

Department of Human Services
Bureau of Human Service Licensing

December 29, 2021

[REDACTED]
GOLDEN HEIGHTS OPCO LLC
3522 ROUTE 130
IRWIN, PA, 15642

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/19/2021 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: *GOLDEN HEIGHTS PERSONAL CARE HOME* License #: *45030* License Expiration: *03/01/2022*
Address: *3522 ROUTE 130, IRWIN, PA 15642*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7247443200* Email: [REDACTED]

Legal Entity

Name: *GOLDEN HEIGHTS OPCO LLC*
Address: *3522 ROUTE 130, IRWIN, PA, 15642*
Phone: *7247443200* Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *81* Waking Staff: *61*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *11/19/2021*

Inspection Dates and Department Representative

11/19/2021 - On-Site [REDACTED]

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: *15*

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: *24* Have Physical Disability: *0*

Inspections / Reviews

11/19/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/08/2021*

Inspection Dates and Department Representative (*continued*)

12/07/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/13/2021*

12/13/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/22/2021*

12/29/2021 - Document Submission

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

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 11/13/21 or 11/14/21, staff member A witnessed an incident of physical abuse by staff member B towards resident #2; however, this incident was not reported to the local Area Agency on Aging until 11/16/21.

Plan of Correction

Directed

The Administrator and the Business personnel are to monitor this violation by checking the folders to ensure that the folders are still in the above-mentioned areas of the building Monday thru Friday along with weekly meetings with the facility Department personnel to discuss this violation. Weekly meeting scheduled for Wednesday 12/15/2021

DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons shall be educated on all reportable incidents and conditions outlined in 2600.16a, which includes the reporting of allegations of abuse or neglect. The education shall also include reporting requirements to the local Area Agency on Aging in accordance with the Older Adult Protective Services Act. Documentation of the education shall be kept. LM 12/13/21

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall review all internal incidents and conditions daily, to ensure all allegations of abuse or neglect are reported timely to the Department in accordance with 2600.16c, and the local Area Agency on Aging in accordance with the Older Adult Protective Services Act. LM 12/13/21

Completion Date: 12/10/2021

Document Submission

Implemented

documents attached. Pages A1 thru A16 are the paperwork all employees' complete upon hiring and annual trainings. Page C1 thru C2 is the meeting sign in sheet for employees re-educating the employees on how to report 2600.15.

Page D is showing a calendar for that review are done daily

Completion Date: 12/23/2021

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 11/13/21 or 11/14/21, staff member A witnessed an incident of physical abuse by staff member B towards resident #2; however, this incident was not reported to the Department until 11/16/21.

Plan of Correction

Directed

The Administrator and the Business personnel are to monitor this violation by checking the folders to ensure that

16c - Written Incident Report (continued)

the folders are still in the above-mentioned areas of the building Monday thru Friday along with weekly meetings with the facility Department personnel to discuss this violation. Weekly meeting scheduled for Wednesday 12/15/2021

DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons shall be educated on all reportable incidents and conditions outlined in 2600.16a, which includes the reporting of allegations of abuse or neglect. The education shall also include reporting requirements to the local Area Agency on Aging in accordance with the Older Adult Protective Services Act. Documentation of the education shall be kept. LM 12/13/21

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall review all internal incidents and conditions daily, to ensure all allegations of abuse or neglect are reported timely to the Department in accordance with 2600.16c, and the local Area Agency on Aging in accordance with the Older Adult Protective Services Act. LM 12/13/21

Completion Date: 12/10/2021

Document Submission**Implemented**

documents attached. Pages B1 thru B14 is the paperwork that was discussed in the meeting with employees and also a copy of these paperwork has been placed at each med room, dietary department, staff lounge and by the nursing schedule.

Pages C1 thru C2 is the meeting sign in sheet of employees to re-educate them on 2600.16 c.

Page E is the calendar showing reviews done daily on incidents and condtions.

Completion Date: 12/23/2021

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

Resident #1's bed enabler was uncovered and had an approximate 8" x 12" opening, posing a potential entrapment hazard.

Plan of Correction**Directed**

The Director of Nursing checked the facility immediately for all bed enablers on 11/19/2021 to ensure all bed enablers were covered.

All direct care staffing and housekeeping will be checking for covers on all bed enablers daily to ensure the bed enablers are covered properly.

DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons shall be educated that any bed enabler with an opening greater than 4.75" shall be covered and secured to the resident's bed. Documentation of the education shall be kept. LM 12/13/21

Completion Date: 12/10/2021

Document Submission**Implemented**

documents attached: Page D is showing the cover was placed on.

81b - Resident Personal Equipment (continued)

Page C 1 thru C2 is the employee sign in sheet for a meeting to reeducate the employees on covers on all enablers.

Completion Date: 12/23/2021