



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to WALDEN VIEW NORTH HUNTINGDON OPCO, LLC
LEGAL ENTITY

To operate THE NEIGHBORHOODS AT WALDEN VIEW
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

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 40
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40
MAXIMUM CAPACITY

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 April 17, 2018 until October 17, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446811**

Robert E. Robinson

ISSUING OFFICER

Carolyn K. Ellison

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 628 - 2/18cse



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

APR 17 2018

Mr. Michael Haas
President
Walden's View North Huntingdon, OPCO, LLC
7990 U.S. Route 30
North Huntingdon, Pennsylvania 15642

**RE: The Neighborhoods at Walden's View
Certificate #: 446811**

Dear Mr. Haas:

As a result of the Department of Human Services' licensing inspection on July 31, 2017; August 1, 2017; March 8, 2018 and March 9, 2018, of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 446810 dated September 17, 2017 to September 17, 2018, is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated September 17, 2017 to September 17, 2018 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed.

All violations specified on the 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.

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, Chs. 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:

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Mr. Haas

2

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,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of the first name being a large, stylized capital "J".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

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

PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW		License Number: 44686
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 01/19/2016 Twp. of North Huntingdon		APR 03 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 78	Working Staff: 59
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 03/08/2018: Cutler, Jan; Winters, Lynn 03/09/2018: Cutler, Jan; Winters, Lynn		
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: 39 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: 39 Number of Current Hospice Residents: 9 Number of Hospice Residents in past year: 31		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 39 Have a Physical Disability: 0

B. Cupp
4/3/18

RECEIVED

APR 03 2018

Page 2 of 7

Violation Report: 44881 - 03/08/2018 - Cutler, Jan
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
(1) Medication self-administration training.
(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
(3) Care for residents with dementia and cognitive impairments.
(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
(5) Personal care service needs of the resident.
(6) Safe management techniques.
(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
Direct care staff person A, hired 10/6/16, and direct care staff person B, hired 11/23/16, did not receive annual training on the following topics during the 2017 training year:
* Medication self-administration training.
* Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

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.

Direct Care Staff Persons A & B are current with staff training for 2018

As of January 1, 2018 the new Administrator has taken over the responsibility of keeping track of all Direct Care Staff Annual Training.

Monthly training for all staff is offered every third Tuesday of each month with two training times, 2:00 pm and 3:00 pm. Reminders are posted throughout the facility, especially by the time clocks. All staff are to sign in when attending the training. An example of a sign in sheet is attached. At the end of each training session, the Administrator will collect the sign in sheets and record all training in Tabula Pro and put the actual sign in sheets in the Binder that was created for Annual Training.

To Stay in compliance, the Administrator will check monthly to ensure all staff have been trained and have signed the sheets to show they attended and have earned the correct amount of credits.

See Page 2A of 7

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bobbi Cutler* Date *4/3/18*

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

The above plan of correction is approved as of 4/4/18 (Date)
The above plan of correction was approved by J (Initials)
Plan of correction implementation status as of 4/4/18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

APR 04 2018

Violation Report: 44081 - 03/08/2018 - Culler, Jan
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

WEST VIRGINIA DEPARTMENT OF
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600 65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 10/6/16, and direct care staff person B, hired 11/23/15, did not receive annual training on the following topics during the 2017 training year:

- * Medication self-administration training.
- * Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

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.

Immediately: Direct care staff persons A and B shall receive training on the following topics:
 Medication self-administration training
 Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 Documentation of the education shall be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bobbi Culler

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

Bobbi Culler

Date

4/14/18

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

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

RECEIVED

APR 03 2018

Violation Report: 44681 - 03/08/2018 - Culler, Jan
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 10/6/16, and direct care staff person B, hired 10/6/15, did not receive annual training on fire safety completed by a fire safety expert during the 2017 training year.

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.

Direct Care Staff persons A & B are current with staff training for 2018.

As of January 1, 2018 the new Administrator has taken over the responsibility of keeping track of all Direct Care Staff Annual Training.

Monthly training is offered every third Tuesday of each month, with two training times of 2:00 pm and 3:00 pm. When attending a training, all staff are to sign in on the Adult Residential Licensing Record of Training Sheet. I have attached a copy of our Yearly Training Sheet to include when all trainings are being offered and who the training source is.

To stay in compliance, the Administrator will record all sign in sheets in Tabula Pro Program, will keep the sign in sheets in a Annual Training Binder, and will ensure all staff have been properly trained and earned the correct amount of credits.

See Page 3A of 7

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robbi Culler* Date *4/3/18*

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

The above plan of correction is approved as of 4/4/18 (Date)

Plan of correction implementation status as of 4/4/18 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *[Signature]*
- Not Implemented

RECEIVED

APR 04 2018

Page 3 of 7 ^A

Violation Report: 44681 - 03/08/2018 - Culler, Jan
PCR Name: THE NEIGHBORHOODS AT WALDEN VIEW

WEST BURLINGTON OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 10/6/16, and direct care staff person B, hired 10/6/15, did not receive annual training on fire safety completed by a fire safety expert during the 2017 training year.

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.

Immediately: Direct care staff persons A and B shall receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Documentation of the education shall be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Robbi Culler*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Robbi Culler* Date *4/4/18*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

APR 03 2018

Violation Report: 44681 - 03/08/2018 - Cutter, Jan
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Risperidone 0.5 mg-Take one tablet by mouth twice daily and every 8 hours as needed; however, the pharmacy label indicates Risperidone 0.5 mg-Take one tablet by mouth twice daily.

Resident #1 is prescribed Humalog Kwikpen for coverage four times daily according to the following sliding scale: 0 to 150=0 units; 151 to 200=2 units; 201 to 250=4 units; 251 to 300=7 units; 301 to 350=9 units; 351 to 400=12 units; >400 call MD. However, the pharmacy label indicates Humalog Kwikpen-Inject 11 units in the morning, at lunch and in the evening, maximum daily units 50.

Resident #1 is prescribed Lantus Solostar-Inject 14 units daily in the morning and inject 12 units daily in the evening; however, the pharmacy label indicates Lantus Solostar-Inject 24 units daily.

Resident #2 is prescribed Novolog-Inject 6 units as a base dose three times a day before meals in accordance with the following sliding scale: <90=do not give base dose; if 90 to 99=give 2 units only; if 100 to 119=give 4 units only. In addition add the 6 unit base dose to the units as prescribed in the following sliding scale: 181 to 240=2 units; 241 to 300=4 units; 301 to 400=6 units; >400=8 units. However, the pharmacy label indicates Novolog-Inject 6 units three times a day plus scale.

Resident #2 is prescribed Lantus Solostar-Inject 34 units daily in the morning and inject 54 units daily at bedtime; however, the pharmacy label indicates Lantus Solostar-Inject 34 units daily in the morning.

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.

New labels for Resident's number 1 & 2 were immediately replaced on each medication bottle and the pharmacy updated the MAR's to reflect the proper dosage for each resident prior to the Licensing Inspectors leaving the facility

Cart audits are performed monthly by the Pharmacy and once a week by staff in the facility. *Documentation of the audits shall be kept. 4/4/18*
To stay in compliance, the Administrator/DON will monitor carts randomly to ensure all medication is labeled correctly to the MAR and that all medication is in the carts

Repeat Violation: no

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bobbi Gray

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

Bobbi Gray

Date

4/3/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

4/4/18
(Date)

Plan of correction implementation status as of

4/4/18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

RECEIVED

APR 03 2018

Page 5 of 7

Violation Report: 44681 - 03/08/2018 - Culler, Jan
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Humalog Kwipen for coverage four times daily in accordance with the sliding scale. On 3/6/18 at 4:30 p.m., the resident's March 2018 medication administration record (MAR) indicated the resident's blood sugar was 400; however, according to the resident's glucometer, the resident's blood sugar was "HI" at 4:23 p.m., 4:31 p.m. and 4:44 p.m.

Resident #2 is prescribed Novolog-Inject 6 units as a base dose three times a day before meals in accordance with the sliding scale. The following blood sugar readings were present on the resident's glucometer; however were not indicated on the resident's March 2018 MAR:

DATE	TIME	READING
* 3/1/2018	11:00 a.m.	251
* 3/5/2018	4:15 p.m.	172

Resident #3 is prescribed blood sugar checks twice daily. The following blood sugar reading was present on the resident's glucometer; however, was not indicated on the resident's March 2018 MAR:

DATE	TIME	READING
* 3/1/2018	11:10 a.m.	247

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.

The Administrator/DON immediately checked all glucometers to ensure they were working properly and were calibrated.

The Administrator has scheduled a Diabetic Training class for April 10, 2018 with Medi Home Health to re-educate all staff on the proper way of taking and recording readings properly. *in accordance with prescribers orders. 4/4/18*

Glucometers are being monitored and checked weekly to ensure all readings match up to the MAR. A binder has been created to record any extra readings that might have been taken. Glucose Meter Control Test for high and low are being recorded for each resident in a binder to also show extra reading.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bridget C. [unclear]* Date *4/3/18*

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

The above plan of correction is approved as of 4/4/18 (Date)

Plan of correction implementation status as of 4/4/18 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *[Signature]*
- Not Implemented

RECEIVED

APR 03 2018

Page 6 of 7

Violation Report: 44681 - 03/08/2018 - Cutter, Jan
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Humalog Kwikpan for coverage four times daily in accordance with the sliding scale. The following blood sugar reading was indicated on the resident's March 2018 MAR; however, according to the resident's glucometer, the resident's blood sugar was not tested:

DATE	TIME	RECORDED ON MAR
* 3/5/2018	11:30 a.m.	325

Resident #2 is prescribed Novolog-Inject 6 units as a base dose three times a day before meals in accordance with the sliding scale. The following blood sugar readings were indicated on the resident's March 2018 MAR; however, according to the resident's glucometer, the resident's blood sugar was not tested:

DATE	TIME	RECORDED ON MAR
* 3/1/2018	7:00 a.m.	71
* 3/2/2018	11:00 a.m.	148
* 3/5/2018	11:00 a.m.	200
* 3/5/2018	4:09 p.m.	324
* 3/6/2018	8:00 p.m.	211

Resident #3 is prescribed blood sugar checks twice daily. The following blood sugar readings were indicated on the resident's March 2018 MAR; however, according to the resident's glucometer, the resident's blood sugar was not tested:

DATE	TIME	RECORDED ON MAR
* 3/2/2018	8:00 a.m.	218
* 3/5/2018	8:00 a.m.	187

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.

The Administrator/DON immediately checked all glucometers to ensure they were working properly and were calibrated.

The Administrator has scheduled a Diabetic Training class for April 10, 2018 with Medi Home Health to re-educate all staff on the proper way of taking and recording readings properly. *in accordance with prescribers' orders* 4/4/18

Glucometers are being monitored and checked weekly to ensure all readings match up to the MAR. A binder has been created to record any extra readings that might have been taken. Glucose Meter Control Test for high and low are being recorded for each resident in a binder to also show extra reading.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bobby Cooper* Date *4/3/18*

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

The above plan of correction is approved as of *4/4/18* (Date)

Plan of correction implementation status as of *4/4/18* (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *[Signature]*

RECEIVED

APR 03 2018

Page 7 of 7

Violation Report: 446B1 - 03/08/2018 - Cutter, Jan
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 10/8/16, received only 4 hours of annual training related to dementia care and services during the 2017 training year.

Direct care staff person B, hired 11/23/15, received only 2 hours of annual training related to dementia care and services during the 2017 training year.

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.

Direct Care Staff persons A & B are current with staff training for 2018.

As of January 1, 2018 the new Administrator has taken over the responsibility of keeping track of all Direct Care Staff Annual Training.

Monthly training is offered every third Tuesday of each month, with two training times of 2:00 pm and 3:00 pm. When attending a training, all staff are to sign in on the Adult Residential Licensing Record of Training Sheet. I have attached a copy of our Yearly Training Sheet to include when all trainings are being offered and who the training source is.

