



**MAILING DATE: April 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 inspection on March 13, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Violation Report



Violation Report: 44680 - 03/13/2019 - Georgoulis, Karen  
 PCH Name: WALDEN S VIEW AT NORTH HUNTINGDON

1. **REGULATION 55 Pa.Code §2600**  
 2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. **DESCRIPTION OF VIOLATION**

The home is required to provide a minimum of 1 hour of personal care services during waking hours for each mobile resident and 2 hours of personal care services during waking hours for each resident with mobility needs. At least 75% of those hours shall be available during waking hours. On 3/10/19, there were 56 residents residing in the home, including 21 residents with mobility needs, 9 residents requiring 2-person assistance for transfers and with 4 of those residents requiring the use of a Hoyer lift. The home was required a total minimum of 77 direct care staffing hours. On this day, only 68.5 hours of direct care staffing hours were provided.

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 to verify residents with mobility needs. No other residents were indentified.

A complete audit of staffing hours since March 10th has been conducted. There were no other deficiencies noted.

Tabula Pro software support was contacted to update difficult transfers and hoyer lifts.

All two person transfers and hoyer lifts will add an additional hour of direct care.

The DON or ADON will review and sign off on the schedule. The ADON will give the daily assignment sheet to the ED to log in a binder in the ED office.

Salary managers will be contacted to fill shifts when staffing is insufficient.

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deborah Stetzer Date 4/23/19

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

The above plan of correction is approved as of 4/25/19 (Date) Plan of correction implementation status as of 4/25/19 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 44680 - 03/13/2019 - Georgoulis, Karen  
 PCH Name: WALDEN S VIEW AT NORTH HUNTINGDON

**1. REGULATION 55 Pa.Code §2600**

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

**2a. DESCRIPTION OF VIOLATION**

The home is required to provide a minimum of 1 hour of personal care services during waking hours for each mobile resident and 2 hours of personal care services during waking hours for each resident with mobility needs. At least 75% of those hours shall be available during waking hours. On 3/10/19, there were 56 residents residing in the home, including 21 residents with mobility needs, 9 residents requiring 2-person assistance for transfers, with 4 of those residents requiring the use of a Hoyer lift. The home was required to provide a minimum of 57.75 direct care staffing hours. On this day, only 49.5 hours of direct care staffing hours were provided.

**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 to verify residents with mobility needs. No other residents were identified.

A complete audit of staffing hours since March 10th has been conducted. There were no other deficiencies found.

Tabula Pro software was contacted to update difficult transfers and hoyer lifts.

All two person assists and hoyer lifts will add an additional hour of direct care. The hours will populate in the Tabula Pro schedule.

The Director of Nursing or Assistant Director of Nursing will review and sign off on the schedule. The Director of Nursing will then give the daily schedule and assignment sheet to the Executive Director to verify. The ED will log the assignments and schedule in a binder in the ED office. The ED will keep a daily list of current and hospitalized residents, to ensure staffing hours exceed the requirement.

Salary managers will be contacted to fill shifts when staffing is insufficient.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Deborah Stetzer* Date *4/23/19*

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The above plan of correction was approved by *ES*  
 (Initials)

Violation Report: 44680 - 03/13/2019 - Georgoullis, Karen  
 PCH Name: WALDEN S VIEW AT NORTH HUNTINGDON

**1. REGULATION 55 Pa.Code §2600**

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

On 3/10/19, the home served 56 residents, including 21 residents with mobility needs, 9 residents requiring 2 persons for assistance to complete a transfer, with 4 of those residents requiring the use of a Hoyer lift. On 3/10/19, during the 2:00 p.m. to 10:30pm shift, only 3 direct care staff persons were working in the home from approximately 2:50 p.m. to 9:50 p.m. During the overnight shift on 3/10/19 to 3/11/19, only 2 direct care staff persons were working in the home between the hours of 10:30 p.m. to 12:40 a.m. and 3 staff between the hours of 12:40 a.m. to 6:00 a.m.

**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 to verify residents with mobility needs. No other residents were identified.

A complete audit of staffing hours since March 10th has been conducted. There were no other deficiencies found.

Tabula Pro software support was contacted to update difficult transfers and hoyer lifts.

All two person assists and hoyer lifts will add an additional hour of direct care. The hours will populate on Tabula Pro.

The Director of Nursing or Assistant Director of Nursing will review and sign off on the schedule. The Director of Nursing will then give the daily schedule and assignment sheet to the Executive Director to verify. The ED will log the assignments and schedule in a binder in the ED office. The ED will keep a daily list of current and hospitalized residents to ensure the staffing hours exceed the requirement.

Salary managers will be contacted to fill shifts when staffing is insufficient.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Stetzer* Date *4/23/19*

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Violation Report: 44680 - 03/13/2019 - Georgoulis, Karen  
 PCH Name: WALDEN S VIEW AT NORTH HUNTINGDON

**1. REGULATION 55 Pa.Code §2600**

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**2a. DESCRIPTION OF VIOLATION**

According interviews and to the home's fire drill record, the fire drills conducted during the past year (12/7/18 through 2/25/19), were conducted between the hours of 5:17 a.m. through 6:13 p.m., when additional staff are present to assist with evacuations, to include ancillary staff from kitchen and housekeeping.

**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.*

An overnight fire drill was held on April 19, 2019 at 1 AM (As per direction from John Kimberlan.)

Three Direct Care Staff participated in the drill.

Time to evacuate was eight minutes, eight seconds.

Ancillary staff that qualify for Direct Care Staff will complete Direct Care training test. Staff will be required to attend yearly training as required. W

Housekeeping will no longer assist in community drills.

Only qualified staff will participate in monthly drills.

Fire drills will be held at random times. ✓

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deborah Stetzer* Date *4/23/19*

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