



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 07 2016

Mr. Michael Haass, President
Walden View North Huntingdon OPCO, LLC
7990 US Route 30
North Huntingdon, Pennsylvania 15642

RE: The Neighborhoods at Walden View
License #: 446810

Dear Mr. Haass:

As a result of the Department of Human Services' annual licensing inspections on October 5, 2016, October 6, 2016 and October 7, 2016 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 black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

Page 1 of 10

PCH Name: THE NEIGHBORHOODS AT WALDENS VIEW		License Number: 44681
Address: 7990 RT 30 EAST, NORTH HUNTINGDON, PA 15842		County: Westmoreland
Administrator: Melissa Hlce		Region: CENTRAL
Legal Entity Name: WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC		
Legal Entity Address: 4 PARK TERRACE, HARRISBURG, PA 17111		
Certificate(s) of Occupancy		
I-2 01/19/2015 Township of N. Huntingdon		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 76	Waking Staff: 57
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
10/05/2016: McCloskey, Jason; Gillespie, Denise		
10/06/2016: McCloskey, Jason; Gillespie, Denise		
10/07/2016: McCloskey, Jason; Gillespie, Denise		
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: 40	Number of Residents who:	
Number of Residents Served: 38	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 60 Years of Age or Older: 37	
Area: Sage, Garden, Mountain and Lake wings	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable: 40	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, If applicable: 38	Have a Mobility Need: 38	
Number of Current Hospice Residents: 10	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 20		

RECEIVED TIME OCT. 26. 2:30PM

Violation Report: 44881 - 10/05/2016 - McCloskey, Jason
PCH Name: THE NEIGHBORHOODS AT WALDENS VIEW

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 11-2-15, an allegation of abuse against Resident 1 was reported to the home. The home did not report the allegation to the Department of Aging.

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.

ALLEGATION OF ABUSE WAS REPORTED TO BHSL, LOCAL POLICE, WESTMORELAND COUNTY AAA, FAMILIES AND PCP. MOVING FORWARD, ADMINISTRATOR AND/OR DIRECTOR OF NURSING WILL ASSURE THAT ALL AGENCIES ARE NOTIFIED WITHIN A TIMELY MANNER IN ACCORDANCE WITH THE OLDER ADULT PROTECTIVE SERVICES ACT. ALL STAFF ATTENDED AN IN-SERVICE ON ABUSE/ABUSE REPORTING ON 08/12/2016. (SEE ATTACHMENT #1)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa Hice PCHA

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

Melissa Hice PCHA

Date

10/26/16

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

The above plan of correction is approved as of

10/26/16
(Date)

Plan of correction implementation status as of

10/28/16
(Date)

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

The above plan of correction was approved by

BAS
(Initials)

Violation Report: 44661 - 10/05/2016 - McCloskey, Jason
PCH Name: THE NEIGHBORHOODS AT WALDENS VIEW

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 7-24-16, at approximately 10pm, Staff Member A was assisted Resident 6 out of the room of another resident of the home. Shortly after this, Resident 6 informed Staff Member B that Staff Member A had hurt the resident's wrist and smacked the resident on the left side of the neck. Staff Member B noted that there was bruising on Resident 6's wrist and a reddened area on the side of the neck. Staff Member A overheard the statement made by Resident 6 and became enraged. Staff Member A started swearing at Resident 6 and threatened to punch the resident in the face, as witnessed by other shift staff.

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.

NORTH HUNTINGDON POLICE WERE NOTIFIED AT THE TIME OF THE INCIDENT AND ESCORTED STAFF PERSON A OFF OF THE PROPERTY. STAFF PERSON A WAS TERMINATED IMMEDIATELY. RESIDENT 6'S POA NOTIFIED. RESIDENT 6 SENT TO UPMC EAST ER FOR EVALUATION. BHSL NOTIFIED. WESTMORELAND COUNTY AAA WAS NOTIFIED. PCP WAS NOTIFIED. STAFF PERSON A WAS QUESTIONED BY NORTH HUNTINGDON POLICE DEPT OFFICER. STAFF PERSON A HAD NO PREVIOUS INCIDENTS OR DISCIPLINARY PROBLEMS. BACK GROUND CHECK WAS COMPLETED PRIOR TO EMPLOYMENT AND SHOWED NO CRIMINAL HISTORY. ALL STAFF ATTENDED AN IN-SERVICE ON 08/12/2016 ON ABUSE & ABUSE REPORTING.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice PCHA* Date *10/20/16*

