

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

November 19, 2024

[REDACTED], PRESIDENT  
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 09/06/2024, 09/13/2024, 09/30/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** GOLDEN HEIGHTS PERSONAL CARE HOME      **License #:** 45030      **License Expiration:** 03/01/2025

**Address:** 3522 ROUTE 130, IRWIN, PA 15642

**County:** WESTMORELAND      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]

**Legal Entity**

**Name:** GOLDEN HEIGHTS OPCO LLC

**Address:** 3522 ROUTE 130, IRWIN, PA, 15642

**Phone:** [REDACTED]

**Certificate(s) of Occupancy**

<b>Type:</b> C-2 LP	<b>Date:</b> 02/23/1999	<b>Issued By:</b> L&I
<b>Type:</b> I-2	<b>Date:</b> 05/11/2010	<b>Issued By:</b> Penn Twp

**Staffing Hours**

<b>Resident Support Staff:</b> 0	<b>Total Daily Staff:</b> 90	<b>Waking Staff:</b> 68
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**Inspection Information**

<b>Type:</b> Full	<b>Notice:</b> Unannounced	<b>BHA Docket #:</b>
<b>Reason:</b> Complaint, Incident	<b>Exit Conference Date:</b> 09/30/2024	

**Inspection Dates and Department Representative**

09/06/2024 - On-Site: [REDACTED]

09/13/2024 - On-Site: [REDACTED]

09/30/2024 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
<b>License Capacity:</b> 75		<b>Residents Served:</b> 60	
<b>Secured Dementia Care Unit</b>			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
<b>Hospice</b>			
<b>Current Residents:</b> 0			
<b>Number of Residents Who:</b>			
<b>Receive Supplemental Security Income:</b> 0		<b>Are 60 Years of Age or Older:</b> 60	
<b>Diagnosed with Mental Illness:</b> 0		<b>Diagnosed with Intellectual Disability:</b> 0	
<b>Have Mobility Need:</b> 30		<b>Have Physical Disability:</b> 0	

**Inspections / Reviews**

09/06/2024 Full

<b>Lead Inspector:</b> [REDACTED]	<b>Follow-Up Type:</b> POC Submission	<b>Follow-Up Date:</b> 10/13/2024
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Inspections / Reviews *(continued)*

10/15/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/02/2024

11/19/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/30/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1's most recent assessment and support plan completed on [REDACTED] indicates a Personal Care Need for transferring in out of bed/chair as "cannot go from sit to stand without being assisted." And a plan to meet this service need of "supervision and assist will be available from all transfers for optimal safety. Resident requires two person assist for all transfers and requires a Hoyer lift. She is no longer weight bearing." However, on [REDACTED], at approximately [REDACTED] a.m., staff member A performed a one-person transfer assist that resulted in a skin tear on the lower left leg of resident #1 that was approximately two to three inches in length. Due to the wound bleeding through multiple dressings the provision of outside medical services was required. At [REDACTED] p.m., West Penn Township Emergency Medical Services were called and arrived at the home at [REDACTED] p.m. Emergency medical services were able to control the wound's bleeding and transport resident #1 to Forbes Hospital. Upon arrival to Forbes Hospital resident #1 was treated for a skin tear of the lower left extremity and discharged.

Plan of Correction

Accept [REDACTED] - 10/15/2024)

Immediate action occurred on 9.6.24, when the administrator verbally spoke to staff on the importance of using a Hoyer for the resident for transfers possibly could of preventive a skin tear on lower leg. Please see the supporting sign in sheet for 9.18.24 and presentation notes given at 10:00 am and 2:30pm regarding the importance of following assessment plans and support plans.

Corrective action occurred when Administrator spoke in private with employee involved on 9.6.24 to ensure the employee understood that by not using the Hoyer and having another employee to assist resident received a large skin tear to the lower leg and needed further treatment at the hospital. Since this was a private conversation there was no sign in sheet for this meeting. Resident Care Coordinator also provided list of residents who are a two-person transfers and uses a Hoyer lift for transfers as a quick reference and placed inside each locked med room.

Preventative action will occur on September 18, 2024 at 10:00 am and 2:30pm given by the Administrator and Resident Care Coordinator. Please see the agenda format that was followed in this meeting to ensure all nursing staff in attendance understands where to locate the resident's assessment and supports plans, along with not making the resident feel rushed when doing any type of care. Also, to contact Resident Care Coordinator if any change is needed to this assessment and support plan. Ryan who is part of Fox Rehab had a meeting on October 2, 2024 at 2:30 pm to review transfers, transporting residents and review Hoyer lift technique. This type of in-service with Fox Rehab will be ongoing 4 times a year starting on October 2, 2024. Documentation of sign sheet and material reviewed will be available. All documentation of sign sheets with attached material to be kept in training folder in business office.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [REDACTED] - 11/04/2024)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

42c Treatment of Residents (continued)

Description of Violation

On 8/30/24, at approximately in the morning staff member Staff member B assisting resident #2 with waking up and transferring from bedside to wheelchair to attend breakfast. Resident #2 was not waking up as quickly as staff member B wanted. Staff member struck resident #2 with an open hand on the forehead area to "get [redacted] attention" causing resident #2 to become angered and to feel disrespected.