To stay in compliance, the Administrator will record all sign in sheets in Tab u la Pro Program, will keep the sign in sheets in a Annual Training Binder, and will ensure all staff have been properly trained and earned the correct amount of credits.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Bobbi C. [unclear]* Date *4/3/18*

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

The above plan of correction is approved as of 4/4/18
(Date)

Plan of correction implementation status as of 4/4/18
(Date)

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

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

RECEIVED

FEB 21 2018

WEST REGION FIELD OFFICE
HUMAN SERVICES DIVISION

Violation Report: 44881 - 07/31/2017 - Summers, Vicky
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 55 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
On 7/31/17, there were no locking devices on any of the Jack and Jill bathroom doors between the resident's room. Also, there was no locking device on the door of the Jack and Jill bathroom between the general store and the dress shop. These bathrooms do not afford privacy while in use.

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.

Facility Plants Operation Manager ordered all new door handles with locking devices for all resident bathrooms, including the general store/dress shop on August 14, 2017. All door handles were replaced on all doors by August 21, 2017. Documentation attached.

To stay in compliance, the Administrator/Plants Operation Manager will monitor the door knobs monthly to ensure they are in working order.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Bobbi Lynn - Administrator* Date *2/21/18*

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

The above plan of correction is approved as of 4/4/18
(Date)

Plan of correction implementation status as of 4/4/18
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not implemented

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FEB 21 2018

WEST HENRY HOSPITAL
Human Services Training

Violation Report: 44681 - 07/31/2017 - Summers, Vicky PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW	
1. REGULATION 55 Pa.Code §2600 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	
2a. DESCRIPTION OF VIOLATION Direct care staff person A received only 4 hours of annual training during the 2016 training year.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Direct Care Staff person A is no longer working at the facility as of April 2017. Unable to re- educate.</p> <p>Effective Immediately the new Administrator audited all employee files to ensure all employees received and were trained for the year 2016. Audit was completed by August 18, 2017.</p> <p>In an ongoing effort to stay compliant with staff training, the Administrator has created a spreadsheet for 2017 and forth going on all employees. Once the training has been completed and signed off by the staff member their training will be entered and recorded into a spreadsheet on Tabula Pro software.</p> <p>Administrator/D.O.N. will monitor the training each month to ensure all staff have been and continue to be trained.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Date)
The above plan of correction was approved by (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44681 - 07/31/2017 - Summers, Vicky PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW		WEST BRIDGEFIELD OFFICE HUMAN SERVICES DIVISION	
1. REGULATION 55 Pa.Code §2600 2600.85(f) - Training topics for the annual training for direct care staff persons shall include the following: (1) Medication self-administration training. (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. (3) Care for residents with dementia and cognitive impairments. (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration. (5) Personal care service needs of the resident. (6) Safe management techniques. (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.			
2a. DESCRIPTION OF VIOLATION Direct care staff person A, hired 7/31/15, did not receive annual training on the following topics during the 2016 training year: - Medication self-administration training - Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan - Care for residents with dementia and cognitive impairments - Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration. - Personal care service needs of the resident - Safe management techniques			
3. PLAN <i>Include</i> <i>remedy</i>		Direct Care Staff person A is no longer working at the facility as of April 2017. Unable to re-educate. Effective immediately the new Administrator audited all employee files to ensure all employees received and were trained for the year 2016. Audit was completed by August 18, 2017. As an ongoing effort to stay compliant with staff training, the Administrator has created a spreadsheet for 2017 and forth going on all employees. Once the training has been completed and signed off by the staff member their training will be entered and recorded into the spreadsheet on Tabula Pro. Administrator/D.O.N. will monitor the training each month to ensure all staff have been and continue to be trained.	
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Bobbi Cupp</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date <i>2/14/18</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/4/18</u> (Date)		Plan of correction implementation status as of <u>4/4/18</u> (Date)	
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>[Mark]</i> <input type="checkbox"/> Not Implemented	

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WEST REGIONAL OFFICE
Human Services Training

