

Department of Human Services
Bureau of Human Service Licensing

February 4, 2022

[REDACTED], PRESIDENT

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 11/29/2021, 11/30/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *GOLDEN HEIGHTS PERSONAL CARE HOME* License #: *45030* License Expiration: *03/01/2023*
Address: *3522 ROUTE 130, IRWIN, PA 15642*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/30/2021*

Inspection Dates and Department Representative

11/29/2021 - On-Site: [REDACTED]

11/30/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *55*

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: *55*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

11/29/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/17/2022*

01/19/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/24/2022*

01/24/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/26/2022*

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 11/29/21, at approximately 11:19 a.m., the toilet seat grab bar in the private bathroom of bedroom #103, is in poor condition. The metal bars under the front and back of the seat that connect to each side of the grab bars is heavily rusted, on the left side of both bars measuring approximately 3" wide all the way around bar.

Plan of Correction

Accept

Immediately after the inspection on 11/29/2021, maintenance employee removed the toilet seat grab bar and replaced it with another one. On 11/30/2021 maintenance employee assessed all toilet seats and replaced them with another one. Ongoing housekeeping department has been instructed to notify maintenance daily if any seat is rusted so it can be replaced. All other departments have been instructed to notify maintenance of any equipment that is need of repair.

Completion Date: 12/29/2021

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 11/29/21, the two side windows facing the north wing in the front sitting room do not have screens.

On 11/29/21, the last window on the right in the dining room does not have a screen.

On 11/29/21, the left window screen in the laundry room in the north wing is in disrepair. There is a tear measuring approximately 2" by 1", "T" shape towards bottom right side the edges of the tear are curled making a hole in screen.

Plan of Correction

Accept

On 12/1/2021, maintenance employee went to Home Depot to purchase screens and the above-mentioned screens were replaced that day. Maintenance employee checks screens when he does his daily safety checks to ensure screens are in good repair and securely screened.

Completion Date: 12/01/2021

96a - First Aid Kit

1. Requirements

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.

Description of Violation

On 11/29/21, at approximately 11:35 a.m., the first aid kit at the North nurses station did not include tweezers and scissors.

Plan of Correction

Accept

The facility also has a first aid kit on the South Wing that was fully stocked with the required items needed. On that

96a - First Aid Kit (continued)

day an employee was using the scissors and tweezers and had not had a chance to return them back to the first aid kit. There also is one in the kitchen department. Moving forward the Administrator will have the med passers on midnight shift check the first aid kits on each wing every night and have the Dietary department check the first aid kit to ensure all required items are in the kit and to notify the Administrator if any item is missing.

Completion Date: 01/17/2022

103c - Food Protected**1. Requirements**

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 11/29/21 at approximately, 11:03 a.m., there were individual serving cups containing sour cream and cocktail sauce in the stainless-steel triple door refrigerator in the kitchen. There were two sets of trays identified for the north wing and south wing. The trays contained approximately 30 individual serving cups, two with cocktail sauce, two with sour cream that did not have lids and no coverings over top to protect them from the tray placed on top. There was cocktail sauce on the underneath of the top tray when lifted.

Plan of Correction**Accept**

After the inspection in the kitchen the dietary staff corrected this violation and understood the importance once the inspector educated them that day on why this was a violation. Dietary Supervisor was informed of this violation on 11/30/2021. The dietary department daily is ensuring that food shall be protected from contamination while being stored, prepared, transported and served.

Completion Date: 11/29/2021

103e - Left Overs**1. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 11/29/21, at approximately 10:55 a.m. there were multiple unlabeled/undated food items in the refrigerator identified for lunchmeat and cheese in the kitchen, to include:

- A block of yellow American cheese in saran wrap (approximately 24 slices)
- A Ziploc bag pepperoni slices, (approximately ¾'s full).
- A bag sliced hard salami (approximately ½ full).
- A 32 oz. container Cobble street extra hot horseradish prepared, (approximately ¼ full).

Plan of Correction**Accept**

After the inspection in the kitchen, the dietary staff started to correct this violation with labeling and dating food items in the kitchen. Dietary staff has been showed and instructed by the Dietary Supervisor on the importance of labeling and dating food. On 11/29/2021 the Administrator ordered freezer tape and extreme sharpies to label and date the food items correctly.

Completion Date: 11/30/2021

103i - Outdated Food

1. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 11/29/21, at approximately 10:52 a.m., there were multiple unlabeled/undated food items in the stainless-steel freezer in the kitchen, to include:

- *A bag with approximately 15 stuffed chicken breasts.*
- *A bag sausage links (approximately 30).*
- *A bag with sausage patties (approximately 20).*
- *A bag with breaded pork chops (approximately 15).*

Plan of Correction**Accept**

The dietary staff understands the importance of labeling and dating food items and moving forward all items will be labeled and dated properly. On stock days (Wednesday) all items will be labeled and dated before putting items away to ensure compliance of this regulation. The Dietary Supervisor will check to ensure this is done in the steel freezer in the kitchen,

Completion Date: 11/30/2021

141b1 - Annual Medical Evaluation

1. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED].

Plan of Correction**Accept**

The annual medical evaluation was completed on [REDACTED] when the PCP was in the facility. Moving forward the office personnel will utilize the tabula pro dashboard to prevent the annual medical evaluation forms for all resident to be completed in a timely manner to track the form is due.

Completion Date: 01/17/2022

162c - Menus Posted

1. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 11/29/21, the home does not have the current week or future week menus posted in the home. Menu's posted indicate Week #1 current week and Week #3, with no dates indicated on any of the menus. A dry erase board indicates the daily menu for lunch on 11/29/21 : Fried shrimp, baked potato, and pound cake. The alternative: chicken breasts, sandwich of day-Ham and Dinner: Egg salad, chicken noodle soup, apple pie, alternative: hamburger. However, they are not indicated on the menu (Week #1) that was indicated as the current week.

Plan of Correction**Accept**

The current dietary staff was not aware of this regulation due to the Dietary supervisor always doing the menu but had been off due to personal reasons but know with the education from the inspector know has a better

162c - Menus Posted (continued)

understanding why this is important. Dietary Supervisor was re-educated this in a meeting that the cooks need to know how to post the menu correctly to avoid this violation in the future. Also, the dietary aides are aware that the white board must match the menu and now are the ones writing on the white board to ensure the menu is correct for the residents.

Completion Date: 01/17/2022

183e - Storing Medications**1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1 is prescribed [REDACTED] eye drops- instill one drop in each eye at bedtime (9:00 p.m.). On 11/30/21, there was no date open indicated on the bottle or box. The manufactures instructions indicate discard 28 days after opening or discard at end of treatment (whichever comes first).

On 11/30/21, resident #2's [REDACTED] flex pen does not indicate a date opened on the pen or label.

Plan of Correction**Accept**

Med techs were verbally explained on the importance of dating eye drops and insulin so that they know when the medications are to be discarded. Moving forward daylight med tech will be checking the carts to ensure eye drops and insulin are dated and checking for expired medications. Tentatively the next med tech meeting is on 2/9/2022 to review this violation and all other violations involving medications.

Completion Date: 01/24/2022

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

On 11/30/21 the following resident glucometers were not calibrated to the correct date or time, to include:

- Resident #2's glucometer indicated a time of 12:13 on 11/30; however, the actual time was 11:13 p.m. on 11/30/21.*
- Resident #3's glucometer indicated a date and time of 11/29 at 22:27; however, the actual date was 11/30/21 at 11:45 a.m.*
- Resident #4's glucometer indicated a time of 1:31 p.m. on 11/30; however, the actual time was 12:15 p.m. on 11/30/21.*
- Resident #5's glucometer indicated a date and time of 10/16/21 at 4:54 p.m.; however, the actual date/time was 11/30/21 at 1:32 p.m.*

On 11/30/21 resident #2's November 2021 MAR indicates the resident is prescribed [REDACTED] - Perform Glucometer readings 4 times a day, before meals and bedtime (8am 12pm, 4pm and 8pm). On multiple dates and times from 11/1/21 through 11/18/21 at 8:00 a.m., staff did not record the blood glucose readings only the units of insulin administered if any were recorded, to include:

187b - Date/Time of Medication Admin. (continued)

readings or units administered from 11/1/21 to 11/18/21 at 8:00 a.m. Resident #2's November 2021 MAR was not initialed by the staff member that administered the medication on 11/12/21 and 11/16/21 at 8:00 a.m.

On 11/30/21, resident #3 is prescribed [REDACTED] - inject subcutaneously twice daily (8:00 a.m. and 4:30 p.m.) per SS: 70-130=0u; 131-180=2u; 181-240=4u; 241-300=6u; 301-350=8u; 351-400=10u; >400 call MD. Resident #3's November 2021 MAR did not indicate a blood glucose reading or units of insulin administered, if any and was not initialed by the staff member on the following dates/times:

- 11/2/21 at 4:30 p.m.
- 11/16/21 at 7:30 a.m.
- 11/25/21 at 7:30 a.m.

Resident #5's November 2021 indicates the resident is prescribed [REDACTED], take two tablets at bedtime (9:00 p.m.). However, on 11/26/21 and 11/28/21 at 9:00 p.m., staff initialed the residents MAR as administering the medication; however, the medication was not available in the home.

Plan of Correction

Med techs were verbally explained the importance checking off the box that the medication was given and to make sure the confirm button is clicked off to ensure that the medications will be logged into the MAR correctly. Family members are notified in the resident contract that if they are supplying the medications, it must be here on time and if not then a 15-day supply of medications will be ordered from the pharmacy. All med techs will be educated in this policy during the tentatively med tech meeting on 2/9/22 and the families will be called moving forward if the medications are not in the facility by the Administrator to ensure compliance on this regulation.

Completion Date: 01/24/2022

Plan of Correction

Administrators spoke with the midnight shift med techs and moving forward along with the employee who works until 3 am med carts and medication will be check three times a week to ensure compliance of this regulation is done

Completion Date: 02/01/2022

Accept**187d - Follow Prescriber's Orders****1. Requirements**

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1's November 2021 MAR indicates the resident is prescribed, [REDACTED] mg tablet take one tablet by mouth 3 times a day (8am, 2pm, and 8pm.). On 11/9/21 at 2:00 p.m., resident #1 was not administered the medication as prescribed. The medication was not available in the home for administration.

Resident #5 is prescribed [REDACTED] take two tablets at bedtime (9:00 p.m.). However, resident did not receive the medication as prescribed at 9:00 p.m. on 11/25/21, 11/26/21, 11/27/21 11/28/21 and 11/29/21. The medication was not available in the home for administration.

Resident #2 is prescribed [REDACTED] /ML . <70 call MD; 71-119=0 u; 120-150=2u; 151-180=4u; 181-200=6u; 201-250=8u; 251-300=12u; 301-350=15u; 351-400=20u; >400 call MD. Subcutaneously 4 times a day (8:00

187d - Follow Prescriber's Orders (continued)

On 11/30/21, resident #2's November 2021 MAR indicates on the following dates and times the resident did not have blood glucose readings taken and no insulin was administered as prescribed per sliding scale, if needed to include:

- At 8:00 a.m. on 11/12/21 and 11/25/21
- At 8:00 p.m. on 11/13/21, 11/14/21, 11/15/21, 11/16/21, 11/17/21 and 11/29/21.

On 11/30/21, resident #3's November 2021 MAR indicates the resident is prescribed [REDACTED] /ML - inject subcutaneously twice daily (8:00 a.m. and 4:30 p.m.) per SS: 70-130=0u; 131-180=2u; 181-240=4u; 241-300=6u; 301-350=8u; 351-400=10u; >400 call MD. On 11/16/21 at 7:30 a.m., resident #3 did not have their blood glucose taken and did not receive any insulin as prescribed per sliding scale, if needed.

