

Department of Human Services
Bureau of Human Service Licensing

August 26, 2022

[REDACTED], ADMINISTRATOR
NELSON GOLDEN YEARS, INC.
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/14/2022, 06/15/2022 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 - PUBLIC

Facility Information

Name: *NELSON'S GOLDEN YEARS* License #: *44868* License Expiration: *08/25/2022*
Address: *137 OKLAHOMA CEMETERY ROAD, DUBOIS, PA 15801*
County: *CLEARFIELD* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *NELSON GOLDEN YEARS, INC.*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: <i>I-2</i>	Date: <i>07/08/2011</i>	Issued By: <i>Bureau Veritas NA</i>
Type: <i>Other</i>	Date: <i>06/29/2011</i>	Issued By: <i>Bureau Veritas NA</i>
Type: <i>C-2 LP</i>	Date: <i>03/22/1995</i>	Issued By: <i>L&I</i>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *06/15/2022*

Inspection Dates and Department Representative

06/14/2022 - On-Site: [REDACTED]
06/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *40*

Secured Dementia Care Unit

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: <i>4</i>	Are 60 Years of Age or Older: <i>40</i>
Diagnosed with Mental Illness: <i>14</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>3</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

06/14/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/10/2022*

07/11/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/13/2022*

08/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/10/2022*

08/26/2022 - Document Submission

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

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 has an enabler bar attached to the bed that is not secure. The bar is approximately 5 inches away from the mattress of the bed, posing an entrapment hazard.

Resident #2 has an enabler bar attached to the bed that is not secure. The bar is not strapped to the bed, according to manufacture's instructions, and can be easily moved at least 18 inches away from the mattress of the bed, posing an entrapment hazard.

Repeat Violation: 3/17/21

Plan of Correction

Accept

Plan of Correction:

1. Why is this regulation important?

This regulation is important to ensure the safety of residents.

2. How was the regulation violated?

Enabler for Resident #1 was not secure. Enabler for Resident #2 was at bottom of bed by chair and was loose.

3. What caused the violation?

The bed rail for Resident #1 was secured by the strap and the nightstand; however, there was some looseness when the nightstand was pulled away and the bed moved.

The bed rail for Resident # 2 was at bottom of bed and next to chair. Resident uses it to push off from Chair. It was loose.

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

Maintenance immediately replaced the bed rail and purchased a new one that day for Resident #1 and Resident #2. Inspector checked the rooms after the new ones were put on and verified they were secure.

Resident #1 still has Bed Enabler. Resident #2 Bed Enabler has been discontinued due to resident no longer needing it.

5. What can we do to prevent future violations?

Daily inspection of Enabler will be checked. We will also meet with Doctor when resident is seen by doctor throughout the year for their doctor medical visits at our facility to determine if there is still a need for an Enabler.

6. Who will be responsible for preventing future violations?

81b - Resident Personal Equipment (continued)

The Med Team will add the Enabler Check to the MARS report and check to make sure the Enabler is secure daily when passing medication. Maintenance will still do weekly inspection of straps and bed secure of straps and location..

See Attachments: Resident #2 Updated RASP; Doctor Discontinuation Order of Enabler; Purchase Receipt of New Enabler.

RESPONSE to UPDATE: We had training on 8/1/2022 with [REDACTED] at [REDACTED] Home Oxygen Medical Supplies Company. He came in and met with staff. Please see notes of meeting, materials, and Enabler Policy. The training was very beneficial.

Completion Date: 08/01/2022

Document Submission

Implemented

Plan of Correction:

1. Why is this regulation important?

This regulation is important to ensure the safety of residents.

2. How was the regulation violated?

Enabler for Resident #1 was not secure. Enabler for Resident #2 was at bottom of bed by chair and was loose.

3. What caused the violation?

The bed rail for Resident #1 was secured by the strap and the nightstand; however, there was some looseness when the nightstand was pulled away and the bed moved.

The bed rail for Resident # 2 was at bottom of bed and next to chair. Resident uses it to push off from Chair. It was loose.

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5. What can we do to prevent future violations?

Daily inspection of Enabler will be checked. We will also meet with Doctor when resident is seen by doctor throughout the year for their doctor medical visits at our facility to determine if there is still a need for an Enabler.

6. Who will be responsible for preventing future violations?

81b - Resident Personal Equipment (continued)

The Med Team will add the Enabler Check to the MARS report and check to make sure the Enabler is secure daily when passing medication. Maintenance will still do weekly inspection of straps and bed secure of straps and location..

See Attachments: Resident #2 Updated RASP; Doctor Discontinuation Order of Enabler; Purchase Receipt of New Enabler.