Violation Report: 44681 - 07/31/2017 - Summers, Vicky PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW	
1. REGULATION 65 Pa.Code §2600 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights. (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.	
2a. DESCRIPTION OF VIOLATION Direct care staff person A, hired 7/31/15, did not receive annual training on the following topics during the 2016 training year: - Emergency preparedness procedures and recognition and response to crises and emergency situations - Falls and accident prevention	
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.	
<p>Direct Care Staff person A is no longer working at the facility as of April 2017. Unable to re- educate.</p> <p>Effective immediately the new Administrator audited all employee files to ensure all employees received and were trained for the year 2016. Audit was completed by August 18, 2017.</p> <p>As an ongoing effort to stay compliant with staff training, the Administrator has created a spreadsheet for 2017 and forth going on all employees. Once the training has been completed and signed off by the staff member their training will be entered into the spreadsheet on Tabula Pro.</p> <p>Administrator/D.O.N. will monitor the training each month to ensure all staff have been and continue to be trained.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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FEB 21 2018

WEST VIRGINIA UNIVERSITY
HUMAN SERVICES DEPARTMENT

Violation Report: 44881 - 07/31/2017 - Summers, Vicky PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW	
1. REGULATION 65 Pa.Code §2600 2600.85(a) - Sanitary conditions shall be maintained.	
2a. DESCRIPTION OF VIOLATION Resident #4's glucometer was used to measure resident #2's blood sugar on the following dates and times: - 7/28/17 at 7:18 a.m. Blood sugar reading was 261 - 7/29/17 at 7:53 a.m. Blood sugar reading was 303 - 7/29/17 at 3:48 p.m. Blood sugar reading was 233	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Effective August 2, 2017 new glucometers were ordered and received from the pharmacy for Residents # 2 and 4</p> <p>Staff who pass medication to residents were re-educated on the importance of not sharing glucometers and safety reasons on August 2, 2017 verbally by the Administrator/D.O.N.</p> <p>Glucometers were being audited weekly for two months to ensure staff are using the right glucometer for the right resident by the D.O.N.</p> <p>To stay in compliance the Administrator and the D.O.N. will continue to audit <i>all</i> glucometers monthly.</p> <p style="text-align: right;"><i>4/14/18</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bobbi Curre - Administrator</i>	
Date <i>2/21/18</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>4/14/18</i></u> (Date)	Plan of correction implementation status as of <u><i>4/14/18</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>X</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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FEB 21 2018

WEST VIRGINIA DEPARTMENT OF
Human Services Licensing

Violation Report: 44881 - 07/31/2017 - Summers, Vicky PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW	
1. REGULATION 55 Pa.Code §2600 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.	
2a. DESCRIPTION OF VIOLATION On 7/31/17, there was no thermometer in either refrigerator or freezer in the activities room.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>On July 31, 2017 prior to the licensing inspectors leaving the facility, thermometers were placed in the refrigerator/freezer in the activities room.</p> <p>Daily monitoring of the thermometers and temperatures by the Activities person is recorded on a monthly temperature sheet. Documentation attached.</p> <p>The Administrator will check the refrigerator/freezer weekly to ensure there are thermometers and the temperatures are being recorded and are in compliance.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Bobbi Cupp</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bobbi Cupp - Administrator</i>	
Date <i>2/21/18</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4/4/18</u> (Date)	Plan of correction implementation status as of <u>4/4/18</u> (Date)
The above plan of correction was approved by <u><i>J</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

FEB 21 2018

WESTLEY HALL PLANTAGE
Human Resources Department

Violation Report: 44681 - 07/31/2017 - Summers, Vicky
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 55 Pa.Code §2800
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
On 7/31/17, there was an accumulation of lint in both commercial dryers. The lint in the right dryer measured the size of 3 golf balls, located on the bottom of the unit. The lint in the left dryer measured 1/4 inch in the lint trap and multiple pieces of lint on the bottom of the unit.

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

On July 31, 2017 the lint in both dryers were immediately cleaned out by the contracted housekeeping department.

The contracted housekeeping will clean the lint traps out after each use. The Manager of the contracted housekeeping will monitor the dryers daily and will report to the Administrator verbally every week.

The contracted housekeeping manager and the facility Plants Operation Manger will monitor the dryers weekly and randomly to ensure compliance.

