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

August 28, 2026

[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 07/07/2026 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: *NELSON'S GOLDEN YEARS* **License #**: *44868* **License Expiration**: *08/25/2026*

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: *C-2 LP*	**Date**: *11/05/1993*	**Issued By**: *L&I*
Type: *I-2*	**Date**: *07/08/2011*	**Issued By**: *Bureau Veritas NA*
Type: *Other*	**Date**: *06/29/2011*	**Issued By**: *Bureau Veritas NA*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *49* **Waking Staff**: *37*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *07/07/2026*

Inspection Dates and Department Representative

07/07/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served**: *48*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *48*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *1* **Have Physical Disability**: *0*

Inspections / Reviews

07/07/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/31/2026*

Inspections / Reviews *(continued)*

08/07/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/26/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/28/2026*

08/28/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/26/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

85d - Trash Receptacles

1. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/7/26 at 10:53 AM there was a 1/2 full, uncovered, unattended trash can in the Kitchen.

Plan of Correction ***Accept ([redacted] - 08/07/2026)***

In response to the violation on 07/07/2026 by the Pennsylvania Bureau of Human Service Licensing, Immediate action was taken on 07/07/2026 by the Food Director to make sure the garbage receptacle that was unattended and uncovered was corrected by closing the receptacle lid. All trash cans in kitchens and bathrooms have lids; however, this lid was open and hanging off to the side of the receptable at this time. The Kitchen Staff member was helping a resident at the time.

Kitchen staff was made aware of the need for the lids to be on the trash can receptacles.

To enhance the currently compliant operations on 07/09/2026, the Administration discussed with the Food Director the need to review with all cooks and dietary staff the importance of covered trash receptacles that prevent the penetration of insects and rodents. Labeliing of products and storage was also covered with staff, as well as other topics at their staff meeting.

Effective 7/9/2026, all staff in the kitchen/dietary department have been informed of the importance of keeping trash receptacles covered in the kitchen via a staff meeting that was held by Administration and the Food Director. The Food Director will be responsible for completing checks in the kitchen to ensure compliance. This will be done weekly. Completion date: 7/9/2026.

This corrective action check will be an on-going audit of all trash receptables in the kitchen. Effective date is 7/9/2026.
See Attachments: Food Staff Meeting, Kitchen Audit Checksheet, photo attachment of garbage can with lid on.

Statement of Compliance: THe Administration will comply with "2600. 85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents." Compliance monitoring activities will be implemented under the supervision of Administrator [redacted] The Food Director will be responsible for the weekly monitoring of compliance. Any deficiencies will be corrected immediately, and findings will be documented and submitted to both Administrators [redacted] for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/28/2026)

103g - Storing Food

2. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

103g Storing Food *(continued)*

Description of Violation

At 10:54 AM there was an open and unsealed pan of pasta in the refrigerator.

Plan of Correction ***Accept (- 08/07/2026)***

In response to the violation on 07/07/2026 by the Pennsylvania Bureau of Human Service Licensing, Immediate action was taken on 07/07/2026 by the Food Director to make sure the open and unsealed pasta that was in the refrigerator was covered.

In speaking with the Kitchen staff, the cook that was in the kitchen heard a resident needing help and ran to assist and just hurriedly put the pasta in the fridge. admitted that knows otherwise and all agreed that they do know to cover and seal all items in the fridge, as well as label. understands the need and will follow the procedure.

Kitchen staff was made aware of the necessity of food being stored in closed or sealed containers. This was accomplished via a staff meeting with Kitchen/Dietary Staff with the Administration and Food Director. Discussion and feedback was held so that a solution could be accomplished.

To enhance the currently compliant operations on 07/09/2026, the Administration discussed with the Food Director and the cooks and dietary staff the importance of food being stored in closed or sealed containers, as well as a review of labeliing of products and storage was covered with staff also.

Effective 7/9/2026, all staff in the kitchen/dietary department have been informed of the importance of the storage of food via a staff meeting. The Food Director will be responsible for completing checks in the kitchen to ensure compliance. This will be done weekly. Completion date: 7/9/2026. See Attachments: Food Staff Meeting and Kitchen Audit Checksheet.

