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

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

PROVISIONAL

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** (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **November 3, 2023** until **May 3, 2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446801**

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 628P – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 3, 2023

[redacted]
Walden's View North Huntingdon OPCO LLC
7990 US Route 30
North Huntingdon, Pennsylvania 15642

RE: Walden's View at North Huntingdon
License/COC #: 446801

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on July 21, 2023, July 24, 2023, July 25, 2023, and August 16, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), mistreatment or abuse of residents being cared for in the facility, failure to submit an acceptable plan to correct noncompliance items and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 446800) dated June 13, 2023 – June 13, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from November 3, 2023 to May 3, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date to avoid Fine)
183(b)	II	90	$5	$450	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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:** *06/13/2024*

Address: *7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642*

County: *WESTMORELAND* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [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:** *L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *121* **Waking Staff:** *91*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date:** *07/25/2023*

Inspection Dates and Department Representative

07/21/2023 - On-Site: [redacted]
07/24/2023 - On-Site: [redacted]
07/25/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served:** *91*

Secured Dementia Care Unit

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

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *90*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability:** *2*

Have Mobility Need: *30* **Have Physical Disability:** *0*

Inspections / Reviews

07/21/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/21/2023*

08/23/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/07/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/30/2023*

08/31/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/07/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/07/2023*

10/11/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *09/07/2023*

Reviewer [redacted] **Follow-Up Type:** *Exception*

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

The assessment and support plan, dated [redacted]23, for resident #1 indicates the resident is non-weight bearing and requires total staff assist of 2-persons with a Hoyer lift for all transfers and toileting. The resident is totally dependent on staff for all personal hygiene care needs, bowel and bladder incontinence needs.
** On 7/15/23 at approximately 10:06 a.m., the resident requested staff assistance with toileting and assistance with an adult brief; however, the home's documentation indicates staff responded at 10:40 a.m., indicating a wait time for care of approximately 34 minutes.*
** On 7/24/23, at approximately 8:30 p.m., resident #1 requested staff assistance with toileting and an adult brief; however, the home's documentation indicates staff responded at approximately 11:16 p.m. indicating a wait time for care of approximately 2 hours and 46 minutes.*
Resident #1's average response time to obtain assistance from staff when requesting assistance for the month of July 2023 was 69 minutes and 12 seconds.

The assessment and support plan dated 8/8/22, for resident #2 indicates the resident requires the assist of staff for transferring, toileting and showering care needs.
** On 7/25/23, while interviewing resident #2 in bedroom, the resident called for staff assist to be toileted at approximately 10:45 a.m. The Agent of the Department waited for the staff with the resident noting a delay in response. The agent of the Department verified the resident's pendant was function properly with the home's administrator. The staff responded at approximately 11:16 a.m. to provide toileting assist, indicating a wait time of approximately 31 minutes.*
Resident #2's average response time to obtain assistance from staff when requesting assistance for the month of July 2023 was 40 minutes and 18 seconds.

The assessment and support plan dated11/1/22, for resident #3 indicates the resident is a very large [redacted] paralyzed on the right side due to multiple strokes, has super pubic Foley catheter, utilizes a wheelchair and propels independently. The resident is identified as being totally dependent on staff for toileting, hygiene and transferring care needs and requires a 2-person assist for mobility care needs. The resident requires the use of a sliding board for transfers. However, the resident reports being transferred with only one staff person assisting. Resident #3's average response time to obtain assistance from staff when requesting assistance for the month of July 2023 was 138 minutes 58 seconds.

Plan of Correction ***Directed ([redacted] - 08/31/2023)***

Immediately on 7/25/2023 management (admin, assist admin and both RCC) started a daily check on the call bell monitoring system. Discipline actions were immediately taken with staff. Daily monitoring will continue for 6 months, weekly thereafter. Discipline actions will continue for any call bells over 15 minutes moving forward.
Immediately on 7/25/2023 new walkie talkies and pager were ordered to ensure all staff had proper communication and proper notation of call bells. Sign in/out sheet were provided. Receipt will be provided.
Both RCC's started an audit of all assessment and support plans to ensure accuracy on 8/28/23 and will be completed on 9/1/23. Documentation will be kept.
On 7/25/2023 all staff were told to only transfer resident # 3 with 2 people.
Staff training will be on 8/21/2023 concerning proper response time for call bells and the reasoning behind

23a - Activities of Daily Living Assistance (continued)

following support plans. Assist admin conducted training. Documentation will be kept.
RCC will be completing the schedule every other Thursday for a 2-week period. Admin and assistant admin will review every other Friday to ensure accuracy before posting. Admin, assistant admin and both RCC's will do daily reviews to ensure proper coverage.

