

*Attached 2600.225c 11.5.2020 is the Tabula pro dashboard calendar that shows when forms are due. The DON and Administrator has access to this program via a website*

## 251b - Record Entries Legible

**1. Requirements**

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

**Description of Violation**

*Correction fluid was used on multiple resident's financial documents to include the following:*

- *Resident #2's quarterly financial summary dated 1/3/17 through 7/1/20*
- *Resident #7's quarterly financial summary dated 9/26/18 through 7/1/20*
- *Resident #8's quarterly financial summary dated 1/1/20 through 7/1/20*

**Plan of Correction****Accept**

*On the day of the inspection, the Activity Director was notified of the violation and was educated verbally that correction fluid is not an acceptable manner to fix an error on a resident's record. Moving forward the Activity Director will document the correct way if an error occurs to ensure compliance of 2600.251.b. Which is a single line thru the mistake and initials above the word. The Administrator will review these records on a weekly basis starting on 10/14/2020.*

**Completion Date:** 10/14/2020

**Document Submission****Implemented**

*attached 2600.251 b is the form the administrator is using to verify that the Activity Director is documenting correctly is a mistake is made.*