See Page 8A of 16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Bobbi Cupp - Administrator* Date *2/21/18*

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

The above plan of correction is approved as of 4/4/18
(Date)

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

Plan of correction implementation status as of 4/4/18
(Date)

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

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APR 04 2018

Violation Report: 44081 - 07/31/2017 - Summers, Vicky
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.106(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 7/31/17, there was an accumulation of lint in both commercial dryers. The lint in the right dryer measured the size of 3 golf balls, located on the bottom of the unit. The lint in the left dryer measured 1/4 inch in the lint trap and multiple pieces of lint on the bottom of the 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.

Within 5 days of receipt of the plan of correction: All staff members responsible for completing laundry services shall be reeducated that lint traps must be checked and emptied after each use. Documentation of the education shall be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bobbi Cisek

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

Bobbi Cisek

Date

4-4-18

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

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FEB 21 2018

WEST VIRGINIA STATE BOARD
Home Care Licensing

Violation Report: 44581 - 07/31/2017 - Summers, Vicky
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 65 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
On 7/31/17, the menus posted on the wall outside of the medication room were for the current week of 7/31/17-8/5/17. There was no menu posted one week in advance.

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.

On July 31, 2017 prior to the licensing inspectors leaving the facility, the Dining Services Director placed the following weeks' menu on the board outside the medication room for all to view.

New menus will and have been posted every two weeks and will continue to be monitored by the Administrator/ Dining Service Director, *at least weekly*

4/4/18

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Bobbi Cupp - Administrator* Date *2/21/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 4/4/18
(Date)

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

Plan of correction implementation status as of 4/4/18
(Date)

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

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FEB 21 2018

WEST PENNSYLVANIA COLLEGE
HUMAN SERVICES DEPARTMENT

Violation Report: 44681 - 07/31/2017 - Summers, Vicky PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW	
1. REGULATION 65 Pa.Code §2600 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.	
2a. DESCRIPTION OF VIOLATION On 7/31/17, there was an unlocked, unattended and accessible bottle of extra strength antacid tablets in the left cabinet above the stove in the activities room.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Includes 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.</i>	
<div style="border: 1px solid black; padding: 10px;"> <p>On July 31, 2017 prior to the licensing inspectors leaving the activities room, the bottle of extra strength antacid tablets were removed from the cabinet and destroyed.</p> <p>The activities person was verbally re-educated the same day by the Administrator on keeping medication in a secure locked cart.</p> <p>In an ongoing effort to stay in compliance, the Administrator/D.O.N. will monitor the cabinets in the activities room weekly for two months, then monthly to ensure there are no medications being stored.</p> </div>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sobbi Cupp</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sobbi Cupp - Administrator</i>	
Date <i>2/21/18</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4/4/18</u> (Date)	Plan of correction implementation status as of <u>4/4/18</u> (Date)
The above plan of correction was approved by <u><i>L</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>A</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

FEB 21 2018

WEST VIRGINIA STATE BOARD OF PHARMACY
Martinsburg, West Virginia

Violation Report: 44681 - 07/31/2017 - Summers, Vicky
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 55 Pa.Code §2800
2800.163(u) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
Resident #1's prescription for Bisacodyl suppository 10 mg was discontinued on 8/26/17; however, on 8/1/17, the medication was still stored in the medication cart.

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.

On August 1, 2017 while the licensing inspectors were going through the cart, the D.O.N. pulled the medication and disposed of it right there.

The Administrator called the house pharmacy and asked for a pharmacy tech to come in on August 2, 2017 and do a cart audit on all residents medication to ensure all medication was in compliance.

The D.O.N. has done a cart audit every two weeks for 2 months and now does a cart audit monthly.

The Administrator/D.O.N. will monitor the carts regularly and will have the pharmacy come in every quarter to ensure cart audits are in compliance.