DIRECTED
Within 30 calendar days of the accepted plan of correction: The administrator shall educate all of the direct care staff on each of the resident's assessments and support plans including the specific care, needs, and services each resident requires. 8/31/23 [redacted]

Directed Completion Date: *09/30/2023* Not Implemented [redacted]-10/11/23

57c - 2 Hours/Day

2. Requirements

2600.
57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

The home is required a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs.
** On 7/8/23, there were 91 residents present in the home, 31 with mobility needs, including 11 residents requiring 2-person assistance in transferring for safety. Accordingly, on 7/8/23, the home was required to provide 133 hours of personal care services, however, only 114 hours of personal care services were provided.*
** On 7/16/23, there were 91 residents present in the home, 31 with mobility needs, including 11 residents requiring 2-person assistance in transferring for safety. Accordingly, on 7/16/23, the home was required to provide 133 hours of personal care services, however, only 114.5 hours of personal care services were provided.*

Plan of Correction ***Accept [redacted]- 08/31/2023)***

On 7/8/23 and 7/16/23 proper staff were present but never updated on the schedule. Due to this oversite management will check daily to update the schedule due to call offs or change in census. This started on 7/25/23 by admin and assistant admin. Documentation will be kept.
Management will receive training on the importance of a properly updated schedule on 8/18/23. Admin gave training to all management. Documentation will be kept.
RCC will be completing the schedule every other Thursday for a 2-week period. Admin and assistant admin will review every other Friday to ensure accuracy before posting. Admin, assistant admin and both RCC's will do daily reviews to ensure proper coverage.

Licensee's Proposed Overall Completion Date: *09/01/2023*

Implemented ([redacted] 10/11/2023)

57d - Waking Hours

3. Requirements

2600.
57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

57d - Waking Hours *(continued)*

Description of Violation

The home is required a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs, during waking hours.
** On 7/8/23, there were 91 residents present in the home, 31 with mobility needs, including 11 residents requiring 2-person assistance in transferring for safety. The home was required to provide a minimum total of 99.75 hours of direct care during waking hours; however, only 82 hours of direct care were provided.*
** On 7/16/23, there were 91 residents present in the home, 31 with mobility needs, including 11 residents requiring 2-person assistance in transferring for safety. The home was required to provide a minimum total of 99.75 hours of direct care during waking hours; however, only 92.5 hours of direct care were provided.*

Repeat Violation: 7/18/22

Plan of Correction ***Accept ([redacted] - 08/31/2023)***

On 7/8/23 and 7/16/23 proper staff were present but never updated on the schedule. Due to this oversite management will check daily to update the schedule due to call offs or change in census. This started on 7/25/23. Documentation will be kept.
Management will receive training on the importance of a properly updated schedule on 8/18/23. This training was done by admin for all management. Documentation will be kept.
RCC will be completing the schedule every other Thursday for a 2-week period. Admin and assistant admin will review every other Friday to ensure accuracy before posting. Admin, assistant admin and both RCC's will do daily reviews to ensure proper coverage.

Licensee's Proposed Overall Completion Date: *09/01/2023*

Implemented [redacted] 10/11/2023)

63d - Certified CPR Staff

4. 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 his training, unless the resident has a do not resuscitate order.

Description of Violation

On 7/9/23, sometime between 5:15 p.m. and 5:20 p.m., resident #4, while eating dinner in the dining room began to coke on food. An unidentified resident yelled out, "help [redacted] choking". Direct care staff person A (who is not trained in First Aid/CPR) immediately approached resident #4, who was in wheelchair and unresponsive. Staff person A attempted to arouse the resident; however, remained unresponsive. Resident #5 alerted staff person B/cook in kitchen, that a resident needed help in dining room. Staff person B (who is trained in First Aid/CPR), instructed staff person C/dietary aid to "get a nurse something is going on in the dining room." Staff person C alerts D and informs the staff person of the incident. Direct care staff person D (who is trained in First Aid/CPR) went to the kitchen to speak with staff person B, then went into the dining room.

Direct care staff persons E and F (who are trained in First Aid/CPR) entered dining room, Direct care staff persons D, E and F went to the resident. Direct care staff persons E and F attempted a sternal rub; however, the resident was unresponsive. Direct care staff person F checks for a pulse, indicating resident #4 had a slight pulse. Direct care staff person's D and E went to the laptop on med cart in alcove at front of dining room to check resident #4's status indicating the resident does not have a do not resuscitate order (DNR), then walked back to where the resident was

63d - Certified CPR Staff (continued)

and provided no lifesaving services in accordance with their training.

At approximately 5:30 p.m., direct care staff person D called staff person G and assistant administrator, informed of resident #4 being unresponsive. After a discussion direct care staff person D was instructed to start CPR and call EMS. Direct care staff person D asked direct care staff person C (who is trained in First Aid/CPR) if [redacted] could do CPR. At approximately, 5:33 p.m., direct care staff person D texted staff person G with further questions and the resident is still at the table in the wheelchair, unresponsive and not breathing. The text content is as follows:

- *Direct care staff person D: Is it ok to do CPR in dining room or should I move resident #1 from the back table to another location?*
- *Staff person G: If there is room yes and is resident #4 in [redacted] wheelchair?*
- *Direct care staff person D: Yes*
- *Direct care staff person D: Is the carpet area over by bathroom door, ok?*
- *Staff person G: Yes, just do it quickly and start CPR.*

Resident #4 was wheeled into the alcove area just off the front of the dining room stopping at the bathroom door. Direct care staff persons E and F lifted the resident from the wheelchair and carried into the bathroom, laying the resident on the floor. No life saving measures were attempted until the resident was on the floor at approximately 6:05 p.m., direct care staff person E began CPR. Emergency medical services was dispatched at 6:09 p.m. Resident #4 was determined to be deceased on the residents date of death with the Coroner's report indicating the resident cause of death was Asphyxiation and Choked on a bolos of food.

Plan of Correction ***Directed [redacted] - 08/31/2023)***

All staff will receive a training on 8/21/2023 of CPR steps: a visual guide. This training will also be posted in each med room and by the time clock. All staff will also receive a visual step by step to take home. Also, on 8/21/23, management will go over the above situation step by step and discuss how it needed to be done differently. Staff members A, B, C, D, E and F will be spoken to privately about above situation. Staff person A has received the required CPR/First aid training on 8/9/2023. On 8/28/23, staff will also be trained on the new revised policy for the companies DNR status. This training was completed by admin. Documentation will be kept. A CPR certified direct care staff will be assigned to monitor the dining room during meals. This will start 8/28/23 and the RCC will appoint the direct care staff during mealtimes. This will be located on the daily assignment sheet. Documentation will be kept.

[redacted] from Gateway hospice has held CPR/First aide classes on 5/19/2023, 6/14/2023, 8/3/23, 8/9/23 for all staff to be recertified. Documentation will be provided.

Upon admission of a resident, management (admin, assist admin and both RCC) will place a red magnet on the mailbox if a resident is a DNR. A DNR sticker will also be placed on the outside of resident chart.

HSL Care has updated the CPR and DNR policy on 8/25/23 by admin. Staff were trained on the new and revised policy on 8/28/23 by admin and assist admin. Documentation will be kept.

On 8/30/23 red wrist bands were ordered for DNR residents. These wrist bands will be for the DNR residents only so staff can immediately confirm DNR status. Documentation will be kept.

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit any events of choking or residents in cardiac arrest to ensure compliance with Regulation 2600.63(d) and that the home's policy and procedures were followed. 8/31/23[redacted]

63d - Certified CPR Staff *(continued)*

Directed Completion Date: *09/01/2023*

Not Implemented [redacted]-10/11/23

132d - Evacuation

5. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On 7/24/23, at approximately 9:10 p.m., the homes fire alarm was activated. Multiple resident interviews indicated only the residents in on Boulevard-1 on main floor in hall of bedroom #206 were evacuated to a fire safe area. At the time of the alarm, there were 89 residents present in the home including: 30 residents with mobility needs of which 12 residents require an assist of 2 staff persons, 7 of the 12 residents with mobility needs residents requiring a mechanical device to transfer, and one resident requiring the assist of 3 staff persons to transfer.

Plan of Correction ***Accept [redacted]- 08/31/2023)***

Staff will be receiving a training on proper evacuation procedures on 8/23/23. shortly after there will be a fire drill that staff will be unaware of. All management will be present to ensure that residents are evacuated properly. This training was done by the admin who is a trained fire expert. Admin will sign off on all drills ensuring they are done correctly. Documentation will be kept.
This will also occur for the month of Sept, Oct, Nov and Dec of 2023.

Licensee's Proposed Overall Completion Date: *09/01/2023*

Implemented [redacted]- 10/11/2023)

183b - Meds and Syringes Locked

6. 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

On 7/9/23 at approximately 9:12 a.m., there was an unlabeled 10 count foil packet of Amoxicillina Capsules 500mg, with no box, containing 4 capsules that was unlocked unattended and accessible on an end table between two chairs by the stairs on the LL (Patio) going to the main floor. The medication was identified as belonging to direct care staff person H.

Repeat Violation: 7/18/22

Plan of Correction ***Directed [redacted] 08/31/2023)***

Staff person H was educated by admin on the importance of keeping medication away from all residents on 8/21/2023. Documentation will be kept.
Staff person H stated that the medication fell out of [redacted] pocket. Management (admin) asked that [redacted] keep medication at home or [redacted]car.
On 8/28/23 staff were trained on the regulation and policy of the company by admin and assist admin. Documentation will be kept.
Management (admin, assist admin and both RCC"S) will do walk through of the entire building to ensure all meds

183b - Meds and Syringes Locked (continued)

and syringes are locked starting 8/28/2023 moving forward.

DIRECTED
Within 1 calendar day of receipt of the accepted plan of correction the administrator will ensure the medication in the violation was secured. 8/31/23 [redacted]

Within 1 calendar day of receipt of the accepted plan of correction: The management walk throughs of the building will be completed at least weekly. 8/31/23 [redacted]

Directed Completion Date: *09/01/2023* Not Implemented [redacted]0/11/23

Facility Information

Name: *WALDEN'S VIEW AT NORTH HUNTINGDON* **License #:** *44680* **License Expiration:** *06/13/2024*

Address: *7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642*

County: *WESTMORELAND* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** *7248632600* **Email:** [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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *129* **Waking Staff:** *97*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date:** *08/16/2023*

Inspection Dates and Department Representative

08/16/2023 - 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: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *89*

Diagnosed with Mental Illness: *3*

Diagnosed with Intellectual Disability: *3*

Have Mobility Need: *39*

Have Physical Disability: *0*

Inspections / Reviews

08/16/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/02/2023*

09/11/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/15/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/15/2023*

Inspections / Reviews *(continued)*

09/19/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/15/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/01/2023*

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 6/1/23 at approximately 6:00pm, resident #1 was found unsupervised and unattended by a passerby on the 4 lane highway down the hill from the personal care home. The police were contacted and resident #1 was escorted and admitted to the home's licensed secured dementia care unit (SDCU), which is on the same campus as the personal care home where resident #1 was residing at the time of the incident. According to numerous staff persons, resident #1 has been experiencing increased confusion at the personal care home over the last few months. Numerous staff persons indicated resident #1 would "roam the halls" at night looking for her children and vehicle. On numerous occasions, resident #1 was found unattended and unsupervised outside the home and in the home's parking lot. According to resident #1's progress note, dated 5/21/23 at 5:16pm, "resident was found walking up the memory care building. [redacted] was brought back down and placed on 15 minute checks for 72 hrs. Resident confusion is apparent." Additionally, the home's "Crew App" includes the following entries entered by staff persons regarding resident #1:

- *5/26/23 at 10:16pm: A staff person "found [redacted] in the parking lot earlier and since then [redacted] been up and down the hallway yelling at staff at residents. I've tried multiple times to redirect [redacted] to [redacted] room and have not been successful. Also not making any sense when talking and talking about off the wall things".*
- *5/17/23 at 6:37am: Resident #1 was "up all night confused and roaming the halls".*
- *5/12/23: Resident #1 was "confused this evening looking for the kids in the cellar".*

Plan of Correction ***Accept[redacted] 09/19/2023)***

Due to frequent UTI's (1/10, 2/5, 3/22, 4/5, 4/21, 5/4) a urine sample was collected on 5/30/23. Immediately after the incident on 6/1/2023 resident #1 was placed into the SDCU. MD and family were notified. Resident #1 was placed on 15 min checks for 72 hours.
Mangement (admin, assist admin, both RCC) will hold a stand up meeting every Monday, Wednesday and Friday @ 9:30 am. This meeting will be to review all information in the community crew app for any changes with residents. These meeting started 8/18/23 and will continue moving forward. Any changes that are needed will be resolved immediately by consulting with MD. Documentation will be kept.
Also, every Thursday will be a home health and hospice meeting. RCC will attend these meeting to also review any changes with hospice or home health residents. This started 8/17/23 and will continue moving forward. Documentation will be kept.
Any resident that experiences change in behavior including but not limited to exit seeking, staff will immediately notify POA, MD via fax, management and resident will be placed on Q15m checks and charted on Q-shift until MD can eval and make recommendations. Training will be on 9/22/23, documentation will be kept. Any resident who experiences change in behavior RCC or assistant admin will review the following day that all procedures were carried out in a timely manner and follow up with MD.

Licensee's Proposed Overall Completion Date: *09/22/2023* Not Implemented [redacted]-10/11/23

225c - Additional Assessment

2. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

225c - Additional Assessment *(continued)*

2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

On 6/1/23 at approximately 6:00pm, resident #1 was found unsupervised and unattended by a passerby on the 4 lane highway down the hill from the personal care home. The police were contacted and resident #1 was escorted and admitted to the home's licensed secured dementia care unit (SDCU), which is on the same campus as the personal care home where resident #1 was residing at the time of the incident. According to numerous staff persons, resident #1 has been experiencing increased confusion at the personal care home over the last few months. Numerous staff persons indicated resident #1 would "roam the halls" at night looking for [redacted] children and vehicle. On numerous occasions, resident #1 was found unattended and unsupervised outside the home and in the home's parking lot. According to resident #1's progress note, dated 5/21/23 at 5:16pm, "resident was found walking up the memory care building. [redacted] was brought back down and placed on 15 minute checks for 72 hrs. Resident confusion is apparent." Additionally, the home's "Crew App" includes the following entries entered by staff persons regarding resident #1:

- *5/26/23 at 10:16pm: A staff person "found [redacted] in the parking lot earlier and since then [redacted] been up and down the hallway yelling at staff at residents. I've tried multiple times to redirect her to [redacted] room and have not been successful. Also not making any sense when talking and talking about off the wall things".*
- *5/17/23 at 6:37am: Resident #1 was "up all night confused and roaming the halls".*
- *5/12/23: Resident #1 was "confused this evening looking for the kids in the cellar".*

However, resident #1's most recent assessment, dated 9/29/22, indicates resident #1 has a minimal problem with orientation to time, place and person, and minimal problems with judgment.

Plan of Correction ***Directed ([redacted] - 09/19/2023)***

Immediately on 6/1/2023 resident #1 was admitted to the SDCU. Family and MD were notified, and resident was placed on 15-minute checks for 72 hours.
On 8/28/23 a complete audit was done on all prescreen forms and medical evaluations. This audit was completed by the RCC and reviewed by admin. This will be completed by 9/4/2023. Documentation will be kept.

