

Department of Human Services
Bureau of Human Service Licensing

April 14, 2021

██████████ ADMINISTRATOR/OWNER
NELSON GOLDEN YEARS, INC.
PO BOX 446
DUBOIS, PA 15801

RE: NELSON'S GOLDEN YEARS
137 OKLAHOMA CEMETERY ROAD
DUBOIS, PA, 15801
LICENSE/COC#: 44868

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/17/2021, 03/18/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

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: NELSON'S GOLDEN YEARS **Licen e #:** 44868 **Licen e Expiration Date:** 08/25/2021
Addr e : 137 OKLAHOMA CEMETERY ROAD, DUBOIS, PA 15801
County: CLEARFIELD **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 8143717740 **Email:** [REDACTED]
[REDACTED]

Legal Entity

Name: NELSON GOLDEN YEARS, INC.
Address: PO BOX 446, DUBOIS, PA, 15801
Phone: 8143717740 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 08/31/1993 **Issued By:** L&I
Type: I-2 **Date:** 07/08/2011 **Issued By:** Veritas North America

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 44 **Waking Staff:** 33

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 03/18/2021

Inspection Dates and Department Representative

03/17/2021 - On-Site: [REDACTED]
03/18/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 43

Secured Dementia Care Unit

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

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 2 **Are 60 Years of Age or Older:** 41
Diagnosed with Mental Illness: 10 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

03/17/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *04/03/2021*

4/2/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/09/2021*

4/2/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/09/2021*

4/14/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

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

Description of Violation

Staff person A was hired on [REDACTED]; however, [REDACTED] Pennsylvania criminal background check was completed on 3/12/17.

Plan of Correction

Accept

Regulation: 51 Criminal Background Check

1. Why is this regulation important?

Ensures that employees with prohibitive offenses do not work in personal care homes.

2. How was the regulation violated?

The employee file did not include a Pennsylvania criminal background check showing a date after the employee was hired on [REDACTED]. The employee background check was dated 3/12/2017.

3. What caused the violation?

The former Assistant Administrator stated that [REDACTED] did send for the employee criminal background check upon the hiring of the employee; however, it was not in the current file.

4. What can be done right away to fix the violation?

The current Assistant Administrator sent for the Pennsylvania criminal background check immediately and it was received while the DHS Staff Representative was still in the building. It was filed in the employee file.

5. What can we do to prevent future violations?

A checklist of items in the employee file will be reviewed by another staff person to ensure a double check system.

6. Who will be responsible for preventing future violations?

All new employee files will be reviewed by the Administrator within 3 days of hire to ensure compliance, and audited annually.

Completion Date: March 18, 2021

Attachment: Copy of current Pennsylvania Criminal Background Check; Showed DHS Staff Representative on site also.

Completion Date: 03/18/2021

51 - Criminal Background Check (continued)**Document Submission****Implemented**

All new employee files will be reviewed by the Administrator within 3 days of hire to ensure compliance, and audited annually.

81b - Resident Personal Equipment**1. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 3/17/21, no cover was present on resident #1's bed enabler, creating a possible entrapment hazard.

On 3/17/21, resident #2's enabler bar was not secured to the mattress and could be moved approximately 2".