See Page 11A of 16

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/05/2018 et al

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bobbi Curao - Administrator* Date *8/14/18*

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

The above plan of correction is approved as of 4/4/18 (Date)

The above plan of correction was approved by *P* (initials)

Plan of correction Implementation status as of 4/4/18 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress *X*

Not Implemented

APR 04 2018

Violation Report: 44681 - 07/31/2017 - Summers, Vicky
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 65 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

Resident #1's prescription for Bisacodyl suppository 10 mg was discontinued on 6/26/17; however, on 8/1/17, the medication was still stored in the medication cart.

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.

Immediately: The home shall develop and implement procedures to ensure medications which are discontinued by the prescriber, or for residents no longer residing in the home, are immediately removed from the home. Documentation of the procedures shall be kept. All staff persons qualified to administer medications shall be reeducated on the new procedures. Documentation of the education shall be kept.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 10/05/2016 et al

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

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

Date *4/4/18*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

RECEIVED

FEB 21 2018

WEST VIRGINIA HEALTH SERVICE
HARRISBURG, PENNSYLVANIA

Violation Report: 44881 - 07/31/2017 - Summers, Vicky PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW	
1. REGULATION 55 Pa.Code §2600 2800.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	
2a. DESCRIPTION OF VIOLATION Resident #2 is prescribed the following medications; however, the medications were not available in the home for administration on 8/1/17: - Loperamide 2 mg capsule - take two capsules every four hours as needed - Prochlorperazine 10 mg tablet - take one tablet every six hours as needed On 8/1/17, resident #2's glucometer was not calibrated to the correct date and time.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Resident #2's prn medication was ordered from the house pharmacy on August 1, 2017 and delivered to the facility the same day. Documentation is attached.</p> <p>Resident #2 received a new glucometer that day also and it was monitored and audited every week for 2 months to ensure it is calibrated to the correct date and time by the D.O.N.</p> <p>To stay in compliance with medication and glucometers the D.O.N. will audit glucometers monthly and perform cart audits monthly.</p>	
See Page 12A of 16	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Bobbi Cupp</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bobbi Cupp - Administrator</i> Date <i>2/21/18</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4/4/16</u> (Date)	Plan of correction implementation status as of <u>4/4/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44681 - 07/31/2017 - Summers, Vicky
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.165(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed the following medications; however, the medications were not available in the home for administration on 8/1/17:

- Loperamide 2 mg capsule - take two capsules every four hours as needed
- Prochlorperazine 10 mg tablet - take one tablet every six hours as needed

On 8/1/17, resident #2's glucometer was not calibrated to the correct date and time.

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.

Immediately, then monthly thereafter: A designated staff person qualified to administer medications shall check all medication storage areas to ensure all medications prescribed by the physician are present in the home for administration.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bobbi Cump

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

Bobbi Cump

Date *4/4/18*

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

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

RECEIVED

FEB 21 2018

WEST VIRGINIA HEALTH CARE
HOSPITAL CENTER

Violation Report: 44681 - 07/31/2017 - Summers, Vicky PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW	
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.	
2a. DESCRIPTION OF VIOLATION Resident #2 is prescribed Novolog flexpen syringe - inject 6 units subcutaneously three times daily in addition to sliding scale for coverage before meals. However, from 7/1/17 to 7/31/17, resident #2 did not receive 6 units three times daily. Resident #2 is prescribed Quetiapine Fumarate 25 mg tablet - take one tablet by mouth daily at 12:00 p.m. However, the resident did not receive the medication from 7/16/17 through 7/31/17 because it was not available in the home for administration. Resident #2 is prescribed Quetiapine Fumarate 25 mg tablet - take one half tablet by mouth daily at bedtime. However, the medication was not available in the home and was not administered to the resident on 7/27/17. Resident #3 is prescribed Amitriptyline Besylate 10 mg tablet - take one tablet by mouth daily; however, the medication was not available in the home and was not administered to the resident on 7/19/17 and 7/20/17.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<div style="border: 1px solid black; padding: 10px;"> <p>The D.O.N. immediately called the pharmacy to order all medication that was not in the cart. All medicine was delivered that same day and given to both Resident #2 and resident #3</p> <p>All medication administration staff were re-educated on ordering medication and recording medication by the D.O. N.</p> <p>All staff who pass medication will have the proper training prior to passing medication.</p> <p>To stay within compliance, the D.O.N. will audit medication carts monthly and the pharmacy will come in quarterly to audit carts.</p> </div>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4/4/18</u> (Date)	Plan of correction implementation status as of <u>4/4/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

