



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC

LEGAL ENTITY

To operate WALDEN'S VIEW AT NORTH HUNTINGDON

NAME OF FACILITY OR AGENCY

Located at 7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 13, 2023 until June 13, 2024,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446800**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Emailing Date: June 13, 2023

[REDACTED]
Walden's View North Huntingdon OPCO LLC
[REDACTED]

RE: Walden's View at North Huntingdon
7990 Route 30
North Huntingdon, Pennsylvania 15642
License #: 44680

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 9, 2023, March 10, 2023, March 14, 2023 and May 25, 2023, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: WALDEN'S VIEW AT NORTH HUNTINGDON **License #:** 44680 **License Expiration:** 05/08/2023
Address: 7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642
County: WESTMORELAND **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** [REDACTED] [REDACTED]

Legal Entity

Name: WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
Address: 7990 ROUTE 30, NORTH HUNTINGDON, PA, 15642
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 08/19/2002 **Issued By:** Labor and Industry

Staffing Hours

Resident Support Staff: 90 **Total Daily Staff:** 212 **Waking Staff:** 159

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Provisional, Incident **Exit Conference Date:** 03/14/2023

Inspection Dates and Department Representative

03/09/2023 - On-Site: [REDACTED]
03/10/2023 - On-Site: [REDACTED]
03/14/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 90

Secured Dementia Care Unit

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

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 2 **Are 60 Years of Age or Older:** 88
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 32 **Have Physical Disability:** 0

Inspections / Reviews

03/09/2023 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *04/13/2023*

04/25/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: *05/05/2023*

Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *05/01/2023*

05/01/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: *05/05/2023*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow Up Date: *05/05/2023*

06/05/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: *05/05/2023*

Reviewer: [REDACTED]

Follow Up Type: *Exception*

42c - Treatment of Residents**1. Requirements**

2600.

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

Description of Violation

On 3/9/23, at approximately 11:25 a.m., a sign reading "Do not pee outside" was taped on the wall above resident #1's bed.

Plan of Correction**Accept** [REDACTED] - 04/25/2023)

Immediately on 3/9/23 the sign in resident #1 suite was removed. This sign was placed on the wall by a family member. The POA of resident #1 was notified of the sign being removed and the reasoning for removal. On 3/9/23 all staff on shift were education on the importance of dignity and respect for all residents.

All staff will have training on 4/17/2023 on "Ensuring Human Dignity and Respect". All documentation will be kept. Medication technicians will check rooms as medication is being passed to ensure that no signs are present that are disrespectful to residents.

Three times weekly a walk through will be done by management for one month, to ensure that no signs are present that are disrespectful to residents. One time weekly thereafter. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/18/2023**Implemented** [REDACTED] - 06/05/2023)**65f - Training Topics****2. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration or care for residents with mental illness or an intellectual disability during training year 2022. The home serves 2 residents diagnosed with mental illness and 2 residents with intellectual disabilities.

Plan of Correction**Accept** [REDACTED] - 04/25/2023)

Staff person A is current on all staff training for 2023. As of 3/13/2023 Walden's View has added an additional train the trainer. As of 1/1/2023 Walden's View also uses Anova Academy which better tracks all training. A training audit will be done every quarter by admin/assist admin. The first audit will be 4/20/2023. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/20/2023**Implemented** [REDACTED] - 06/05/2023)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A did not receive training in fire Safety, emergency preparedness procedures, the Older Adult Protective Services Act, or falls and accident prevention, during training year 1/1/22-1/30/23.

Plan of Correction

Accept [REDACTED] /25/2023)

Staff person A is current on all staff training for 2023. As of 3/13/2023 Walden's View has added an additional train the trainer. As of 1/1/2023 Walden's View also uses Anova Academy which better tracks all training. A training audit will be done every quarter by admin/assist admin. The first audit will be 4/20/2023. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented [REDACTED] 06/05/2023)

65i - Training Record

4. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care training for staff person A, does not include the source of the training or the length of the training.