81b - Resident Personal Equipment (*continued*)**Plan of Correction****Accept***Regulation: 81b Resident Personal Equipment**1. Why is this regulation important?**Clean assistive devices that are in good repair are less likely to cause injury or illness to residents.**2. How was the regulation violated?**No cover was present on Resident #1 s bed enabler, creating a possible entrapment hazard.**Resident #2 s enabler bar was not secured to the mattress and could be moved approximately 2".**3. What caused the violation?**Equipment needs a cover over the rail to avoid entrapment.**Equipment purchased by Resident #2**4. What can be done right away to fix the violation?**Our maintenance director purchased a new Enabler for Resident #2 immediately that day while the DHS Staff Representative was present and secured the Enabler and showed the DHS Staff Representative.**We called our Medical Supply Stores in the area to get a cover for Resident #1 and they suggested we go online, since they do not carry those. We went online and ordered 3 different types and have received 2 so far. We will choose the appropriate one and send a photo. All current resident rooms have been inspected, and not faulty enablers were found.**5. What can we do to prevent future violations?**All current resident equipment will be inspected upon move in, and as new equipment is delivered. All resident equipment will be inspected during routine cleaning visits, and new equipment or unsafe equipment concerns will be shared immediately with the Administrator.**6. Who will be responsible for preventing future violations?**Maintenance Director, Medical Director, and Administrator will be involved in the purchase of an Enabler Device, as well as working with the Resident s physician.**Staff will ensure compliance during routine cleaning visits.**Completion Date: Resident #2 3/17/2021, DHS Staff Representative Reviewed**Resident #1 3/30/2021 Cover is on Enabler**Attachment: Receipt showing purchase of Resident #2 NEW Enabler**Photo showing Resident #1 Cover for Enabler**Enabler Check Form***Completion Date** 03/17/2021**Document Submission****Implemented***Completion Date: Resident #2 on 3/17/2021, DHS Staff Representative Reviewed**Resident #1 on 3/30/2021 Cover is on Enabler**Attachment: Receipt showing purchase of Resident #2 NEW Enabler and Photo showing Resident #1 Cover for Enabler**Enabler Check Form*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation*On 3/17/21 at 11:20 am, the water temperature at the kitchenette room sink was 122.5 degrees Fahrenheit.***Plan of Correction****Accept***Regulation: 89b Hot Water Temperature**1. Why is this regulation important?**To maintain temperatures of water for the safety of residents and protect residents from accidental scalding.**2. How was the regulation violated?**Temperature in the Staff Kitchenette room sink was 122.5 degrees Fahrenheit on 3/17/2021.**3. What caused the violation?**Water Temperature was too high. The thermostat on the water heater (or mixing valve) was out of adjustment.**4. What can be done right away to fix the violation?**Our maintenance director checked it later in the day and it was below 120 degrees Fahrenheit. The DHS Staff Representative checked the same sink in the Staff Kitchenette the next day 3/18/2021 and said it was 116 degrees Fahrenheit.**5. What can we do to prevent future violations?**The maintenance director will check the temperatures in the building two times a week rather than one time a week as is currently done and make adjustments as necessary.**6. Who will be responsible for preventing future violations?**Maintenance Director**Completion Date: 3/18/2021 DHS Staff Representative Reviewed;**Ongoing Review by Maintenance Director**Attachment: Copy of Maintenance Director Water Temperature Log***Completion Date: 03/18/2021**

89b - Hot Water Temperature (continued)**Document Submission****Implemented**

*Completion Date: 3/18/2021 DHS Staff Representative Reviewed; Ongoing Review by Maintenance Director
Attachment Copy of Maintenance Director Water Temperature Log*

127a - Portable Space Heaters**1. Requirements**

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

*On 3/18/21 at 3:35pm, a portable space heater was present in the COVID visitation annex area of the home.
According to numerous staff persons, the space heater is used during resident/family visits.*

127a - Portable Space Heaters (continued)

Plan of Correction**Accept***Regulation: 127a Portable Space Heaters**1. Why is this regulation important?**Safety of Residents; fire safety. Portable space heaters are a frequent cause of fire and cause burns to residents who come into contact with them. Residents are protected from fire and injury by this prohibition.**2. How was the regulation violated?**Space Heater was used in the outdoor enclosure.**3. What caused the violation?**Space Heater was used during cold winter months in the outdoor enclosure only when a resident's family scheduled a visit.**4. What can be done right away to fix the violation?**Space Heater removed from outdoor enclosure area and building. All rooms have been inspected for space heaters. No additional space heaters were found.**5. What can we do to prevent future violations?**No space heaters will be utilized. Staff will be instructed to regularly inspect rooms and report any space heaters to the Administrator so they can be removed.**6. Who will be responsible for preventing future violations?**Administrator and Maintenance Director.**Completion Date: 3/18/2021 DHS Staff Representative was present when we removed the space heater.***Completion Date** 03/18/2021**Document Submission****Implemented***Completion Date: 3/18/2021 DHS Staff Representative was present when we removed the space heater.*

185a - Implement Storage Procedures

1. Requirements

2600.

185a - Implement Storage Procedures (continued)

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 #5 is prescribed blood sugar checks twice daily. Resident #5's glucometer indicates a blood sugar reading of 118 on 3/11/21 at 4:13pm; however, the blood sugar reading was recorded as 119 on the resident's March 2021 medication administrator record (MAR).

Resident #5's glucometer indicates a blood sugar reading of 125 on 3/12/21 at 4:01pm; however, the blood sugar reading was recorded as 126 on the resident's March 2021 medication administrator record (MAR).

Resident #5's glucometer indicates a blood sugar reading of 108 on 3/16/21 at 4:06pm; however, the blood sugar reading was recorded as 120 on the resident's March 2021 medication administrator record (MAR).