RESPONSE to UPDATE: We had training on 8/1/2022 with [REDACTED] at [REDACTED] Home Oxygen Medical Supplies Company. He came in and met with staff. Please see notes of meeting, materials, and Enabler Policy. The training was very beneficial.

101j7 - Lighting/Operable Lamp**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction**Accept**

Plan of Correction:

1. Why is this regulation important?

Resident needs access to a lamp to see while in bed or near bed in room.

2. How was the regulation violated?

Lamp was not located at bedside in room.

3. What caused the violation?

Resident #3 has a lamp on [REDACTED] table stand by [REDACTED] chair. Resident normally had 2 lamps; however, at time of inspection, the table lamp that should have been on [REDACTED] night stand by [REDACTED] bed was not at bedside.

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

Maintenance immediately put in a lamp by [REDACTED] bedside on night stand. The Inspector verified placement and location of lamp at bedside while at our facility and found it satisfactory.

5. What can we do to prevent future violations?

All rooms were checked and lamps were at each bedside. Held a meeting with Maintenance and Housekeeping staff to review and discuss that this is a requirement in each resident's bedroom and there must be a lamp at bedside.

6. Who will be responsible for preventing future violations?

Maintenance, Housekeeping, and Direct Care Staff will monitor this as part of their duties. We have frequent staff meetings and we will make this an on-going item on our agenda to discuss the importance of a lamp at their bedside, and to make sure when in the resident rooms that there is a lamp at their bedside.

101j7 - Lighting/Operable Lamp (continued)

RESPONSE to UPDATE: This will be monitored weekly by Maintenance team.

Completion Date: 07/27/2022

Document Submission**Implemented**

Plan of Correction:

1. Why is this regulation important?

Resident needs access to a lamp to see while in bed or near bed in room.

2. How was the regulation violated?

Lamp was not located at bedside in room.

3. What caused the violation?

Resident #3 has a lamp on [redacted] table stand by [redacted] chair. Resident normally had 2 lamps; however, at time of inspection, the table lamp that should have been on [redacted] night stand by [redacted] bed was not at bedside.

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

Maintenance immediately put in a lamp by her bedside on night stand. The Inspector verified placement and location of lamp at bedside while at our facility and found it satisfactory.

5. What can we do to prevent future violations?

All rooms were checked and lamps were at each bedside. Held a meeting with Maintenance and Housekeeping staff to review and discuss that this is a requirement in each resident's bedroom and there must be a lamp at bedside.

6. Who will be responsible for preventing future violations?

Maintenance, Housekeeping, and Direct Care Staff will monitor this as part of their duties. We have frequent staff meetings and we will make this an on-going item on our agenda to discuss the importance of a lamp at their bedside, and to make sure when in the resident rooms that there is a lamp at their bedside.

RESPONSE to UPDATE: This will be monitored weekly by Maintenance team.

103f - Refrigerator/Freezer Temps**1. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 6/14/22 at 11:04 a.m., the temperature in the #3 meat freezer in the basement of the home was 2 degrees Fahrenheit and at 11:34 a.m., it was 5 degrees Fahrenheit.

Plan of Correction**Accept**

1. Why is this regulation important?

To ensure safekeeping of food in freezer.

2. How was the regulation violated?

103f - Refrigerator/Freezer Temps (continued)

Temperature was not at 0 degrees.

3. What caused the violation?

Temperature was not at 0 degrees.

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

Maintenance adjusted the temperature control on the inside. The next day when Inspector checked the freezer with maintenance, it was verified and fine.

5. What can we do to prevent future violations?

Continue to monitor freezers and refrigerators weekly. This particular freezer has been monitored daily and has been at 0 degrees Fahrenheit.

6. Who will be responsible for preventing future violations?

Maintenance will monitor all freezer and refrigerator temperatures on a weekly basis. For precautionary reasons, we purchased a new freezer.

See Attachment: Purchase Receipt Freezer.

Completion Date: 07/07/2022

Document Submission

Implemented

1. Why is this regulation important?

To ensure safekeeping of food in freezer.

2. How was the regulation violated?

Temperature was not at 0 degrees.

3. What caused the violation?

Temperature was not at 0 degrees.

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

Maintenance adjusted the temperature control on the inside. The next day when Inspector checked the freezer with maintenance, it was verified and fine.

5. What can we do to prevent future violations?

Continue to monitor freezers and refrigerators weekly. This particular freezer has been monitored daily and has been at 0 degrees Fahrenheit.

6. Who will be responsible for preventing future violations?

Maintenance will monitor all freezer and refrigerator temperatures on a weekly basis. For precautionary reasons, we purchased a new freezer.

See Attachment: Purchase Receipt Freezer.

132a - Monthly Fire Drill

1. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation*An unannounced fire drill was not held during the months of March 2022, April 2022, and May 2022.***Plan of Correction****Accept***1. Why is this regulation important?**To ensure safety of residents and staff.**2. How was the regulation violated?**Fire Drills were not held during these months, due to COVID in our facility.**3. What caused the violation?**We did not do the fire drills during these months due to following quarantine guidelines of COVID.**4. What can be done right away to fix the violation?**We spoke with the Inspector and explained we had the understanding that we should not do fire drills when COVID is present in our building based on our conversations with Department of Health and our RRHCP Teams, RCAT Teams, and now RISE LeCom Team.**5. What can we do to prevent future violations?**Continue to seek guidance from DHS, DOH, and RISE LeCom regarding fire drills when COVID exists in building.**6. Who will be responsible for preventing future violations?**Administrators of the Home will monitor this and seek guidance. See attached paperwork from RISE. We spoke with Inspector and explained what we had done and who we contacted. The Inspector explained the Suspension Piece of the Regulation and that we need to contact DHS. The Administration met with the Inspector and understands now what is necessary. The Administrator, Medical Director, and Assistant Administrator met and reviewed that we need to contact DHS in addition to discuss fire drills when in a COVID situation. We have had fire drills regularly when not in COVID.**See Attachment: RISE e-mail***Completion Date:** 07/07/2022**Document Submission****Implemented***1. Why is this regulation important?**To ensure safety of residents and staff.**2. How was the regulation violated?**Fire Drills were not held during these months, due to COVID in our facility.**3. What caused the violation?**We did not do the fire drills during these months due to following quarantine guidelines of COVID.**4. What can be done right away to fix the violation?**We spoke with the Inspector and explained we had the understanding that we should not do fire drills when COVID is present in our building based on our conversations with Department of Health and our RRHCP Teams, RCAT*

132a - Monthly Fire Drill (continued)

Teams, and now RISE LeCom Team.

5. What can we do to prevent future violations?

Continue to seek guidance from DHS, DOH, and RISE LeCom regarding fire drills when COVID exists in building.

6. Who will be responsible for preventing future violations?

Administrators of the Home will monitor this and seek guidance. See attached paperwork from RISE. We spoke with Inspector and explained what we had done and who we contacted. The Inspector explained the Suspension Piece of the Regulation and that we need to contact DHS. The Administration met with the Inspector and understands now what is necessary. The Administrator, Medical Director, and Assistant Administrator met and reviewed that we need to contact DHS in addition to discuss fire drills when in a COVID situation. We have had fire drills regularly when not in COVID.

See Attachment: RISE e-mail

132b - Safety Inspection/Fire Drill**1. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

A fire safety inspection and fire drill by a fire safety expert was conducted on 2/16/21. However, the next fire safety inspection and fire drill by a fire safety expert was not conducted until 5/4/22.

Plan of Correction**Accept**

1. Why is this regulation important?

To ensure safety of residents and staff.

2. How was the regulation violated?

Fire Safety Inspector was not in building within the time frame listed above.

3. What caused the violation?

We had COVID in our building during this time frame and did not bring in inspector.

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

Fire Safety Inspector was brought in after we had been cleared with COVID in building.

5. What can we do to prevent future violations?

Administration will bring in Fire Safety Inspector on an annual basis. However, if there is COVID in the building, administration will seek guidance from DHS, DOH, and RISE LeCom.

6. Who will be responsible for preventing future violations?

Administrators will be responsible for scheduling annual Fire Safety Inspection.

Completion Date: 07/08/2022

132b - Safety Inspection/Fire Drill *(continued)***Document Submission****Implemented**

1. *Why is this regulation important?*

To ensure safety of residents and staff.

2. *How was the regulation violated?*

Fire Safety Inspector was not in building within the time frame listed above.

3. *What caused the violation?*

We had COVID in our building during this time frame and did not bring in inspector.

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

Fire Safety Inspector was brought in after we had been cleared with COVID in building.

5. *What can we do to prevent future violations?*

Administration will bring in Fire Safety Inspector on an annual basis. However, if there is COVID in the building, administration will seek guidance from DHS, DOH, and RISE LeCom.

6. *Who will be responsible for preventing future violations?*

Administrators will be responsible for scheduling annual Fire Safety Inspection.

161d - Dietary Needs

1. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Resident #4 is prescribed a [REDACTED] diet. However, on 6/15/22 at lunch the resident was served chicken salad on a hamburger bun, approximately 1/4 cup of Chex cereal mix, 2 raw celery sticks that were approximately 4 inches in length, and a whole cookie that was approximately 3 inches by 3 inches.

Plan of Correction**Accept**

Plan of Correction:

1. *Why is this regulation important?*

To ensure the safety of residents.