Resident #5 is prescribed [REDACTED] syringe inject 4x daily before meals and bedtime (9:00 a.m., 1:00 p.m., 5:30 p.m., 9:00 p.m.) per SS: 0-149=0u; 150-200=2u; 201-250=4u; 251-300 =6u; 301-350=8u; 351-400=10u; >400 call MD: The resident did not receive the insulin as prescribed on the following dates and times and no blood glucose levels were taken, to include:

- 11/1/21 at 5:30 p.m. and 9:00 p.m.
- 11/3/21 at 9:00 p.m.
- 11/6/21 at 5:30 p.m. and 9:00 p.m.
- 11/11/21 at 9:00 p.m.
- 11/12/21 at 9:00 p.m.
- 11/14/21 at 9:00 p.m.
- 11/15/21 at 9:00 p.m.
- 11/17/21 at 9:00 p.m.
- 11/20/21 at 5:30 pm.
- 11/23/21 at 5:30 p.m.

Plan of Correction

Med techs verbally explained about the importance of following prescribers' orders. This will be discussed in the tentatively med tech meeting on 2/9/2022. Until the meeting can occur the Administrator will be reviewing the MARS more closely to ensure compliance with following prescribers' orders.

Completion Date: 01/28/2022

Plan of Correction**Accept**

The Administrator will be checking the medication program to review MARS three times a week and will also have the daylight main med tech review this regulation 4 times a week also to have a second person to measure compliance with the regulation.

Completion Date: 02/01/2022

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 #2's November 2021 Medication Administration Record (MAR) indicates the resident is prescribed [REDACTED] paste, apply topically to buttock twice a day for redness (7a-3p & 3p-12a); however, the medication label indicates

184a - Labeling OTC/CAM (continued)

Desitin 40% paste, apply topically to buttock, as needed.

Repeat : 10/5/2020

Plan of Correction**Accept**

A refer to MAR sticker was placed on the label of the medication to reflect the change in order. Med techs were explained the importance of comparing the MAR to Label. This regulation will also be the topic during the tentatively scheduled med tech meeting on 2/9/2022. Since a month is a too long period to check the carts the Administrator or the daylight med tech will be checking the medication and orders weekly due to orders changing frequently.

Completion Date: 01/24/2022

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:

6. Dose.

Description of Violation

Resident #5 is prescribed [REDACTED] syringe inject 4x daily before meals and bedtime (9:00 a.m., 1:00 p.m., 5:30 p.m., 9:00 p.m.) per SS: 0-149=0u; 150-200=2u; 201-250=4u; 251-300 =6u; 301-350=8u; 351-400=10u; >400 call MD: • On 11/30/21, resident #5's November 2021 MAR did not include amount of insulin to be administered per the sliding scale on 11/17/21 at 5:30 pm., the resident had a blood glucose reading of 202 (per the sliding scale the resident should have been administered 4 units of insulin).

Repeat 10/5/2020

Plan of Correction

Med techs were instructed verbally to document immediately the dose of insulin to be given to avoid not entering the units given after checking the blood sugars. Periodically the MARS and blood glucose glucometers will be checked to ensure compliance of this violation. This violation will be discussed in the tentatively med tech meeting on 2/9/22.

Completion Date: 01/28/2022

Plan of Correction**Accept**

Administrator spoke with the midnight shift med techs and recently hired an employee that will work until 3 am and three times a week when this employee works this is one of his tasks he will be checking to ensure compliance of this regulation.

Completion Date: 02/01/2022

225c - Additional Assessment**1. Requirements**

2600.

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

1. Annually.

Description of Violation

On 11/29/21, the most recent annual assessment for resident #1 was completed on 11/11/2020.

225c - Additional Assessment (continued)

Repeat 10/5/2020

Plan of Correction**Accept**

On 11/30/2021, the annual assessment was completed. The tabula pro system that is being used has a dashboard feature that indicates when forms are due however this was missed by the Administrator. Moving forward the Administrator has a laptop to review tabula pro from home to ensure these forms not missed in the future.

Completion Date: 01/28/2022