

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

September 9, 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 06/15/2026, 06/26/2026, 06/30/2026 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: L&I

Type: I-2

Date: 05/11/2010

Issued By: Penn Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 85

Waking Staff: 64

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident, Interim

Exit Conference Date: 06/30/2026

Inspection Dates and Department Representative

06/15/2026 - On-Site: [REDACTED]

06/26/2026 - Off-Site: [REDACTED]

06/30/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75

Residents Served: 50

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 16

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 50

Diagnosed with Mental Illness: 13

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 35

Have Physical Disability: 0

Inspections / Reviews

06/15/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/30/2026

07/31/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/03/2026

09/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] at 11:33 a.m. & [REDACTED] at 9:00 p.m., resident [REDACTED] was not administered additional [REDACTED] of [REDACTED] as prescribed for [REDACTED] protocol. The home did not report this medication error incident to the Department.

On [REDACTED] at 12:00 p.m., on [REDACTED] at 5:00 p.m., on [REDACTED] at 5:00 p.m., on [REDACTED] at 8:00 a.m., & on [REDACTED] at 8:00 a.m., resident [REDACTED] was not administered prescribed [REDACTED], give one every 15 minutes, for [REDACTED]. The home did not report this medication error incident to the Department.

Plan of Correction

Accept [REDACTED] - 07/31/2026)

Immediate action: The reportable of medication errors were reported for Resident [REDACTED] and [REDACTED] while the State Inspectors were present during the inspection. Documentation will be provided.

Corrective action: RCC was given a verbal education by Administrator and by the state inspector on doing a written incident reports of medication are to be done in 24 hours of medication error.

Preventive action: Administrator and/or Resident Care Coordinator will do 10 residents MAR reviews three times a week for 3 months, then weekly for 3 months than monthly for 6 months for medication errors to ensure incident reports were not missed. Documentation will be done and reviewed every 3 months in QA meetings with the documentation kept in business office.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] 09/09/2026)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The home has a new call bell system. However, on multiple occasions, the system was not working properly and when a resident pushed the call bell a second time, the system canceled the call and did not indicate to the home's staff that the resident needed assistance.

Plan of Correction

Accept [REDACTED] - 07/31/2026)

Requesting a withdrawal of this violation due to not being able to properly identify resident and have the opportunity to see if this did occur for this unknown resident.

Immediate action 16 residents call alerts were tested on 6/16/26 by Administrator and all were working properly and staff was notified properly. Documentation of rooms that were check will be provided

95 Furniture and Equipment (continued)

Corrective action: None needed at this time since the call bell system was working properly.

Preventive action: Administrator or RCC will test 10 random call alerts to ensure they are working properly three times a week for 3 months, then weekly for 3 months and monthly for 6 months. This POC will be reviewed every 3 months in the QA meeting with documentation kept in business office

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] - 09/09/2026)

185a - Implement Storage Procedures**3. 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

Resident # [REDACTED] was not calibrated to the correct time. On [REDACTED] at 11:57 a.m., the glucometer indicated 7:50 p.m.

Plan of Correction

Accept [REDACTED] - 07/31/2026)

Immediate action: RCC researched how to calibrate glucometer on line and recalibrated the correct time and date.

Corrective action: RCC will ensure all new glucometer machines are calibrated correctly before the med tech uses them. Documentation can be provided.

Preventative action: RCC will check all glucometers 5 days a week for three months, then weekly for three months and monthly for 6 months ensure glucometers are calibrated correctly. This POC will be reviewed in QA every 3 months. Documentation will be provided and kept in business office

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] - 09/09/2026)

187d - Follow Prescriber's Orders**4. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] which indicated if blood glucose was above [REDACTED], give additional units of [REDACTED] recheck in 1 hour if still above [REDACTED] send to ER. On [REDACTED] at 11:33 a.m., the blood glucose was [REDACTED] and [REDACTED] at 9:00p.m., the blood glucose was [REDACTED] however, the medication was not administered as prescribed, and the resident's blood glucose was not rechecked.

Resident [REDACTED] was prescribed [REDACTED], inject with breakfast, lunch, and dinner only per the following sliding scale: [REDACTED], recheck in 1 hour and call MD if glucose does not decrease to less than [REDACTED]. In addition, resident [REDACTED] was prescribed [REDACTED]

187d Follow Prescriber's Orders (continued)

chew and swallow 1 tablet by mouth every 15 minutes as needed for hypoglycemia. On [REDACTED] at 12:00 p.m. the resident's blood glucose was [REDACTED], on [REDACTED] at 5:00 p.m. the resident's blood glucose was [REDACTED] on [REDACTED] at 5:00 p.m., the resident's blood glucose was [REDACTED] on [REDACTED] at 8:00 a.m., the resident's blood glucose was [REDACTED], & on [REDACTED] at 8:00 a.m., the resident's blood glucose was [REDACTED] however, the resident's MD was not notified, there was no documentation of the provider's response, and the resident was not administered the medication as prescribed.

Plan of Correction**Accept [REDACTED] - 07/31/2026)**

Immediate action: RCC contacted the PCP for resident [REDACTED] and [REDACTED] of not following prescriber orders. Documentation can be provided.

Corrective action: Verbal education was given by the Administrator to the med techs on following orders for hyperglycemia and hypoglycemia orders on June 17, 2026. sign in sheet can be provided.

Preventive action is weekly med tech meetings given by the Administrator on the importance of notifying MD per their instructions and the importance of following orders for insulin or Trueplus chewable glucose starting on 7/26/2026 for 3 months then monthly for 6 months along with the RCC or Administrator doing three times a week MAR review for three months, then weekly for 3 months then monthly for 6 months to ensure med techs following instructions. This will be reviewed in the QA meeting every 3 months with documentation kept in the business office.

Licensee's Proposed Overall Completion Date: 08/30/2026

Implemented [REDACTED] - 09/09/2026)