2. *How was the regulation violated?*

Resident was served a meal that had some component that was not appropriate for mechanical soft diet.

3. *What caused the violation?*

Meal was served that should have had all components of mechanical soft diet.

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

The resident did not eat the meal. Resident #4 had recently been put on HOSPICE and had not been eating;

161d - Dietary Needs (continued)

however, the staff brought Resident #4 to the dining room. Resident #4 did have an Ensure Drink.

5. What can we do to prevent future violations?

Med Room Staff will sign off on all Mechanical Soft Diets and Pureed Meals for Residents prior to the meals leaving the kitchen.

6. Who will be responsible for preventing future violations?

Med Room Team and Administration will meet and discuss any dietary changes with Residents. A list will be kept in the Kitchen to monitor this.

(See Attachment: Dietary Needs List.)

RESPONSE to UPDATE:

Training was held on 8/1/2022 with [REDACTED] from RESTA. Please see attached training meeting notes and materials reviewed.

Completion Date: 08/01/2022

Document Submission

Implemented

Plan of Correction:

1. Why is this regulation important?

To ensure the safety of residents.

2. How was the regulation violated?

Resident was served a meal that had some component that was not appropriate for mechanical soft diet.

3. What caused the violation?

Meal was served that should have had all components of mechanical soft diet.

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

The resident did not eat the meal. Resident #4 had recently been put on HOSPICE and had not been eating; however, the staff brought Resident #4 to the dining room. Resident #4 did have an Ensure Drink.

5. What can we do to prevent future violations?

Med Room Staff will sign off on all Mechanical Soft Diets and Pureed Meals for Residents prior to the meals leaving the kitchen.

6. Who will be responsible for preventing future violations?

Med Room Team and Administration will meet and discuss any dietary changes with Residents. A list will be kept in the Kitchen to monitor this.

(See Attachment: Dietary Needs List.)

RESPONSE to UPDATE:

Training was held on 8/1/2022 with [REDACTED] from RESTA. Please see attached training meeting notes and materials reviewed.

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 began receiving hospice services on [REDACTED]; however, the resident's assessment, dated [REDACTED], has not been updated to include these services.

In addition, resident #4 is prescribed a [REDACTED] diet; however, the resident's assessment, dated [REDACTED] indicates the resident is on a regular diet.

Repeat Violation: 3/17/21

Plan of Correction**Accept**

1. Why is this regulation important?

To ensure the residents daily needs and care are being met.

2. How was the regulation violated?

The resident's family had recently met with HOSPICE and decided to put Resident # 4 on HOSPICE. This was a significant change to resident's daily plan and needed updated.

3. What caused the violation?

Resident was put on HOSPICE and RASP needed updated.

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

New RASP was reviewed and post it notes to discuss with family and HOSPICE were in file indicating changes as noted by Inspector; however the final RASP was not printed nor completed at the date of the Visit, which was 7 days, and the RASP needs updated within 5 days. The staff did confirm the mechanical soft diet.

5. What can we do to prevent future violations?

Work with HOSPICE immediately after meeting with family and complete RASP timely. The Medical Director, Administrator, and Assistant Administrator will review all dietary changes then have a meeting with Dietary Staff to review all changes and ensure compliance. As stated earlier, the resident's name and dietary need will be reviewed by Med Team before meals are delivered.

6. Who will be responsible for preventing future violations?

Administration is responsible for meeting this timeline for completion of significant change to RASP. The Med Director and Administrators met with HOSPICE and reviewed a better timeline for the RASP to be reviewed after HOSPICE meets with family. This will ensure time to complete the RASP and ask questions of family.

See Attachment: Resident #4 RASP updated due to significant change; Hospice.

Completion Date: 06/17/2022

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

1. *Why is this regulation important?*

To ensure the residents daily needs and care are being met.

2. *How was the regulation violated?*

The resident's family had recently met with HOSPICE and decided to put Resident # 4 on HOSPICE. This was a significant change to resident's daily plan and needed updated.

3. *What caused the violation?*

Resident was put on HOSPICE and RASP needed updated.

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New RASP was reviewed and post it notes to discuss with family and HOSPICE were in file indicating changes as noted by Inspector; however the final RASP was not printed nor completed at the date of the Visit, which was 7 days, and the RASP needs updated within 5 days. The staff did confirm the mechanical soft diet.

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Administration is responsible for meeting this timeline for completion of significant change to RASP. The Med Director and Administrators met with HOSPICE and reviewed a better timeline for the RASP to be reviewed after HOSPICE meets with family. This will ensure time to complete the RASP and ask questions of family.

See Attachment: Resident #4 RASP updated due to significant change; Hospice.