



**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

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 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 August 6, 2019 until February 6, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446811**

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

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: AUG 08 2019**

Mr. Michael Haas  
President  
Walden's View North Huntingdon, OPCO, LLC  
7990 Route 30  
North Huntingdon, Pennsylvania 15642

RE: The Neighborhoods at Walden's View  
License #: 446811

Dear Mr. Haas:

As a result of the Department's Bureau of Human Services Licensing inspections on April 9, 2019, April 10, 2019 and June 27, 2019 of the above facility, the citations specified on the enclosed violation report were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 446810 dated October 15, 2018 to October 15, 2019 is REVOKED. Additionally, your license dated October 15, 2019 to October 15, 2020 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated October 15, 2019 to October 15, 2020 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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. 2800 must be maintained.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

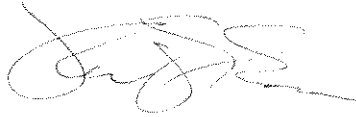
Mr. Haas

2

Shivani Patel, Enforcement Manager  
Human Services Licensing  
Department of Human Services  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kevin Hancock', written over a faint, illegible background.

Kevin Hancock  
Deputy Secretary  
Office of Long-Term Living

Enclosures  
License  
Violation Report

JUN 24 2019

### Violation Report

WESTERN REGION FIELD OFFICE

#### Facility Information

Name: *THE NEIGHBORHOODS AT WALDEN'S VIEW*  
Address: *7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642*  
County: *WESTMORELAND* Region: *WESTERN*

License Number: *446870*

#### Administrator

Name: *Pat Cosuccio* Phone: *7248632600* Email: *LICENSURE@ATHOMEAPPROACH.COM*

#### Legal Entity

Name: *WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC*  
Address: *7990 US ROUTE 30, PA, 15642*

#### Certificate(s) of Occupancy

Type: *1-2* Date: Issued By:

#### Staffing Hours

Resident Support Staff: Total Daily Staff: *64* Waking Staff: *48*

#### Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*  
Reason: *Complaint, Incident*

#### Inspection Dates and Department Representative

*04/09/2019 - On-Site: Laurie Garrigan, Jan Cutter*  
*04/10/2019 - On-Site: Laurie Garrigan, Jan Cutter*

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: *40* Residents Served: *32*

##### