

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 02/27/2026 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:** 03/01/2027

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:** Dept L & I

Type: I-2 **Date:** 05/11/2010 **Issued By:** Penn Twp

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 92 **Waking Staff:** 69

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Complaint, Incident **Exit Conference Date:** 02/27/2026

Inspection Dates and Department Representative

02/27/2026 - 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: 17

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 55

Diagnosed with Mental Illness: 15 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 37 **Have Physical Disability:** 1

Inspections / Reviews

02/27/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/16/2026

Inspections / Reviews *(continued)*

03/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/09/2026

06/16/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED] resident assessment and support plan, dated [REDACTED] indicates the resident requires no supervision in the home or when in familiar surroundings, but needs attendance in unfamiliar places. To meet this need, DCS will check on the resident every couple of hours to ensure the resident's ADLs are being met. While the resident is away from the facility, family will be in attendance. On [REDACTED], resident [REDACTED] did not receive assistance as required.

On [REDACTED] at 7:55 p.m., resident [REDACTED] was found alone at a local restaurant eating a meal unsupervised and was confused. Police escorted resident [REDACTED] back to the home at 8:18 p.m.

Plan of Correction

Accept [REDACTED] - 03/27/2026)

Immediately: the med passer ensured Resident [REDACTED] was safe and had all [REDACTED] ADLs were met and assisted into bed. The administrator completed a same day incident report, talked with resident's [REDACTED] to see if resident had ever done this in the past since [REDACTED] lived with [REDACTED] and resident has never done this before however family did recently take [REDACTED] to the restaurant for dinner and [REDACTED] ordered spaghetti. Also, Administrator talked with the staff that worked that day and that resident was in the dining room for dinner, which was over at 5:30 pm. Administrator implemented a 24-hour one hour safety check on resident.

Corrective action: Resident [REDACTED] was already on wellness checks and fall alerts while in the building in which all nursing staff and med passer must carry a specific phone to be alerted, however; since resident [REDACTED] left the building without family members present resident [REDACTED] family started looking for a secured facility and moved resident to this facility on 3/12/26.

Preventive action: Resident care Coordinator and Administrator started to review all resident's Assessment plan and support plans to ensure all resident's supervision is correctly implemented on the care plans and documentation to ensure supervision is met per the care plan will be documented by the direct care staff; Also, all other doors that are not the main door that lead outside are alarmed at all times to ensure staffing knows who is coming in and going out of these doors. This was initiated on 2.27.26. This review will be completed by March 30, 2026, with a Care staff meeting on April 1st to re-educate staffing on the updated care plans and to review supervision. Resident Care Coordinator and Administrator will review within 15 days of all new residents to ensure the proper assessment of supervision of new residents are met this will be ongoing for all new residents. Documentation of all new residents will be documented and kept in business office. All residents' assessment and support plans will be reviewed twice a month for 6 months than monthly by Resident Care Coordinator and Administrator with documentation kept in the business office. These Documentations will be reviewed every quarter during the Quality Management meeting.

Licensee's Proposed Overall Completion Date: 04/02/2026

Implemented ([REDACTED]) 06/16/2026)