



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 THE NEIGHBORHOODS AT WALDEN'S 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

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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. (MAXIMUM CAPACITY)

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40

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 October 15, 2018 until October 15, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446810**

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



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DEPARTMENT OF HUMAN SERVICES

OCT 15 2018

Ms. Pat Casuccio
Administrator
Walden's View North Huntingdon, OPCO, LLC
7990 Route 30 East
North Huntingdon, Pennsylvania 15642

RE: The Neighborhoods at Walden's View
Certificate #: 446810

Dear Ms. Casuccio:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 8, 2018 and September 21, 2018, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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 black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 44681 - - Barry, Courtney 8/8/18
 PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 55 Pa.Code §2800

2800.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

A copy of 55 Pa. Code Chapter 2800 was not posted in a conspicuous and public place in the home.

A full copy of the most recent licensing inspection summaries, dated 7/31/17 and 3/8/18, issued by the Department were not posted in a conspicuous and public place in 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.

Immediately on 8/8/2018, while inspectors were in facility, this Administrator placed inspection summaries dated 7/31/2017 and 3/8/2018 in the Survey Results Binder and placed the Binder in the Common Area of the facility.

This Administrator will ensure that all summaries are in the Inspection Binder and placed in the common area of the facility going forward.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>PAT CASUCCIO</i>	Date <i>8-28-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/4/18</u> (Date) The above plan of correction was approved by <u>JRW</u> (Initials)	Plan of correction implementation status as of <u>10/4/18</u> (Date) <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
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Violation Report: 44681 - Barry, Courtney 8/8/18
 PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. Carbon monoxide detectors were present in the home; however, the detectors do not have the dates of when the batteries were placed in the device and do not have a replace date listed on the devices per the manufacturer's instructions and in accordance with The Care Facility Carbon Monoxide Alarms Standards Act.

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 8/10/2018, Maintenance Director ordered all new Carbon Monoxide Detectors. The Detectors were delivered and the New ones installed on 8/15/2018. with dates and also dates of the batteries.
 Maintenance Director will ensure with monthly checks that the detectors and batteries are in good working order. Please see attached Receipt and Check form.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 44681 - Barry, Courtney 8/8/18
 PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

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
 On 8/8/18, the telephone numbers for emergency management and for the personal care home complaint hotline were not posted nearby the phone located in the Sage Wing dining area.

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 8/8/2018 immediately this administrator placed Emergency numbers on phone in the Sage Dining Room.

Going forward, this administrator will make monthly checks for Emergency numbers placed on all phones. Please see monthly phone check form attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Pat Casuccio*

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Violation Report: 44681 - 8/8/18 - Barry, Courtney
 PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 55 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 On 8/8/18, the middle two windows located in the activities room did not have screens.

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.

All screens placed on all windows on 8/16/2018.

Effective immediately, Maintenance will do monthly check to ensure all screens are in place. Maintenance will ensure and keep monthly screen check is filled in. Maintenance to also ensure all screens are in good repair. Please see attached monthly check forms.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 44881 - 8/8/18 - Barry, Courtney
 PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 On 8/8/18, the bed belonging to resident #3 does not have an operable source of light that can be turned on/off at bedside.

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 8/16/2018 Maintenance Director placed Surge Protector cord on the light at bedside.
 Light is now operable.
 Maintenance to ensure with all new room set up and turn overs, light is at bedside and operable.*

Immediately - All staff will be educated on the importance of bedside lighting and instructed to monitor bedside lighting as part of their regular daily duties.

Immediately - A designated staff person will monitor resident bedrooms at least monthly, to ensure each resident has a source of lighting that can be turned on/off from bedside.

---JRW 10/4/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 44681 - 8/8/18 - Barry, Courtney
 PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 56 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 8/8/18, at approximately 10:20 a.m., the temperature in the freezer in the activities room measured 40 degrees Fahrenheit and at approximately 2:25 p.m. measured 10 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.

Immediately on 8/8/2018, this administrator gave directions to the Activity Director that the freezer was not to be used. On 8/27/2018 New Refrigerator and Freezer was ordered and will be delivered and set up on 8/29/2018. Please see attached receipt.

Activity Director will check temperature of freezer along with temperature of refrigerator daily and log will be kept on the refrigerator for daily checks.

Immediately - A designated staff person will monitor all refrigerators and freezer temperatures daily to ensure food is stored at safe temperatures. -- JRW 10/4/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/31/2017
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Violation Report: 44681 - 8/8/18 - Barry, Courtney
 PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 65 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

The emergency evacuation diagrams, located throughout the home, do not include line of travel to exit doors nor pull signal locations. Additionally, the diagram in the Sage Hall is not oriented correctly to its location in 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 8/27/2018 Architect from Atlantes Architects came in facility and took dimensions to make new emergency evacuation diagrams. These diagrams will be delivered and printed on 8/31/2018.

At that time, all emergency diagrams will be replaced with new ones.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Pat Casuccio

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

PAT CASUCCIO

Date *8/28/18*

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Violation Report: 44681 - 8/8/18 - Barry, Courtney
 PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has not had any of the 4 furnaces inspected within the last 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.

*On 8/10/2018 a Professional Heating Company inspected furnaces.
 Please see attached receipt attached.*

*Maintenance will ensure that yearly furnace inspections are complete going forward and give receipt to Administrator.
 Also this Administrator placed on Tabula Pro Reminders of furnace inspection for the following year.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *PAT CASUCCIO* Date *8-28-18*

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Violation Report: 44681 - 8/8/18 - Barry, Courtney
 PCH Name: THE NEIGHBORHOODS AT WALDEN VIEW

1. REGULATION 55 Pa.Code §2600

2600.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

2a. DESCRIPTION OF VIOLATION

There are no operable fire extinguishers in the attic spaces of 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 8/14/2018 Operable Fire Extinguisher was purchased and placed in the attic spaces.

Maintenance will ensure fire extinguisher is checked yearly

Please see attached Receipt.

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