FEB 21 2018

WEST VIRGINIA UNIVERSITY
FACILITY MANAGEMENT

Violation Report: 44881 - 07/31/2017 - Summers, Vicky PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW	
1. REGULATION 65 Pa.Code §2600 2600.233(b) - A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs: (1) Upon a signal from an activated fire alarm system, heat or smoke detector. (2) Power failure to the home. (3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.	
2a. DESCRIPTION OF VIOLATION The home does not have a statement from the manufacturer, specific to the home, verifying the magnetic locking system on the doors of the home's secured dementia care unit (SDCU) will shut down, and that all doors will open easily and immediately when one or more of the following occurs: (1) Upon a signal from an activated fire alarm system, heat or smoke detector (2) Power failure to the home (3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<div style="border: 1px solid black; padding: 10px;"> <p>The Administrator called the manufacturer that week and had them send over information on the magnetic locking system on the doors.</p> <p>Attached are documents from the manufacturer, RF Technologies stating that all doors unlock upon activation of the automatic sprinkler system or automatic fire detection system</p> <p>To ensure compliance the facility Plant Operations Manager conducts fire drills monthly and will monitor all doors for operation.</p> </div>	
See Page 14A of 16	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (Date)
The above plan of correction was approved by (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 04 2018

Violation Report: 44681 - 07/31/2017 - Summers, Vicky
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600 233(b) - A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs:

- (1) Upon a signal from an activated fire alarm system, heat or smoke detector.
- (2) Power failure to the home.
- (3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

2a. DESCRIPTION OF VIOLATION

The home does not have a statement from the manufacturer, specific to the home, verifying the magnetic locking system on the doors of the home's secured dementia care unit (SDCU) will shut down, and that all doors will open easily and immediately when one or more of the following occurs:

- (1) Upon a signal from an activated fire alarm system, heat or smoke detector
- (2) Power failure to the home
- (3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device

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.

Immediately: A designated staff person shall contact the manufacturer, specific to the home, to obtain a statement that the magnetic locking system on the doors of the home's secured dementia care unit will open easily and immediately when the following occur:

Power failure to the home

Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device

Documentation shall be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bobbi Cooper

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

Bobbi Cooper

Date 4/4/18

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The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

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FEB 21 2018

WEST PENNSYLVANIA COUNTY
HUMAN SERVICES DEPARTMENT

Violation Report: 44081 - 07/31/2017 - Summers, Vicky
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 65 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
There were no directions posted for operating the home's locking mechanism at the door leading from the SDCU enclosed courtyard back into the home.

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.

On August 2, 2017 the Administrator posted directions for operating the homes locking mechanism at the door leading from the SDCU enclosed courtyard back into the home.

Documentation attached of the phrase to use to enter the facility from the outside is attached.

In an effort to stay compliant the Administrator/D.O.N./ Plant Operations Manager will monitor the door weekly to ensure the directions for getting back into the facility are posted.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/05/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robbi Cupp - Administrator* Date *2/21/18*

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(Date)

Plan of correction implementation status as of 4/4/18
(Date)

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(Initials)

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- Not Implemented

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FEB 21 2018

Violation Report: 44681 - 07/31/2017 - Summers, Vicky
PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 65 Pa.Code §2600
2800.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
Direct care staff person A, hired 7/31/15, did not receive any annual training related to dementia care and services.

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.

Direct Care Staff person A, is no longer working at the facility as of April 2017.
Unable to re- educate.

Effective immediately the new Administrator audited all employee files to ensure all employees received and were trained for the year 2016. Audit was completed by August 18, 2017.

As an ongoing effort to stay compliant with staff training, the Administrator has created a spreadsheet for 2017 and forth going on all employees. Once the training has been completed and signed off by the staff member their training will be entered into the spreadsheet on Tabula Pro.

Administrator/D.O.N. will monitor the training each month to ensure all staff have been and continue to be trained.

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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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(Date)

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(Date)

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