This corrective action check will be an on going audit of all food items kept in the kitchen. Effective date is 7/9/2026.
Statement of Compliance: THe Administration will comply with "2600.103.g. Food shall be stored in closed or sealed containers." Compliance monitoring activities will be implemented under the supervision of Administrator The Food Director will be responsible for the weekly monitoring of compliance. Any deficiencies will be corrected immediately, and findings will be documented and submitted to both Administrators for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented (- 08/28/2026)

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 7/7/26 at 11:46 AM, there was an approximate 1/2 inch accumulation of lint in the lint trap of the left hand dryer on the main floor. There were no clothes in the dryer at the time.

105g - Lint Removal and Duct Cleaning (continued)

Plan of Correction ***Accept ([redacted] - 08/07/2026)***

In response to the violation on 07/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2026 by the Administrator to meet and discuss the procedure for "To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions." This meeting was held with Housekeeping Staff, Laundry Staff, and Maintenance.

To enhance the currently compliant operations, on 07/09/2026, the Administrator after meeting with the Housekeeping, Laundry and Maintenance staff had written a memo explaining the seriousness of LINT being left in the dryer trap and the importance of removing it after every load, as discussed at the team meeting. The staff were in agreement with the Memo and that we would put a clipboard by the dryers and everyone who does laundry will have to sign off. Maintenance will do random checks of the laundry rooms and sign off also on a weekly basis. The staff feelsj this is necessary in order to correct the above violation so that going forward this will not be a problem. We also put a sign in the laundry room that says, "DID you EMPTY the Dryer Lint Trap?" This was suggested to us as it would be a visual reminder to remove lint.

Effective 07/27/2026, after much discussion with the administration, the following procedure witll be implemented immediately. See Attachments: Dryer Lint Removal and Dryer Picture of REMINDER.

All employees who do laundry are responsible and have been notified of the procedure.

The corrective action check will be an ongoing audit of all laundry room dryers to ensure lint is being removed. We also still have annual inspection of our Dryers and Vents from an agency. Maintenance also does monthly checks of laundry rooms to maintain ongoing compliance with "To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions."

Statement of Compliance: The Maintenance Director will comply with having procedures for 2600. 105.g. Compliance monitoring activities will be implemented under the supervision of the Laundry Director and Maintenance Director. Any deficiencies will be corrected immediately, and finding will be documented and submitted to both Administrators [redacted] for further review and continuous improvement.

Completion date: 7/27/2026

Licensee's Proposed Overall Completion Date: *07/31/2026*

105g Lint Removal and Duct Cleaning *(continued)*

Implemented ([redacted] - 08/28/2026)

185a Implement Storage Procedures

4. 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 #1's glucometer was not set to the correct time.

Resident #2's glucometer was not set to the correct date or time.

On 7/7/26 at 4:43 AM resident #3's blood glucose was 129 mg/dl; However, resident #3's blood glucose was documented as 109 mg/dl on the resident's July 2026 medication administration record (MAR).

Plan of Correction ***Accept ([redacted] - 08/07/2026)***

In response to the violation on 07/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2026 by the Medical Director to meet and discuss the procedure for "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." This meeting was held with the 2 Administrators and then a meeting was held with the Med Techs and the Medical Director.

To enhance the currently compliant operations, on 07/09/2026, the Medical Director and Administration discussed that the Medical Director will meet with all med techs and ask for suggestions and seek information to correct the above violations so that going forward this will not be a problem.

Effective 07/27/2026, after much discussion with Med Techs and Medical Director, the following procedure witll be implemented immediately. See Attachment: Med Tech Meeting. See Photo Attachment: Resident #2 Corrected Glucometer.

All Med Techs are responsible and are trained in Diabetes Management yearly. A review of the glucometers and MARS recordings was held.

The corrective action check will be an ongoing audit of all GLUCOMETERS to maintain ongoing compliance with "procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons." In the next month, there is one med tech responsible to check Residents glucometers on a daily basis, when [redacted] is off there is another med tech who will check them to ensure accuracy. We will also follow the SOP update and Glucometer Diabetic Audit Sheet as attached. See Attachment: SOP Update and Glucometer Diabetic Audit Sheet.

Statement of Compliance: The Med Director will comply with having procedures for the safe storage, access,

185a - Implement Storage Procedures (continued)

security, distribution and use of medications and medical equipment by trained staff persons/med techs in order to be in compliance with 2600. 185.a. Compliance monitoring activities will be implemented under the supervision of Medical Director. Any deficiencies will be corrected immediately, and finding will be documented and submitted to both Administrators [redacted] for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/28/2026)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 was prescribed Mirtazapine 30mg-1 tablet at bedtime; however, staff have administered Mirtazapine 15 mg-1 tablet at bedtime since 7/1/26.

