

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

June 16, 2026

[REDACTED]
GOLDEN HEIGHTS OPCO LLC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/05/2025 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: *03/01/2026*
 Address: *3522 ROUTE 130, IRWIN, PA 15642*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *GOLDEN HEIGHTS OPCO LLC*
 Address: [REDACTED]
 Phone: [REDACTED] 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: *Penn Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *95* Waking Staff: *71*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident, Interim* Exit Conference Date: *12/05/2025*

Inspection Dates and Department Representative

12/05/2025 - 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: *18*

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: *38* Have Physical Disability: *0*

Inspections / Reviews

12/05/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/05/2026*

01/20/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/17/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/27/2026*

Inspections / Reviews *(continued)*

03/13/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/17/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/17/2026

06/16/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/17/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

63d - Certified CPR Staff

1. Requirements

2600.

63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with [REDACTED] training, unless the resident has a do not resuscitate order.

Description of Violation

On [REDACTED] at lunch time, resident [REDACTED] began choking in the dining room. Staff person A, who is certified in CPR/1st aid and was present and on duty at the time, was standing next to the resident and failed to render assistance to the resident in accordance with [REDACTED] training. Instead, staff person A yelled out for help, saying resident [REDACTED] is choking, call 911. Staff person B, who was in the hallway, heard the cry for help and proceeded to use the [REDACTED] on the resident. Staff person C called 911, EMS arrived and evaluated the resident, and the resident refused to go to the hospital.

Plan of Correction

Accepted [REDACTED] - 01/20/2026)

Requesting this violation to be withdrawn, Staff person A was coming out of the kitchen doors across from the resident and noticed something wrong with the resident 1, At this time Staff person B was entering the dining room and noticed something wrong with the resident both get to the resident at the same time. Staff person A yelled for help, while staff person B started to do back blows and staff person C (who was not interviewed about this event) called 911 for medical assistance. All staff present during this incident are certified in CPR. In this incident emergency treatment was given in a timely manner and all present worked as a team and staff B dislodged the food that was stuck and all stayed with resident 1 until emergency personnel arrived.

Immediate action life saving technique was performed by a certified CPR employee and paramedics arrived on site, resident refused to go to the hospital.

Corrective action: Staff person A will be taking the CPR class on January 26, 2026, at 2 pm to be re-educated and how to do CPR, first aide and choking on a resident by Anova home health and hospice agency instructor who has been certified by American Red Cross.

Prevented action: All current employees will be re-educated on January 7, 2026, at 1:30 pm on the importance of performing CPR, Choking and first aide as first responders to a crisis by Administrator. Documentation of a sign-in sheet will be kept, On a monthly basis for 6 months a brief re-education will be reviewed on the importance of first responders to a crisis. Then every quarter after 6 months. This will be reviewed during Quality Management meeting quarterly with documentation kept.

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented [REDACTED] - 06/16/2026)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED], at approximately 4:30 p.m., resident [REDACTED] glucometer was used to measure the blood glucose level of resident [REDACTED]

85a Sanitary Conditions (continued)

Plan of Correction

Accept [redacted] 03/13/2026)

Immediately: Once Administrator was made aware of this violation new glucometer was ordered for Resident [redacted] and Resident [redacted] and were delivered the same day. Each glucometer was marked properly. Documentation can be provided on the new glucometers.

Corrective action:

Administrator and RCC investigated why this occurred and discussed ways to decrease this from happening again. Spoke to the Staff person who was involved in this error on 12.5.25 to explain why glucometer are not to be used on another resident. On January 7, 2026, a brief meeting will be held at 3 pm with med passers of why sharing glucometer is not allowed. This given by the Administrator Sign in sheet can be provided of this meeting.

Preventative action:

Administrator and RCC placed all glucometers in different colored see through containers with the resident's name on the container to be a unique color for each resident who has glucometer this was done on 1.2.2026. Also, RCC will check 5 days a week for 6 months to ensure each glucometer is in their named colored container. This checklist will be kept by the RCC in the business office along with reviewing of this violation during quarterly Quality Management meetings. Documentation can be provided.

Immediately on 12.5.2025 the designee contacted resident [redacted] and [redacted] PCP both have the same PCP via a communication form, and [redacted] wrote back agreed to purchasing a new glucometer for both residents. Documentation of communication form can be supplied along with the Invoice from the pharmacy showing new glucometer was purchased for resident [redacted] and [redacted]

Preventative action Administrator or designee who are both Train the trainer will monitor weekly for 3 months and monthly thereafter each staff person responsible for diabetic are perform blood glucose checks to ensure each resident glucometer is used only for the resident who it belongs, and blood glucose readings are accurately documented on the resident medication administrator record. Documentation of check list will be kept in business office and reviewed quarterly in Quality Management meeting. Documentation will be provided.

Licensee's Proposed Overall Completion Date: 02/10/2026

Implemented [redacted] - 06/16/2026)

103e - Left Overs

3. 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

At 11:53 a.m., there was an unlabeled, undated bag of tater tots in the stainless steel freezer in the main kitchen.

