



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 1, 2017

Ms. Melissa Hice
Administrator
Walden's View North Huntingdon, OPCO, LLC
7990 Route 30 East
North Huntingdon, Pennsylvania 15642

RE: The Neighborhoods at Walden's View
License #446810

Dear Ms. Hice:

As a result of the Department of Human Services' licensing inspection on March 10, 2017, 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,


Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW		License Number: 44681
Address: 7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642		County: Westmoreland
Administrator: Melissa Hice		Region: WEST
Legal Entity Name: WALDEN VIEW NORTH HUNTINGDON OPCO LLC		
Legal Entity Address: 7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642		
Certificate(s) of Occupancy n/a n/a		
Staffing Hours		
Resident Support: n/a	Total Daily Staff: 68	Waking Staff: 51
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/10/2017: Roser, Ashley; Cutter, Jan		RECEIVED MAY 24 2017 WEST REGION FIELD OFFICE Human Services Licensing
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: n/a		Random Indicators: n/a
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 40 Number of Residents Served: 34 Secured Dementia Care Unit in Home: Yes Area: Entire Building Secured Dementia Unit Capacity, if Applicable: 40 Number of Residents Served in Secured Dementia Care Unit, if applicable: 34 Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 34 Have a Physical Disability: 1	

MAY 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44681 - 03/10/2017 - Roser, Ashley
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 55 Pa.Code §2800

2800.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 2/20/2017, does not include a health status. This section is blank.

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.

Although the resident left the facility [redacted] 2017 the medical evaluation was pulled from the discharge chart and the health status was updated

Immediately all resident medical evaluations are being audited for accuracy by the Director of Nursing and the new Administrator.

In an ongoing effort to assure continued compliance the Director of Nursing and the Administrator will randomly pull charts weekly to ensure all forms are completed entirely and current.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bobbi Cupo

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

Bobbi Cupo - PCHA

Date 5/24/17

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

The above plan of correction is approved as of

5/24/17
(Date)

Plan of correction implementation status as of

5/24/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *f*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

L
(Initials)