



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 10, 2016

Deborah Stetzer, Administrator
Walden's View North Huntingdon, OPCO, LLC
4 Park Terrace
Harrisburg, Pennsylvania 17111

RE: Walden's View North Huntingdon
7990 Route 30 East
North Huntingdon, Pennsylvania 15642
License #446800

Dear Ms. Stetzer:

As a result of the Department of Human Services' licensing inspection on November 12, 2015; November 13, 2015 and November 16, 2015, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Susie Pollock".

Susie Pollock.
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: WALDEN S VIEW AT NORTH HUNTINGDON		License Number: 44680
Address: 7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642		County: Westmoreland
Administrator: Deborah Stetzer		Region: WEST
Legal Entity Name: WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC		
Legal Entity Address: 4 PARK TERRACE, HARRISBURG, PA 17111		RECEIVED
Certificate(s) of Occupancy I-2 01/19/2015 Twp. of North Huntingdon		APR 26 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 60	Waking Staff: 45
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
11/12/2015: Cutter, Jan; Barry, Courtney		
11/13/2015: Cutter, Jan; Barry, Courtney		
11/16/2015: Cutter, Jan; Barry, Courtney		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 90 Number of Residents Served: 43 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 43 Have Mental Illness: 1 Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 10	Have a Mobility Need: 17 Have a Physical Disability: 1	

Debbie Siz 4/25/16

Violation Report: 44681 - 11/13/2015 - Cutter, Jan
PCH Name: Walden View

APR 28 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Act 56 of 2007 requires that "no person, organization or program shall use the term 'assisted living' in any name or written material" unless the person, organization or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (related to assisted living residences). The home's main Facebook page indicates, "The Neighborhoods at Walden's View Retirement & Assisted Living Facility." The home is not licensed as an assisted living facility.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Initial registration for a Facebook page does not provide a category for Personal Care. Walden's View was unable to change labeling after the initial registration phase.
- The initial category that Walden's View was set up as Assisted Living / Retirement.
- Local other personal care homes and skilled communities use the same branding. (See Attachments)
- At no time did Walden's View use any printed material including advertisements that stated Assisted Living. At no time did Walden's View advertise that we provided Assisted Living services.
- The Facebook page for Walden's View has been removed.

Repeat Violation: No | Date(s) of Previous Violation(s): |

Signature of Legal Entity Representative
(Required on EVERY Page)

Deborah Stetzer

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Deborah Stetzer

Date 4/25/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/5/16
(Date)

The above plan of correction was approved by smo
(Initials)

Plan of correction implementation status as of 5/5/16
(Date)

- Fully Implemented *smo*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44680 - 11/12/2015 - Cutter, Jan
PCH Name: WALDEN S VIEW AT NORTH HUNTINGDON

APR 26 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1)) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN)
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

On 9/30/15, resident #1 was ordered, "Coumadin-5.5mg-Take 1 tablet by mouth once daily x 14 days." However, the resident's October 2015 medication administration record indicates, "Warfarin-5mg-Take 1 tablet by mouth for 14 days."

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- An immediate audit of all current Coumadin dosage was held by [redacted] after the survey on November 13th. There were no other regulatory issues found.
- The community has implemented a detailed log of each resident's Coumadin doses and PT/INR bloodwork.
- The labs are called to our physician by our registered nurse [redacted]. New orders for the Coumadin are written on the lab sheet and faxed to the pharmacy.
- After logging all of the new labs, a copy of the new order sheet is then handed off to the Medication Technician on duty that will be administering the evening dose.
- The Medication Technician will compare the Coumadin sent from the pharmacy with the new order.
- The orders for the next PT/INR are written in the lab book by the Registered Nurse and Director of Resident Care Services.
- PT/INR scheduling is also noted on the chalk board as a double check.
- All Medication Assistants were retrained and acclimated to the new form and procedure by [redacted]

* Please see page 3^A of 3 for plan of correction. 5/5/16

Repeat Violation: No | Date(s) of Previous Violation(s): |

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah Steffen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Steffen* | Date *4/25/15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/5/16 (Date)

Plan of correction implementation status as of 5/5/16 (date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SMP*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by SMP (Initials)

RECEIVED

APR 26 2016

WEST REGION FIELD OFFICE
Human Services Licensing

PLAN OF CORRECTION

1. A detailed log of each residents Coumadin doses and PT/INR are now being kept.
2. The labs are called to our Physician on call by our RN. New orders for the Coumadin are written on the lab sheets and faxed to our pharmacy.
3. After logging all of the new labs, a copy of the new order sheet is then handed off to the Med Technician who will be administering the evening Coumadin dose.
4. This allows the Med Technician to compare the Coumadin sent from pharmacy to the new order.
5. The orders for the next PT/INR are written in the lab book by the RN.
6. PT/INR are also noted on the chalk board as a double check.

Regional licensing approval of Plan of Correction
 Susie Pollock (Smo) 5/5/14
 Susie Pollock

Debra [Signature] 4/25/16