



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

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

To operate WALDEN'S VIEW AT NORTH HUNTINGDON  
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 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 100  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 March 16, 2018 until September 17, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446800**

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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: MAR 19 2018**

Deborah Stetzer  
Administrator  
Walden's View North Huntingdon, OPCO, LLC  
7990 Route 30 East  
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' licensing inspection on December 12, 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.

As a result of your facilities recent adjustment of the use of physical space, we are revising your licensed capacity. The revised license indicates a revised license capacity for your facility. The expiration date of license remains unchanged. Your revised licensed in enclosed.

Sincerely,

  
Jacqueline L. Rowe  
Director

Enclosure  
Licensing Inspection Summary

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

|   |   |  |
|---|---|--|
| PCH Name: Walden's View of 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 of North Huntingdon  |   |  |
| Legal Entity Address: 7990 US Route 30, North Huntingdon, PA 15642  |   |  |
| Certificate(s) of Occupancy   |   | FEB 02 2018  |
| C-1<br>03/30/2016<br>North Huntingdon Twp   | I-2<br>01/19/2015<br>North Huntingdon Twp | <small>WESTMORELAND COUNTY<br/>DEPARTMENT OF SENIORS &amp; ASSISTIVE SERVICES</small>  |
| <b>Staffing Hours</b>   |   |  |
| Resident Support: 0   | Total Daily Staff: 94                     | Waking Staff: 71   |
| Type of Inspection: Partial   | BHA Docket Number:                        | Notice: Unannounced  |
| <b>Reason(s) for Inspection(s)</b><br>Interim, Complaint, Incident  |   |  |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b><br>12/12/2017: Garvey, Jody   |   |  |
| <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<br>Number of Residents Served: 63<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 5<br>Number of Hospice Residents in past year: 6 |   | Number of Residents who:<br>Receive Supplemental Security Income: 0<br>Are 60 Years of Age or Older: 59<br>Have Mental Illness: 4<br>Have an Intellectual Disability: 1<br>Have a Mobility Need: 31<br>Have a Physical Disability: 1 |

Deborah Stetzer PCHA, LPN, CDP }  
 [Signature] PCHA, LPN, CDP } 2/1/18

44680-121217

FEB 02 2018

Violation Report: 44680 - 12/12/2017 - Garvey, Jody  
PCH Name: Walden's View of North Huntingdon

1. REGULATION 65 Pa.Code §2600  
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION  
On 12/8/2017 at 7:30 AM, resident # 2 attempted suicide by cutting his/her wrist with a box cutter. The resident was taken to a hospital by ambulance and the wound was treated with stitches. The home did not submit an incident report to the Department until 12/12/17.

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.

- A complete audit was done on all reportable incidents the week on 1/29/18. There were no other issues noted.
- All reportable incidents will be attached to the fax cover sheets.
- All transmissions will be highlighted with the job status and placed in the reportable book.
- The Executive Director (Deb Stetzer) will make a monthly audit and confirm that all faxed items were verified.
- Deb Stetzer will sign a monthly audit sheet to be placed in the reportable book.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deb Stetzer* PCHA, LPN, CDP

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah Stetzer, PCHA, LPN, CDP*      Date *2/1/18*

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

The above plan of correction is approved as of 2/26/18  
(Date)

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

Plan of correction implementation status as of 2/26/18  
(Date)

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

Violation Report: 44680 - 12/12/2017 - Garvey, Jody  
PCH Name: Walden's View of North Huntingdon

FEB 2 2018

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

There were no emergency telephone numbers posted on or near the following telephones:

- Room # 225 both bedside telephones
- Room # 316 black bedside telephone belonging to resident # [REDACTED]

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.

- A complete audit was done on 12/12/17.
- All worn or missing tags from phones were replaced.
- An audit was completed on 1/29/18 to ensure all phones have emergency information.
- A monthly audit will be completed by the Executive Director to ensure all residents have emergency information on their phones.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]* PCHA, LPN, CDP

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

*[Signature]* PCHA, LPN, CDP

Date 2/1/18

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44680 - 12/12/2017 - Garvey, Jody  
PCH Name: Walden's View of North Huntingdon

1. REGULATION 55 Pa.Code §2600  
2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

There was no emergency evacuation diagram posted on the home's 1st floor or 3rd floor.

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.

- Floor plans were obtained from Walden's View architect for accurate demographics.
- Floor plans were taken to Staples to be mounted.
- Two plans will be placed on each level to ensure proper evacuation routes.
- Plans will be mounted on each floor 2/1/18.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deborah Steiner* PCHA, LPN, CDP

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deborah Steiner PCHA, LPN, CDP*      Date *2/1/18*

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The above plan of correction is approved as of *2/26/18*  
(Date)

Plan of correction implementation status as of *2/26/18*  
(Date)

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

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

44680-12/12/2017

FEB 02 2018

PHILADELPHIA DEPARTMENT OF  
HEALTH AND WHOLESALE TRADES

Violation Report: 44680 - 12/12/2017 - Garvey, Jody  
PCH Name: Walden's View of North Huntingdon

1. REGULATION 55 Pa.Code §2600  
2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

2a. DESCRIPTION OF VIOLATION  
The nearest operable smoke detector to resident bedroom # 127 was 32 1/2 feet away.

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 placement of the smoke detector was corrected on 1/30/18. The smoke detector is now compliant with the regulation.
- The maintenance Director [REDACTED] will check the placement of all smoke detectors as part of his monthly audit.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deborah Stetzer*, PCHA, LPN, CDP

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Stetzer PCHA, LPN, CDP* Date *2/1/18*

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

|   |   |
|---|---|
| The above plan of correction is approved as of <i>2/26/18</i><br>(Date)       | Plan of correction implementation status as of <i>2/26/18</i><br>(Date)   |
| The above plan of correction was approved by <i>[Signature]</i><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |