



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 21 2017

Ms. Deborah Stetzer  
Administrator  
Walden's View North Huntingdon, OPCO, LLC  
7990 US Route 30  
North Huntingdon, Pennsylvania 15642

RE: Walden's View at North Huntingdon  
License #: 446800

Dear Ms. Stetzer:

As a result of the Department of Human Services' annual licensing inspections on September 26, 2017; September 27, 2017 and September 29, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

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**

PCH Name: Walden's View at North Huntingdon		License Number: 44680
Address: 7990 US Route 30, North Huntingdon, PA 15642		County: Westmoreland
Administrator: Deborah Stetzer		Region: WEST
Legal Entity Name: Walden's View at North Huntingdon OPCO LLC		
Legal Entity Address: 7990 US Route 30, North Huntingdon, PA 15642		
Certificate(s) of Occupancy I-2 01/19/2015 Township of N. Huntingdon		<b>RECEIVED</b>  <b>OCT 19 2017</b>  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 74	Waking Staff: 56
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 09/26/2017: Garvey, Jody; Mulick, Cindy 09/27/2017: Garvey, Jody; Mulick, Cindy 09/29/2017: Garvey, Jody; Mulick, Cindy		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 90 Number of Residents Served: 52 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 15	<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 49 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 22 Have a Physical Disability: 0	

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Violation Report: 44880 - 09/26/2017 - Garvey, Jody  
 PCH Name: Walden's View at North Huntingdon

WEST PENNSYLVANIA FIELD OFFICE  
 Human Services Licensing

1. REGULATION 56 Pa.Code §2600  
 2600.102(l) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION  
 At approximately 11:38 AM, on 09/26/2017, there was no soap in the soap dispenser of the 3rd floor common bathroom.

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 bathroom was immediately corrected on 9/27/2017 with a soap dispenser.
- All common bathroom soap dispensers have been installed. The bathrooms (Common area) will be checked by the Maintenance Director [REDACTED] on a bi-weekly schedule.
- [REDACTED] will keep a documentation log beginning on 10/1/17.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Stetzer* Date *10/18/17*

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

The above plan of correction is approved as of <u>11/22/17</u> (Date)	Plan of correction implementation status as of <u>11/22/17</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE  
Human Services Licensing

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 09/27/2017, the medication cart contained Resident #1's BIsac-Evac 10 mg suppository that was discontinued by physician's order on 03/23/2017.

On 09/27/2017, the medication cart contained Resident #2's Mucinex DM ER 600-30 mg that was discontinued by physician's order.

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 Director of Nursing [redacted] will have a meeting with all medications assistants on October 20<sup>th</sup>, 2017.
- [redacted] will review the policy and regulation on discontinued medications.
- Walden's View will implement the Discontinued Medication Form (See Attachment).
- The Director of Nursing will log the Discontinued Medication sheets in a binder.
- The Director of Nursing [redacted] will sign the document and check that the medication has been removed from the cart and returned to the pharmacy.

Immediately - The administrator or a designee will audit the home's medication storage areas and destroy medications, in accordance with Chapter 2600.183(f), that aren't current or for residents no longer served in the home, including resident #1's and resident #2's medication

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* BB 11/22/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Stetzer*      Date *10/18/17*

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- Fully Implemented
- Partially Implemented - Adequate Progress *BB*
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WEST PENNSYLVANIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 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

The label for resident #1's Melatonin 5 mg does not include instructions for administration.

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 pharmacy has corrected all medication packs on October 13<sup>th</sup>, 2017 to include all regulatory information (See attached).
- The Director of Nursing [REDACTED] will make a monthly audit of the medication packets.
- The Director of Nursing [REDACTED] will log the audits in a binder.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deborah Stetzer</i>	Date <i>10/18/17</i>
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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(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

On 09/26/17 at 11:00 AM and 4:00 PM, the blood glucose readings of 361 and 334 were listed on the Medication Administration Record (MAR) and the glucometer did not have those corresponding readings for Resident #3. On 9/26/17 at 6:00 AM and 09/24/17 at 6:00 AM, the blood glucose readings of 139 and 121 were listed on the MAR and the glucometer did not have those corresponding readings for Resident #3. Between 09/22/2017 and 09/26/2017, the blood glucose readings of 430 and 432 were taken on Resident #3's glucometer and not recorded on the MAR.

On 09/22/2017 at 4:00 PM, the blood glucose reading of 515 was listed on the MAR and the glucometer did not have that corresponding reading for Resident #4. On 09/22/2017, the blood glucose readings of 383 and 312 were taken on Resident #4's glucometer and were not recorded on the MAR.

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 Director of Nursing [redacted] will hold a meeting with all medication assistants on October, 20, 2017 to review blood glucose procedure and regulations.
- The Assistant Director of Nursing/Train the Trainer [redacted] will implement and monitor the Diabetic monitoring sheet weekly, (See Attachment). [redacted] will check the MAR record against the glucometer.
- The Director of Nursing [redacted] will be alerted with any discrepancies.
- Any staff member with discrepancies will be retrained.

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WEST REGION FIELD OFFICE  
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1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 9/20/2017, resident #1 refused to take all prescribed morning and noon medications and the home failed report these refusals to the resident's doctor as required.

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 physician was notified for resident #1 on 9/27/17.
- The Director of Nursing [REDACTED] will hold a meeting with all medication assistants on October 20, 2017 to review medication refusal policy and regulation.
- The medication assistants will print the daily refusal form and complete (See attached).
- The medication assistant will fax the form to the physician for his signature.
- The form will then be kept in the resident chart in the physician order section.

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