Plan of Correction

Accept [REDACTED] - 05/01/2023)

Staff person A is current on all staff training for 2023. As of 3/13/2023 Walden's View has added an additional train the trainer. As of 1/1/2023 Walden's View also uses Anova Academy which better tracks all training. A training audit will be done every quarter by admin/assist admin. All training will have the source and length of training moving forward. The first audit will be 4/20/2023. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] - 06/05/2023)

81b - Resident Personal Equipment

5. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2 utilizes a quarter-rail enabler on the bed. However, there is an uncovered opening in the rail, measuring approximately 12 1/4 inches, posing an entrapment hazard.

Repeat Violation: 7/18/22 et al

Plan of Correction

Accept [REDACTED] - 04/25/2023)

Immediately on 3/9/2023 enabler bar was removed by maintenance. Resident #2's family was told not to use this

81b - Resident Personal Equipment (continued)

enabler bar due to entrapment risk, family put the enabler bar on anyways. On 3/9/2023 management contacted the family of resident #2 and explained that we had to remove the current enabler bar but could purchase the correct bed cane. Family agreed and bed cane was purchased on 3/9/2023.

When bed cane arrived, resident #2 declined to use it. Stating that she was getting in and out of bed just fine. Maintenance did a complete walk thru of all rooms to ensure no beds had enabler bar present, only bed canes. This was completed by 3/22/2023. Documentation was kept.

Starting 4/1/2023 maintenance will conduct monthly walk thru moving forward to check for any enabler bar and to ensure that bed canes are secure, Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/11/2023

Implemented [REDACTED] 06/05/2023)

88a - Surfaces**6. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 3/10/23 at approximately 2:45 p.m., there is a sign indicated "Don't Use - Broken" on the the right side of the double green door.

Plan of Correction

Accepted [REDACTED] - 04/25/2023)

Immediately on 3/10/23 the "Don't Use-Broken" sign was removed.

On 3/11/2023 maintenance fixed the right side of the green door. It now opens freely and is completely operational. Staff will be receiving training on regulation 88a on 4/17/2023. Documentation will be kept.

Weekly walkthrough's will be done for one month by maintenance to ensure compliance with 88a. The walk through will start on 3/29/23. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/18/2023

Implemented [REDACTED] - 06/05/2023)

101j7 - Lighting/Operable Lamp**7. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 3/9/23, at approximately 11:25 a.m., there was no source of lighting within reach of the bedside for the following residents:

Resident #1 in room 218a

Resident #3 in room 121

Resident #4 in room 210b

Resident #5 in room 310a

101j7 - Lighting/Operable Lamp (continued)

Repeat Violation: 7/18/22 et al

Plan of Correction

Accept [REDACTED] 05/01/2023)

Due to staff, family or residents moving or unplugging the lamps, A decision was made to purchase push lights. By end of the day on 3/22/23 maintenance had purchased and installed enough push light in all rooms. Push lights were placed within reach of the bed for each resident in the facility. Documentation has been kept.

Weekly walkthrough's will be done for one month by maintenance to ensure compliance with 100J7. The weekly checks started on 3/29/23. Documentation will be kept. Monthly checks there after due to battery changes and ensure the push lights are still secure.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] - 06/05/2023)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface**8. Requirements**

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

On 3/9/23, at approximately 11:24 a.m., there was no grab bar, handrail or assist bar, near the toilet in resident #3's bathroom.

Plan of Correction

Accept [REDACTED] 04/25/2023)

Immediately on 3/9/23 an over the toilet seat with grab bars was placed over resident #3 toilet. To stay in compliance with 102d all residents restrooms now have over the toilet seat with grab bars. This was completed on 3/22/23 by maintenance. Documentation was kept.

Weekly walkthrough's will be done for one month by maintenance to ensure compliance with 102d. The weekly checks started on 3/29/23. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/19/2023

Implemented [REDACTED] - 06/05/2023)

121a Unobstructed Egress**9. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 3/9/23, at approximately 11:03 a.m., the exit door leading outside from the boiler room was extremely difficult to open.

On 3/9/23, at approximately 11:06 a.m., paths leading to the exit door in the boiler room, were blocked by numerous items, including shower chairs and walkers.