Plan of Correction

Accept [redacted] - 01/20/2026)

Immediately the dietary supervisor labeled and dated the bag of tarter tots on 12.5.25, This was the only item noted that was not labeled during the inspection of the kitchen and the kitchenette all other items were labeled correctly.

Corrective action:

Dietary supervisor was re educated by the Administrator on the importance of ensuring items are labeled and dated properly on 12.8.25.

Preventive action: will now include daily checks by the dietary supervisor 5 days a week for 6 months than monthly for 6 months then every quarter with the Administrator reviewing weekly to ensure all items are labeled properly.

103e - Left Overs (continued)

Documentation will be kept and reviewed during the quarterly Quality Management meetings

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented (████) - 06/16/2026)

181e - Capable to Self Administer**4. Requirements**

2600.

181.e. To be considered capable to self-administer medications, a resident shall:

1. Be able to recognize and distinguish █████ medication.
2. Know how much medication is to be taken.
3. Know when medication is to be taken.

Description of Violation

Resident █████ self-administers medications to include █████, inhale 1 puff by mouth twice daily. However, from █████ to █████, the resident did not take this medication.

Plan of Correction

Accepted (████) - 01/20/2026)

Immediate action: re-educated resident █████ that █████ needs to take medication as ordered by █████ PCP

Corrective action:

Resident █████ effective 12.8.25 is no longer self-administering █████ own medication, PCP was notified resident was not following orders and new RASP and DME forms completed on 12.10.25 reflecting resident is no longer self-administering █████ medication. Documentation can be provided to reflect this change

Preventative action:

Trained med passers are giving resident all █████ medications now, Administrator and RCC re-educated resident that █████ must follow medication orders as prescribed and to ensure █████ gives all new medications orders to RCC or Administrator to profile correctly and store in the medication carts moving forward. Administrator will check resident's room weekly for 3 months, then monthly for 6 months, then quarterly afterwards to ensure resident does not have medication in █████ room. Documentation of these checks by the Administrator will be kept in business office. During quarterly Quality Management meetings this violation will be reviewed.

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented (████) - 06/16/2026)

183b - Meds and Syringes Locked**5. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 10:05 a.m., a █████ tablet prescribed to resident █████ was unlocked, unattended, and accessible on the table in the dining room.

183b Meds and Syringes Locked (continued)

Plan of Correction

Accept [redacted] - 01/20/2026

Immediate action: Medication found was brought to the administrator's office to properly dispose of medication
Corrective action: PCP was notified of medication for resident [redacted] was not taken and PCP stated resident is medically safe and just to give next scheduled dose, report was done and son was notified. Documentation can be provided
Preventative action: Meeting to be scheduled for 1.7.26 to review the importance of ensuring medications are to be kept in an area or container this is locked given by Administrator. Once a month starting 1.7.26 a brief meeting will be held for med passers to ensure they are aware of regulation 183b and the importance of medication to be locked at all items either by the Administrator or RCC. This will be ongoing training for Med Passers, Sign in sheets will be kept as documentation in business office. Every quarter this violation will be discussed in the Quality Management meeting

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented [redacted] - 06/16/2026

183d - Prescription Current

6. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

[redacted] prescribed for resident [redacted] was in the resident's lockbox; however, the medication had a discard date of [redacted]

[redacted] prescribed for resident [redacted] was in the resident's lockbox; however, the medication had a discard date of [redacted]

Plan of Correction

Accept [redacted] 01/20/2026

Immediately action: re educated resident [redacted] that [redacted] needs to take medication as ordered by [redacted] PCP and not to have expired medication.

Corrective action:

Resident [redacted] effective 12.8.25 is no longer self administering [redacted] own medication, PCP was notified resident was not following orders and new RASP and DME forms completed on 12.10.25 reflecting resident is no longer self administering [redacted] medication. Documentation can be provided to reflect this change

Preventative action:

Trained med passers are giving resident all [redacted] medications now, Administrator and RCC re educated resident that [redacted] must follow medication orders as prescribed and to ensure [redacted] gives all new medications orders to RCC or Administrator to profile correctly and store in the medication carts moving forward. Administrator will check resident's room weekly for 3 months, then monthly for 6 months, then quarterly afterwards to ensure resident does not have medication in [redacted] room. Documentation of these checks by the Administrator will be kept in business office. During quarterly Quality Management meetings this violation will be reviewed

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented [redacted] - 06/16/2026

187a Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [REDACTED] was prescribed blood glucose checks twice daily. On [REDACTED] at 4:15 p.m., the resident's blood glucose was measured on resident [REDACTED]'s glucometer and indicated a reading of [REDACTED]. However, this was not documented on the resident's December 2025 Medication Administration Record.

Plan of Correction

Accept [REDACTED] - 03/13/2026)

Immediately: Administrator spoke with staff person involved and [REDACTED] was unaware of the error [REDACTED] made.