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The above plan of correction is approved as of 10/28/16
(Date)

Plan of correction implementation status as of 10/28/16
(Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 44681 - 10/05/2016 - McCloskey, Jason
PCH Name: THE NEIGHBORHOODS AT WALDENS VIEW

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 9-3-16, 9-4-16, 9-7-16, 9-10-16, 9-12-16, 9-17-16, 9-21-16 and 9-23-16, during the 11pm to 7am shift, no staff were present in the home who had current CPR, obstructed airway techniques, and first aid training.

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.

ALL STAFF MEMBERS ON THE 11-7 SHIFT THAT DID NOT HAVE CPR/FIRST AID CERTIFICATION ATTENDED TRAINING ON 10/11/2016. ALL REMAINING STAFF WITHOUT CURRENT CPR/FIRST AID ARE SCHEDULED FOR TRAINING ON 10/28/2016. ADMINISTRATOR IS SCHEDULED FOR TRAINING ON 11/15/2016 AND 11/22/2016 TO BECOME A CPR/FIRST AID INSTRUCTOR. MOVING FORWARD ALL STAFF WILL HOLD CURRENT CPR/FIRST AID AT ALL TIMES TO INSURE THAT AT LEAST 1 STAFF MEMBER WILL BE PRESENT IN THE HOME AT ALL TIMES THAT IS TRAINED IN CPR/FIRST AID. ALL NEW STAFF WILL BE TRAINED IN CPR/FIRST AID DURING THEIR ORIENTATION PROGRAM PRIOR TO PERFORMING UNSUPERVISED DIRECT PATIENT CARE. (SEE ATTACHMENT #2)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Melissa Hice PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Hice PCHA* Date *10/26/16*

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The above plan of correction is approved as of 10/28/16 (Date)

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

Plan of correction implementation status as of 10/28/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
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Violation Report: 44681 - 10/05/2016 - McCloskey, Jason
PCH Name: THE NEIGHBORHOODS AT WALDENS VIEW

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

Multiple cigarette butts were seen in the mulch beds in the courtyard including 6 just outside the exit door and 6 more along the main walkway. The courtyard is not designated as a smoking area.

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.

CIGARETTE BUTTS WERE REMOVED AT TIME OF INSPECTION. ALL STAFF ARE SCHEDULED TO ATTEND AN IN-SERVICE ON 10-28-16 WHICH WILL INCLUDE A REVIEW OF THE STAFF SMOKING AREA AND SMOKING CONDUCT. ANY STAFF NOTED TO BE SMOKING OUTSIDE OF THE DESIGNATED AREA (AT THE REAR OF THE BUILDING BY THE GARAGE), WILL BE SUBJECT TO DISCIPLINARY ACTION. NO SMOKING SIGNS ARE ORDERED FOR THE COURTYARD AND WILL BE POSTED WHEN RECEIVED. MED TECHS ARE TO MONITOR COURTYARD EVERY SHIFT FOR DISCARDED CIGARETTE BUTTS AND REPORT TO ADMINISTRATOR/DON.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Melissa Hill PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Hill PCHA* Date *10/26/16*

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Violation Report: 44681 - 10/05/2016 - McCloskey, Jason
PCH Name: THE NEIGHBORHOODS AT WALDENS VIEW

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 10-8-16, a vial of Lantus insulin prescribed for Resident 2 was marked as opened on 8-21-16. The manufacturer's instructions state to discard 28 days after opening, but this medication was still be used for the resident's care.

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.

VIAL WAS DISCARDED AT TIME OF THE INSPECTION. ALL MED TECHS WERE EDUCATED ON THE IMPORTANCE OF DATING MEDICATIONS WHEN OPENED AND DISCARDING MEDICATIONS PER THE MANUFACTURER'S INSTRUCTION. MOVING FORWARD ALL MED CARTS WILL BE AUDITED BY THE DON TWICE WEEKLY TO INSURE COMPLIANCE. ANY MEDICATIONS NOT DATED WILL BE MARKED WITH THE DISPENSE DATE AND WILL BE DISCARDED PER MANUFACTURE'S INSTRUCTIONS.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice PCHA* Date *10/26/16*

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(Date)

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(Initials)

Plan of correction implementation status as of 10/28/16
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Violation Report: 44681 - 10/05/2016 - McCloskey, Jason
PCH Name: THE NEIGHBORHOODS AT WALDENS VIEW

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The Lake - Mountain medication cart contained two peach-colored pills in the 3rd drawer from the top and a pink and white capsule in the bottom drawer of the medication cart that were observed to be loose and not in a containers.