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Directed***Regulation: 185a Implement Storage Procedures**1. Why is this regulation important?**To maintain proper procedures for the safety of residents and reduce the risk that medications and medical equipment will be misplaced, lost, or misused.**2. How was the regulation violated?**Blood Sugar readings are done twice daily for Resident #5 and three times the reading was incorrect with the meter reading.**3. What caused the violation?**The staff member who read the meter wrote the wrong number in. For example: the staff member wrote reading 119, when it was 118; staff member wrote reading of 126, when it was 125.**4. What can be done right away to fix the violation?**Review of the glucometer and blood sugar readings with the staff member by the Medical Director. Review of all readings with the staff member and the medical director.**5. What can we do to prevent future violations?**Monitor staff member's work with all residents with regard to readings of sugar, pulse, blood pressure, etc. Continued staff training. All staff who administer medications will be reminded that glucometers may not be shared.**6. Who will be responsible for preventing future violations?**Medical Director will monitor the staff member and continue to train and work with staff member.**Completion Date: Training 3/19/2021; and continued monitoring.**Attachment: Record of Staff Training between Medical Director and Med Tech.**DIRECTED: Within 7 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be re educated on proper blood sugar procedures, which include ensuring the proper blood sugar is documented on the resident's MAR. Documentation of the education shall be kept. LM 4/2/21**DIRECTED: Within 5 days of receipt of the plan of correction, then monthly thereafter: A designated staff person shall review the documentation of resident blood sugars with the actual blood sugar readings to ensure accuracy. LM 4/2/21*

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

The entire med tech team has received training and it is documented. See Attachment. A procedure has been reviewed by the med tech team along with administration. See Attachment. A binder for weekly documentation of accuracy of Blood Sugar Checks which are compared with the glucometers is being used and checked each day and the form is done per week. See Attachment.

224a - Preadmission Screen Form**1. Requirements**

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.

Description of Violation

Resident #3's preadmission screening form, dated 4/30/20, does not indicate if the resident can safely use and avoid poisonous materials or a determination that the needs of the resident can be met by the services provided by the home. These sections of the form are blank.

224a - Preadmission Screen Form (*continued*)**Plan of Correction****Accept***Regulation: 224a Preadmission Screen Form**1. Why is this regulation important?**It ensures that the home can safely meet a resident's needs prior to admission.**2. How was the regulation violated?**A section on the form was blank that asked if the resident can safely use and avoid poisonous materials and a determination that the needs of the resident can be met by the services provided by the home.**3. What caused the violation?**Staff failed to complete the form in its entirety.**4. What can be done right away to fix the violation?**A new form was completed by the administrative assistant and reviewed with the assistant administrator and the resident.**5. What can we do to prevent future violations?**Paperwork will be reviewed by two staff persons to ensure completion and accuracy. An audit of all residents' charts has been completed, and all charts have been found in compliance with this regulation.**6. Who will be responsible for preventing future violations?**Assistant administrator, administrative assistant, and administrator.**Completion Date: 3/22/2021**Attachment: Copy of Corrected Pre-Admission Screening Form**Completion Date: 03/22/2021***Document Submission****Implemented***We corrected the Preadmission Screen Form for Resident #3 and have attached the new one for review.*

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.

225a - Assessment 15 Days *(continued)***Description of Violation**

Resident #3's most recent assessment, dated 5/14/20, does not include the diagnosis of neurocognitive disorder, which is indicated as a diagnosis on the resident's most recent medical evaluation, dated 4/24/20.

Plan of Correction**Accept**

Regulation: 225a Assessment 15 days

1. Why is this regulation important?

Allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

2. How was the regulation violated?

The neurocognitive disorder was not listed on Resident #3 assessment form.

3. What caused the violation?

Staff missed putting the neurocognitive disorder on the assessment form.

4. What can be done right away to fix the violation?

The administrative assistant corrected the assessment form and reviewed the file for all medical needs.

5. What can we do to prevent future violations?

Review all paperwork to ensure the DME and the RASP match. All resident charts have been audited, and all charts have been found to be in compliance with this regulation.

6. Who will be responsible for preventing future violations?

The administrator, assistant administrator, and administrative assistant will review paperwork DIRECTED: The review shall occur at least monthly. LM 4/2/21

Completion Date: 3/19/2021

Attachment: Copy of Corrected Resident RASP/Resident #3 .

Completion Date: 03/19/2021

Document Submission**Implemented**

The corrected Assessment RASP has been corrected to reflect all diagnoses for Resident #3. See Attachment for review.

The review will occur monthly, as well as resident changes will be reviewed at the weekly staff meetings.