Plan of Correction ***Accept ([redacted] - 08/07/2026)***

In response to the violation on 07/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2026 by the Medical Director to meet and discuss the procedure for "The home shall follow the directions of the prescriber." The Administrators and Medical Director discussed this violation. A staff meeting was then held with the Med Techs and the Medical Director to discuss this matter and come up with solutions for corrective action to be applied.

To enhance the currently compliant operations, on 07/09/2026, the Medical Director and Administration discussed that the Medical Director will meet with all med techs and ask for suggestions and seek information to correct the above violation so that going forward this will not be a problem. Resident #4 was prescribed Mirtazapine 30mg-1 tablet at bedtime; however, staff have administered Mirtazapine 15 mg-1 tablet at bedtime since 7/1/26. It was the right medication, however, a lower dose. The Medical Director immediately 7/7/2026 called the Pharmacy and had the medication label corrected and proper medication drug dose was was delivered to the facility immediately; therefore, corrected medication. Medication error corrected 7/7/2026.

Effective 07/27/2026, after much discussion with Med Techs and Medical Director, the following procedure witll be implemented immediately. Please see Attachment: SOP Updates and Med Tech Meeting.

Also see corrected medication attachment.

The corrective action check will be an ongoing audit of all medications to maintain ongoing compliance with "187d Follow Prescriber's Orders:." Two med room staff will do CHANGE OVER of the Med carts each month. This should allow for a thorough Cart Audit each month internally. This will allow for a double check when meds are changed within the med room. It will still be Standard Operating Procedure that all Med Techs need to read thoroughly

187d - Follow Prescriber's Orders (continued)

each resident's MARS for accuracy, as well as doublecheck all med carts for accuracy after Change Over has been completed. An annual Cart Audit is done by Pharmacy.

Statement of Compliance: The Med Director will comply with having procedures for "Following the Prescriber's Orders." Compliance monitoring activities will be implemented under the supervision of Medical Director. Any deficiencies will be corrected immediately, and finding will be documented and submitted to both Administrators [redacted] for further review and continuous improvement.
Completion date of 7/27/2026.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/28/2026)

227d - Support Plan Medical/Dental

6. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 uses a catheter which must be emptied and cleaned daily. However, this care is not included on the resident's support plan dated [redacted].

Plan of Correction ***Accept ([redacted] - 08/07/2026)***

In response to the violation on 07/07/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/09/2026 by the Medical Director to meet and discuss the procedure for "Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services." A meeting was held with the Administrators and the Medical Director to discuss an ongoing solution and who will be responsible. A review of the procedure currently in place was held.

227d Support Plan Medical/Dental (continued)

Upon review of the violation and a conversation with the administration, it was observed that Resident #1 did have the catheter (urostomy) listed in their file. Resident #1 is on dialysis now and has had some other changes to their RASP with regard to the catheter, so it is unclear as to why the catheter was not listed on the current RASP. Staff member stated they missed listing the catheter on the RASP, but listed the care of the catheter and the treatment of dialysis. Corrective action immediately was taken to show the addition of the catheter (urostomy) and care in Resident #1 RASP. See Attachment: Corrected Resident #1 RASP.

To enhance the currently compliant operations, on 07/09/2026, the Medical Director and Administration discussed that the Medical Director will be responsible for completion of all Residential Assessment Support Plans. Upon completion of the RASP, the Medical Director will have a Direct Care Staff member review the information on the RASP and then return the same RASP to the Administrator for review. This procedure will allow staff to verify and proofread all items that need to be included in the resident RASP. To maintain ongoing compliance of the RASP, the Medical Director will review the notes from the Administrator and Direct Care Staff member. The Medical Director will print the final copy of the RASP for the resident's file after this audit procedure.

Effective 07/27/2026, after discussion with staff, the Administration have decided to implement the following procedure immediately. See Attachments: Standard Operating Procedure Update and Med Room Meeting and Corrected RASP.

Completion Date: 7/27/2026

Statement of Compliance: The Med Director will comply with the following procedures that will continue to monitor "2600.227.d.
Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services." Any deficiencies will be corrected immediately, and findings will be documented and submitted to both Administrators [redacted] for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented ([redacted] - 08/28/2026)