Corrective action:

Administrator and RCC investigated why this occurred and discussed ways to decrease this from happening again. Spoke to the Staff person who was involved in this error on 12.5.25 to explain why glucometer are not to be used on another resident. On January 7, 2026, a brief meeting will be held at 3 pm with med passers of why sharing glucometer is not allowed and not documenting properly on the Medication Administration record could happen by using the incorrect glucometer. This will given by the Administrator Sign-in sheet can be provided of this meeting.

Preventative action:

Administrator and RCC placed all glucometers in different colored see through containers with the resident's name on the container to be a unique color for each resident who has glucometer this was done on 1.2.2026. Also, RCC will check 5 days a week for 6 months to ensure each glucometer is in their named colored container and correct documentation on the Medication Administration Record. Monthly meeting starting on 1.7.26 with med passer to re-educate the importance of proper documentation and using the correct glucometer. This checklist and sign in sheet will be kept by the RCC in the business office along with reviewing of this violation during quarterly Quality Management meetings. Documentation can be provided.

Preventative action Administrator or designee who are both Train the trainer will monitor weekly for 3 months and monthly thereafter each staff person responsible for diabetic are perform blood glucose checks to ensure each resident glucometer is used only for the resident who it belongs, and blood glucose readings are accurately documented on the resident medication administrator record. Documentation of check list will be kept in business office and reviewed quarterly in Quality Management meeting. Documentation will be provided.

Licensee's Proposed Overall Completion Date: 02/10/2026

187a - Medication Record (continued)

Implemented [redacted] - 06/16/2026)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] was prescribed [redacted] take 1 tab twice daily. Direct care staff person B initialed the resident's December 2025 Medication Administration Record as administering this medication on [redacted] at 9:00 a.m. However, this medication was not administered at that time, and instead was found unsecured on the dining room table at approximately 10:05 a.m.

Plan of Correction

Accept [redacted] - 03/13/2026)

REQUEST WITHDRAWAL OF THIS VIOLATION: Staff person B that morning administrated to resident [redacted] a total of 9 medications and per [redacted] training observed resident taking [redacted] medication and went back to document correctly resident [redacted] took [redacted] medications. It was not until an hour later [redacted] was notified by the state inspector [redacted] found one pill at the table where resident sits. Therefore, staff person B recorded correctly at that time and didn't overserve any medications on the table when [redacted] went to document.

Immediate action: Medication found was brought to the administrator's office to properly dispose of medication
Corrective action: PCP was notified of medication for resident [redacted] was not taken and PCP stated resident is medically safe and just to give next scheduled dose, report was done and son was notified. Documentation can be provided. Staff person B was re-educated on 12.5.25 to not only observe if resident took their medications but to do an observation of the floor or table for any drop medications.

Preventative action: Meeting to be scheduled for 1.7.26 to review the importance of ensuring medications are taken by the resident and to observe the surrounding area to see if medications were dropped on the floor or table given by Administrator. Once a month starting 1.7.26 a brief meeting will be held for med passers to ensure they are aware of regulation 187b and the importance of medication to be documented properly either by the Administrator or RCC. This will be ongoing training for Med Passers, Sign-in sheets will be kept as documentation in business office. Every quarter this violation will be discussed in the Quality Management meeting
The medication was brought into the Administrator's office on 12.5.2025 around 10am by the Administrator Assistant immediately when found by the Licensing inspector

Licensee's Proposed Overall Completion Date: 02/10/2026

Implemented [redacted] - 06/16/2026)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

187d Follow Prescriber's Orders (continued)

Description of Violation

Resident [REDACTED] was prescribed [REDACTED], take 1 tab twice daily. However, on [REDACTED] at 9:00 a.m., this medication was not administered to the resident.

Plan of Correction

Accept [REDACTED] - 03/13/2026)

Immediate action: Medication found was brought to the administrator's office to properly dispose of medication

Corrective action: PCP was notified of medication for resident [REDACTED] was not taken and PCP stated resident is medically safe and just to give next scheduled dose, report was done and son was notified. Documentation can be provided.

Staff person B was re educated on 12.5.25 to not only observe if resident took their medications but to do an observation of the floor or table for any drop medications.

Preventative action: Meeting to be scheduled for 1.7.26 to review the importance of ensuring medications are taken by the resident and to observe the surrounding area to see if medications were dropped on the floor or table given by Administrator. Once a month starting 1.7.26 a brief meeting will be held for med passers to ensure they are aware of regulation 187b and the importance of medication to be documented properly either by the Administrator or RCC. This will be ongoing training for Med Passers, Sign in sheets will be kept as documentation in business office. Every quarter this violation will be discussed in the Quality Management meeting

The medication was brought into the Administrator's office on 12.5.2025 around 10am by the Administrator Assistant immediately when found by the Licensing inspector

Licensee's Proposed Overall Completion Date: 02/10/2026

Implemented [REDACTED] - 06/16/2026)