



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 25 2019

Ms. 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's Bureau of Human Services Licensing annual inspection on September 17, 2018 and September 18, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

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 cursive script that reads "Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

**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 NORTH HUNTINGDON OPCO LLC		
Legal Entity Address: 7990 ROUTE 30, NORTH HUNTINGDON, PA 15642		
Certificate(s) of Occupancy C-2 LP 08/19/2002 Dept of L & I		RECEIVED 12/27/18 Western Region Field Office Bureau of Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 94	Waking Staff: 71
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/17/2018: Cutter, Jan 09/18/2018: Cutter, Jan; Evegus, Joseph		
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: 100 Number of Residents Served: 68 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: 6 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 26 Have a Physical Disability: 0	

Deborah Stetzer 10/12/18

Violation Report: 44680 - 09/17/2018 - Cutter, Jan
 PCH Name: WALDEN S VIEW AT NORTH HUNTINGDON

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 9/17/2018 at 10:00 am, the hot water temperature at the sink in the first floor men's common bathroom near the "Arena" measured 123.6 degrees Fahrenheit.

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 hot water tank was turned down on 9/18/18.

at least weekly
 1/15/19 *JW*

The Maintenance Director or designee will complete temperature checks, at alternating locations.

The Maintenance will keep a temperature log in the Administrator's office. Please see attachment of temperature log.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Deb Stetzer*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Deb Stetzer* 12/12/18

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

The above plan of correction is approved as of <u>1/15/19</u> (Date)	Plan of correction implementation status as of <u>1/15/19</u> (Date)
The above plan of correction was approved by <u><i>JW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44680 - 09/17/2018 - Cutler, Jan
 PCH Name: WALDEN S VIEW AT NORTH HUNTINGDON

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 On 9/17/2018, an approximate 10 foot by 10 foot section of concrete in the smoking area to the rear of the building, as well as the path leading to it, were cracked and spalled, creating several areas with a 1/2 inch difference in slabs which poses a tripping hazard for residents.

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 10 foot section of concrete was removed November 21st, 2018.

Due to incimate weather the completion of the concrete work will be in the Spring of 2019.

Immediately: A designated staff person will check the building and the building grounds or yard at least weekly to ensure they are in good repair and free of hazards. Any hazards shall be corrected or reported to the administrator immediately. *JW* 1/15/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deb Stetzer</i>	Date <i>12/12/18</i>
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Violation Report: 44680 - 09/17/2018 - Cutter, Jan
 PCH Name: WALDEN S VIEW AT NORTH HUNTINGDON

1. REGULATION 55 Pa.Code §2600
 2600.102(e) - Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

2a. DESCRIPTION OF VIOLATION
 There are no partitions or doors for the two toilets in the women's common bathroom on the ground 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.

One toilet was removed the week of December 3, 2018.

A decorative furnishing will be placed above where the toilet was to ensure safety.

Within 5 days of receipt of the plan of correction: A designated staff person will check all shared bathrooms to ensure privacy is provided for toilets, showers and bathtubs by partitions or doors. *JW* 1/15/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deb Stetzer* Date *12/12/18*

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Violation Report: 44680 - 09/17/2018 - Cutter, Jan
 PCH Name: WALDEN S VIEW AT NORTH HUNTINGDON

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 On 9/17/2018, at 10:35 am, there was a yellow plastic chain hung across the top of the steps on the second floor stairwell, adjacent to the elevator, blocking the egress to the exit at the bottom of the steps.

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 chain was discarded on 9/18/2018.

The Maintenance Director or designee will monitor all egress as part of daily safety checks. (See attachment).

The regulation will be reviewed at all monthly safety meetings to raise staff safety awareness.

A log of the monthly safety meeting will be kept in the Executive Director's office.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Debi Stetzer* Date *10/12/18*

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Violation Report: 44680 - 09/17/2018 - Cutler, Jan
 PCH Name: WALDEN S VIEW AT NORTH HUNTINGDON

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
 Resident #1's prescription for Acetaminophen 325 mg, take 2 tablets every 4 to 6 hours as needed for pain, was discontinued on 9/14/2018; however, the medication was still in the medication cart on 9/17/2018.

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 medication was removed from the medication cart on 9/18/2018.

The resident received a new card of medication on 9/19/2018.

A complete cart audit was held by the Director of Nursing the week of November first and second. (See Attachment)

A monthly cart audit will be conducted by the Director of Nursing or designee.

Audits will be kept in a log in the Executive Director's office.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/26/2018 ET AL
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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) *Deb Stetzer* Date *10/12/18*

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Violation Report: 44680 - 09/17/2018 - Cutter, Jan
 PCH Name: WALDEN S VIEW AT NORTH HUNTINGDON

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

Resident #1 is prescribed Ipratropium-Albuterol 0.5-3(2.5) mg/3ml, use one unit dose vial via nebulizer every six hours as needed; however, the label indicates 360 Ipratropium-Albuterol 0.5-3mg/3ml, use one unit dose vial via nebulizer every six hours while awake.

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 medication was removed on 9/18/18.

New medication was ordered and replaced with the correct dosage and instruction.

A cart audit was completed the week of November first and second to verify that all medication cards are in compliance with the order.

A monthly cart audit will be conducted by the Director of Nursing or designee to ensure that all medication orders and medications are in compliance. (See Attachment)

Within 5 days of receipt of the plan of correction: All staff qualified to administer medication shall be educated in the required contents of a pharmacy label in accordance with 2600.184a. Documentation of the education shall be kept. *JW* 1/15/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/26/2017 ET AL
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 (Required on EVERY Page) *Deb Stetzer* Date *12/12/18*

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 (Initials)

Plan of correction implementation status as of 1/15/19
 (Date)

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- Partially Implemented - Adequate Progress *JW*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44680 - 09/17/2018 - Cutter, Jan
 PCH Name: WALDEN S VIEW AT NORTH HUNTINGDON

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #2's assessment, dated 4/17/2018, does not include the diagnoses of unspecified atrial fibrillation, arteriosclerotic heart disease of native coronary without angina pectoris, unspecified edema, cellulitis of unspecified part of limb and personal history of methicillin resistant staphylococcus aureus infection as indicated on the medical evaluation, dated 3/27/2018.

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 missing diagnoses were added to the resident's RASP on 9/19/2018. (See attachment.)

A complete audit was done the week of October 1st of all resident charts. (See attachment).

The Executive Director will complete and create a log for all new resident paperwork. (See Attachment)

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Signature of Legal Entity Representative (Required on EVERY Page) *Deb Stelzer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deb Stelzer* Date *10/12/18*

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