Plan of Correction

Accept [redacted] - 10/15/2024)

Immediately on 8.30.24, staff member B was place on suspension, Area of aging was contacted along with the reportable completed and sent to Department of Human Services via email.

Correction action occurred the day of suspension of staff member B in which the staff member was verbally educated by the Administrator that striking a resident with an open hand on the forehead to get his attention is not an acceptable approach for any resident that care is performed on.

Preventative action will have a meeting with the ombudsman for all staffing discussing treatment of dignity and respect before the end of November and a meeting with the Administrator on Thursday, October 24, 2024 at 2:30 pm reviewing the importance the proper way to wake a resident up in the morning and performing care to ensure resident is treated with dignity and respect. Documentation of a sign in sheet and a presentation note of the meeting will be kept in the training folder in the business office.

Licensee's Proposed Overall Completion Date: 11/28/2024

Implemented [redacted] - 11/04/2024)

227a - Support Plan 30 Days

4. 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 assessment and support plan completed on [redacted], indicates a personal care need for transferring in out of bed / chair as resident cannot go from sit to stand without being assisted." And a plan to meet this service need of "supervision and assist will be available from all transfers for optimal safety. Resident requires two person assist for all transfers and requires a Hoyer lift. [redacted] is no longer weight bearing." However, on [redacted] at approximately [redacted] a.m., staff member A Performed a one person assist transfer from the resident's bed to [redacted] wheelchair.

Resident #2's most recent assessment and support plan completed on [redacted], has a medical diagnosis of "urinary retention" and the plan to meet this medical need as, "planned to meet this need is to ensure catheter is draining urine properly, contact home health agency is needed for monthly changing or catheter not draining of urine into bag." However, on [redacted], home health care flushed resident #2's catheter and found no urine drainage occurring. Upon reinsertion of the resident's catheter [redacted] of urine was trained from the resident.

Plan of Correction

Accept [redacted] - 10/15/2024)

For resident #1: Immediate action occurred on 9.6.24, when the administrator verbally spoke to staff on the

**227a Support Plan 30 Days (continued)**

*importance of using a Hoyer for the resident for transfers possibly could of preventive a skin tear on lower leg. Please see the supporting sign in sheet for 9.18.24 and presentation notes given at 10:00 am and 2:30pm regarding the importance of following assessment plans and support plans.*

*Corrective action occurred when Administrator spoke in private with employee involved on 9.6.24 to ensure the employee understood that by not using the Hoyer and having another employee to assist resident received a large skin tear to the lower leg and needed further treatment at the hospital. Since this was a private conversation there was no sign in sheet for this meeting. Resident Care Coordinator also provided list of residents who are a two person transfers and uses a Hoyer lift for transfers as a quick reference and placed inside each locked med room.*

*Preventative action will occur on September 18, 2024 at 10:00 am and 2:30pm given by the Administrator and Resident Care Coordinator. Please see the agenda format that was followed in this meeting to ensure all nursing staff in attendance understands where to locate the resident's assessment and supports plans, along with not making the resident feel rushed when doing any type of care. Also, to contact Resident Care Coordinator if any change is needed to this assessment and support plan. Ryan who is part of Fox Rehab had a meeting on October 2, 2024 at 2:30 pm to review transfers, transporting residents and review Hoyer lift technique. This type of in service with Fox Rehab will be ongoing 4 times a year starting on October 2, 2024. Documentation of sign sheet and material reviewed will be available. All documentation of sign sheets with attached material to be kept in the training folder in the business office.*

*Resident # 2: Immediate a Resident output record form was created to properly measure all out put for all catheters daily for all shifts with a note on the form that the med passers are to contact home health agency for out put of 200 cc or less of urine per shift. Documentation of this form is turned to the business office to keep record of out put. Corrective action is the Resident Care Coordinator will ensure every resident who has a catheter will have this form and utilize this to monitor urine output. Along with the form to be returned to Resident Care Coordinator to monitor out put correctly.*

*Preventative action occurred on 8.30.24 when this form was implanted as away to ensure proper monitoring of out put and if 200 cc of urine of less is noted in an 8 hour shift home health agency to be contacted and send resident out to hospital if home health agency unable to assess the reason why output not occurring. The Resident Care Coordinator also has a list for quick reference in the med room of resident who has a catheter and the contact information of the home health agency that maintains catheter maintained.*

**Licensee's Proposed Overall Completion Date: 10/31/2024**

**Implemented (█) - 11/04/2024)**