Moving forward admin and/or assist admin will review all new admission prescreens and medical evaluations done by both RCC's. Admin and/or assist admin will sign bottom of the last page to confirm completion is correct.
Any resident that experiences change in behavior including but not limited to exit seeking, staff will immediately notify POA, MD via fax, management and resident will be placed on Q15m checks and charted on Q-shift until MD can eval and make recommendations. Training will be on 9/22/23, documentation will be kept. Any resident who experiences change in behavior RCC or assistant admin will review the following day that all procedures were carried out in a timely manner and follow up with MD.

DIRECTED: By 10/1/23: The administrator shall review all current resident assessments to ensure each resident's assessment accurately reflects each resident's care needs, including supervision needs and any resident demonstrating exit-seeking behaviors. Documentation of the audit shall be kept.[redacted] 9/19/23

DIRETED: By 10/1/23: The administrator shall develop and implement a system to ensure resident assessments are updated as resident care needs change. Documentation of the system shall be kept. All staff persons responsible for completing resident assessments shall be educated on the new system by 10/1/23. Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 9/19/23

Not Implemented [redacted]-10/11/23

225c - Additional Assessment *(continued)*

Directed Completion Date: *10/01/2023*

227d - Support Plan Medical/Dental

3. 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

On 6/1/23 at approximately 6:00pm, resident #1 was found unsupervised and unattended by a passerby on the 4 lane highway down the hill from the personal care home. The police were contacted and resident #1 was escorted and admitted to the home's licensed secured dementia care unit (SDCU), which is on the same campus as the personal care home where resident #1 was residing at the time of the incident. According to numerous staff persons, resident #1 has been experiencing increased confusion at the personal care home over the last few months. Numerous staff persons indicated resident #1 would "roam the halls" at night looking for [redacted]children and vehicle. On numerous occasions, resident #1 was found unattended and unsupervised outside the home and in the home's parking lot. According to resident #1's progress note, dated 5/21/23 at 5:16pm, "resident was found walking up the memory care building. [redacted] was brought back down and placed on 15 minute checks for 72 hrs. Resident confusion is apparent." Additionally, the home's "Crew App" includes the following entries entered by staff persons regarding resident #1:

- *5/26/23 at 10:16pm: A staff person "found [redacted] in the parking lot earlier and since then [redacted]been up and down the hallway yelling at staff at residents. I've tried multiple times to redirect [redacted]to [redacted] room and have not been successful. Also not making any sense when talking and talking about off the wall things".*
- *5/17/23 at 6:37am: Resident #1 was "up all night confused and roaming the halls".*
- *5/12/23: Resident #1 was "confused this evening looking for the kids in the cellar".*

However, resident #1's most recent support plan, dated 9/29/22, does not include any 15-minute checks for resident #1 or a plan to meet resident #1's increased confusion and exit-seeking behaviors.

Plan of Correction ***Directed ([redacted]- 09/19/2023)***

Immediately on 6/1/2023 resident #1 was admitted to the SDCU. Family and MD were notified, and resident was placed on 15-minute checks for 72 hours.
On 8/28/23 a complete audit was done on all rasp, prescreen forms and medical evaluations. This audit was completed by the RCC and reviewed by admin. This will be completed by 9/4/2023. Documentation will be kept.

Moving forward admin and/or assist admin will review all new admission prescreens and medical evaluations done by both RCC's. Admin and/or assist admin will sign bottom of the last page to confirm completion is correct.
Any resident that experiences change in behavior including but not limited to exit seeking, staff will immediately notify POA, MD via fax, management and resident will be placed on Q15m checks and charted on Q-shift until MD can eval and make recommendations. Training will be on 9/22/23, documentation will be kept. Any resident who experiences change in behavior RCC or assistant admin will review the following day that all procedures were carried out in a timely manner and follow up with MD.

DIRETED: By 10/1/23: The administrator shall develop and implement a system to ensure resident support plans are updated as resident care needs change. Documentation of the system shall be kept. All staff persons responsible

227d - Support Plan Medical/Dental (continued)

for completing resident support plans shall be educated on the new system by 10/1/23. Documentation of the education shall be kept in accordance with 2600.65i. [redacted] *9/19/23*

Directed Completion Date: *10/01/2023*

Not Implemented [redacted] -10/11/23