



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 12, 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
Certificate #: 446810

Dear Ms. Hice:

As a result of the Department of Human Services' licensing inspection on May 25, 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,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

Jon Kimberland
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: Bobbi Cupp		Region: WEST
Legal Entity Name: WALDEN VIEW NORTH HUNTINGDON OPCO LLC		RECEIVED
Legal Entity Address: 7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642		
Certificate(s) of Occupancy I-2 01/19/2015 Twp. of North Huntingdon		JUN 13 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 72	Waking Staff: 54
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/25/2017: Eveses, Joseph; Cutter, Jan		
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 Served: 36 Secured Dementia Care Unit in Home: Yes Area: Second Floor Secured Dementia Unit Capacity, if Applicable: 40 Number of Residents Served In Secured Dementia Care Unit, if applicable: 36 Number of Current Hospice Residents: 9 Number of Hospice Residents in past year: 30	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 36 Have a Physical Disability: 1	

*B. Cupp
6.13.17*

JUN 13 2017

Violation Report: 44681 - 05/25/2017 - Eveses, Joseph
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (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.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 9/9/16, was not updated to include the resident's problems with irritability, agitation and aggression. The resident's assessment indicates the resident is has no support needs in the areas of irritability, agitation and aggression. The resident's assessment does not include the proper level of supervision to protect the resident and other residents in the home. The resident's assessments indicates "Resident requires supervision and reminders to complete personal hygiene. Resident is unable to leave facility without direct supervision due to diagnosis of dementia".

The resident has a history of problem behaviors as follows:

- * 1/13/17 - Resident #1 struck another resident in the arm.
- * 2/2/17 - Resident #1 was yelling and arguing with staff and other residents
- * 2/3/17 - Resident #1 was agitated and yelling at staff and other residents
- * 3/26/17 - Resident #1 was aggressive towards staff and other residents
- * 4/11/17 - Resident #1 was yelling at staff and other residents
- * 4/29/17 - Resident #1 struck another resident in the arm and yelled at staff
- * 5/3/17 - Resident #1 was fighting with another resident

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.

Resident #1 assessment was immediately updated to reflect [redacted] issues of aggression and irritability. Documentation attached.

In an ongoing effort to continue compliance, all resident charts are being audited by the new PCHA. All charts will be monitored every other month after that, by the DON and PCHA. All charts' Audit will be completed within the next month.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Bobbi Cripp*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Bobbi Cripp - PCHA*

Date *6-13-17*

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

The above plan of correction is approved as of 7-5-17
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 7-5-17
(Date)

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