121a - Unobstructed Egress (continued)

On 3/10/23, at approximately 3:08 p.m., there was a ladder in front of the right side of exit door in the kitchen, next to dry storage.

Repeat Violation; 7/18/22 et al

Plan of Correction**Accept** [REDACTED] - 05/01/2023)

Immediately on 3/9/2023 the paths leading to the exit door in the boiler room, were unblocked and organized by maintenance.

Immediately on 3/10/2023 the exit door leading outside from the boiler room was oiled so it would open easier.

Immediately on 3/10/2023 the ladder was removed from in front of the exit door in the kitchen, next to dry storage.

All staff will receive training for regulation 121a on 4/17/2023. Documentation will be kept.

Moving forward a weekly walk through will be done by maintenance to ensure there is no obstructed egress. If an obstruction is found, maintenance will immediately remove obstruction. This will begin on 3/29/23. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] - 06/05/2023)**123b - Emergency Procedures Posted****10. Requirements**

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 3/9/23, the home's emergency procedures were not posted in a conspicuous and public place in the home.

Plan of Correction**Accept** [REDACTED] - 04/25/2023)

Immediately on 3/9/2023 the emergency procedures were posted in the front common area.

Management will receive training on regulation 123b on 4/7/2023. Documentation will be kept.

Weekly checks will be done by management for one month. Monthly thereafter.

Licensee's Proposed Overall Completion Date: 04/07/2023

Implemented [REDACTED] - 06/05/2023)**125a - Combustible Storage****11. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 3/9/23, there was a large box touching the hot water heater, in the 3rd floor storage room.

Plan of Correction**Accept** [REDACTED] - 04/25/2023)

Immediately on 3/9/2023 the large box touching the water heater was removed by assist admin.

On 4/5/2023 maintenance put yellow caution tape around the water heater to give a visual warning not to put objects to close.

125a - Combustible Storage (continued)

Staff will be receiving training on regulation 125a on 4/17/2023. Documentation will be kept. Weekly walkthrough's will be done for one month by maintenance to ensure compliance with 125a. The walk through will start on 3/29/23. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/19/2023

Implemented [REDACTED] - 06/05/2023)

132c Fire Drill Records**12. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill log is incorrectly completed for the number of residents who are evacuating during the following fire drills:

- 12/30/21 at 10:44 a.m., indicates 80 residents were present in the home and only 15 residents evacuated.
- 1/26/22 at 3:22 p.m., indicates 81 residents were present in the home and only 1 resident evacuated.
- 2/24/22 at 5:09 a.m., indicates 89 residents were present in the home and no residents evacuated.
- 3/10/22 at 3:45 p.m. indicates 85 residents were present in the home and that no residents evacuated.

Plan of Correction

Accepted [REDACTED] 04/25/2023)

On 4/17/2023 a training was done with maintenance and all management on the proper way to fill out a fire log. Documentation will be kept.

Moving forward after each fire drill, the admin/assist admin will sign off on the fire logbook to ensure it is being done correctly.

FIRE DRILL CONDUCTED ON 5/26/2023 AT 5:30 AM WAS LOGGED PROPERLY TO REFLECT THAT ALL RESIDENTS PRESENT IN THE HOME WERE EVACUATED. - [REDACTED] 6/7/23

Licensee's Proposed Overall Completion Date: 04/18/2023

Implemented [REDACTED] - 06/05/2023)

190a - Completion Medication Course**13. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B's annual practicum certification for medication training is blank and does not indicate if the staff person was recertified. Also, there is no trainer's signature or provider's name.

190a - Completion Medication Course (continued)**Plan of Correction****Accept** [REDACTED] - 04/25/2023)

On 3/9/23 staff person B annual practicum certification for medication was sign and filled out correctly. The previous train the trainer is no longer with Walden's View. Currently there are two new train the trainers with the company. Moving forward an audit every quarter will be done by admin/assist admin. This will begin 4/20/23. Documentation will be kept. DIRECTED: Staff person B's recertification completed 3/23/23. [REDACTED] 6/5/23

Licensee's Proposed Overall Completion Date: 04/20/2023**Implemented** [REDACTED] - 06/05/2023)