225c - Additional Assessment

1. Requirements

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #4's most recent assessment, dated 1/12/21, indicates the resident is independent with transferring in/out of bed/chair and has a moderate mobility need; however, multiple staff interviews indicate that the resident often requires the assistance of 2 staff persons to transfer and while walking. On 3/18/21, an agent of the Department observed resident #4 walking with the assistance of 2 staff persons, with 1 supporting the resident on each side.

225c - Additional Assessment (*continued*)**Plan of Correction****Accept**

Regulation: 225 c Additional Assessment

1. Why is this regulation important?

Allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

2. How was the regulation violated?

The resident's change in condition was not documented on the RASP.

3. What caused the violation?

Resident #4 was referred to Hospice and mobility needs changed.

4. What can be done right away to fix the violation?

The staff adjusted the assessment to show changes in resident's physical condition. We have also listed resident as an immobile resident. The resident is receiving Hospice Services, and which services are now being provided by the Hospice Agency.

5. What can we do to prevent future violations?

Staff will work closely with Medical Director at our weekly staff meetings to review changes in resident's medical needs and refer to resident assessment plan. A periodic review of files will be done to check RASP information by the administrator and assistant administrator. All changes in condition will be documented on the RASP.

6. Who will be responsible for preventing future violations?

Administrative assistant, assistant administrator, administrator, and medical director will be responsible for this paperwork. Resident charts will be audited upon move in and at least annually.

Completion Date: 3/19/2019

Attachment: Copy of Corrected Resident RASP/Resident #4; Copy of Updated Immobile List

Completion Date: 03/19/2021

225c - Additional Assessment (continued)**Document Submission****Implemented**

The Administrative Assistant, Assistant Administrator, and Administrator along with the Medical Director will review the paperwork. Resident charts will be audited upon move in and upon significant changes with Resident, and be reviewed at least annually. Attachments for Copy of Corrected Resident RASP/Resident #4; Copy of updated mmobile List.

227a - Support Plan 30 Days**1. Requirements**

2600.

- 227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1's most recent support plan, dated 1/18/21, does not address the resident's use of a bed enabler. The resident's enabler was present on [REDACTED] bed on 3/17/21.

227a - Support Plan 30 Days (*continued*)**Plan of Correction****Accept***Regulation: 227a Support Plan 30 Days**1. Why is this regulation important?**Ensures that each resident's needs are met, and that accountability for meeting those needs is firmly established.**2. How was the regulation violated?**The support plan for resident #1 does not list the enabler on the resident's bed.**3. What caused the violation?**Staff did not list the bed enabler for the resident on their support plan.**4. What can be done right away to fix the violation?**Staff corrected the RASP to include the bed enabler.**5. What can we do to prevent future violations?**The Administration will review RASPs for completeness during their weekly administration meeting. RASPs will be updated any time a resident starts using a new mobility device. And, staff reviewed all resident charts to ensure that mobility devices are listed, and all charts are in compliance with this regulation.**6. Who will be responsible for preventing future violations?**Administrator, assistant administrator, and administrative assistant.**Completion Date: 3/19/2021**Attachment: Copy of Corrected Resident RASP/Resident #1***Completion Date** 03/19/2021**Document Submission****Implemented***A copy of the corrected Resident RASP/Resident #1 with Enabler listed is attached. Administrator and Assistant Administrator will be responsible for auditing resident forms.*

227d - Support Plan Medical/Dental

1. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2's most recent support plan, dated 9/4/20, does not address the resident's use of a bed enabler. The resident's enabler was present on ■ bed on 3/17/21.

Plan of Correction**Accept**

Regulation: 227d Support Plan Medical/Dental

1. Why is this regulation important?

Ensures that each resident's needs are met as those need change, and that accountability for meeting those needs is firmly established.

2. How was the regulation violated?

The support plan for resident #2 does not list the enabler on the resident's bed.

3. What caused the violation?

Staff did not list the bed enabler for the resident on their support plan.

4. What can be done right away to fix the violation?

Staff corrected the RASP to include the bed enabler.

5. What can we do to prevent future violations?

The Administration will review RASPs for completeness during their weekly administration meeting. RASPs will be updated any time a resident starts using a new mobility device. Staff reviewed all resident charts to ensure that mobility devices are listed, and all charts are in compliance with this regulation.

6. Who will be responsible for preventing future violations?

Administrator, assistant administrator, and administrative assistant.

Completion Date: 3/19/2021

Attachment: Copy of Corrected Resident RASP/Resident #2

Completion Date: 03/19/2021

Document Submission**Implemented**

A copy of the corrected RASP which lists the Bed Enabler for Resident #2 is attached. Administrator and Assistant Administrator will be responsible for auditing resident forms.