The Sage - Garden medication cart had two white pills were observed to be loose and not in a container in the 2nd drawer from the top.

A Novolog FlexPen and a vial of Lantus insulin belonging to Resident 3 were In use but not dated as to when opened.

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.

INSULIN WAS DATED WITH THE DISPENSE DATE FROM PHARMACY AT TIME OF INSPECTION. ALL MED TECHS WERE EDUCATED ON THE IMPORTANCE OF DATING MEDICATIONS WHEN OPENED, FOLLOWING MANUFACTURES' INSTRUCTIONS, AND STORING MEDICATIONS PROPERLY. MOVING FORWARD, ALL MED CARTS WILL BE AUDITED BY THE DON TWICE WEEKLY TO INSURE COMPLIANCE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa Alice PCHA

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

Melissa Alice PCHA

Date

10/26/16

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(Date)
10/28/16

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(Initials)

Violation Report: 44681 - 10/05/2016 - McCloskey, Jason
PCH Name: THE NEIGHBORHOODS AT WALDENS VIEW

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident 4 was admitted [redacted] 6. The pre-admission screening form was completed on 5-20-16.

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.

MOVING FORWARD, ALL PREADMISSON SCREENINGS ARE TO BE COMPLETED BY THE ADMINISTRATOR WITHIN 72 HRS PRIOR TO ADMISSION.

On the day prior to the scheduled date of admission for a new resident, the administrator, or designee, will review the applicant's file to ensure that all necessary documents have been completed.

BAS 10/28/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Melissa Hice PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Hice PCHA* Date *10/26/16*

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Plan of correction implementation status as of 10/28/16 (Date)
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Violation Report: 44681 - 10/05/2016 - McCloskey, Jason
PCH Name: THE NEIGHBORHOODS AT WALDENS VIEW

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident 4 was admitted [redacted] 16 and Resident 5 was admitted [redacted] 16. The home has no documentation that the residents and the residents' designated persons have not objected to their admissions into the Secured Dementia Care Unit.

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.

AUDIT COMPLETED OF ALL RESIDENT CHARTS. APPENDIX L (SEE ATTACHMENT 3) WAS SENT TO ALL RESPONSIBLE PARTIES OF RESIDENT'S IDENTIFIED AS NOT HAVING A STATEMENT REGARDING THAT NO OBJECTION IS MADE TO ADMISSION IN A SECURED DEMENTIA CARE UNIT. ADDENDIX L HAS BEEN OBTAINED FOR RESIDENT 5. AWAITING RETURN OF APPENDIX L FOR RESIDENT 6. MOVING FORWARD, APPENDIX L WILL BE ATTACHED TO THE RESIDENT HOME CONTRACT AND COMPLETED PRIOR TO ADMISSION OF ANY PERSON IN THE FACILITY.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa Hice PCHA* Date *10/26/16*

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(Date)

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(Initials)

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(Date)

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Violation Report: 44681 - 10/05/2016 - McCloskey, Jason
PCH Name: THE NEIGHBORHOODS AT WALDENS VIEW

1. REGULATION 55 Pa.Code §2600
2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

On 10-5-16, accurate directions for operating the home's locking mechanism were not conspicuously posted near exit doors leading to the courtyard.

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.

CORRECTED AT TIME OF INSPECTION. ADMINISTRATOR TO MONITOR THAT DIRECTIONS ARE PLACED CONSPICUOUSLY NEAR EXITS AT ALL TIMES AND ARE UPDATED AS THE NEED ARISES FOR CHANGES IN THE CODE.

The current code for the operation of the magnetic locking system were posted by each exit of the home on 10/6/16.

In the future, when the code for the operation of the locking mechanism is changed the administrator, or designee, will inspect each exit to assure that the new code is posted and the code is able to unlock the door.

BAS 10/28/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa Alice Penn*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa Alice Penn* Date *10/26/16*

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(Date)

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(Date)

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(Initials)

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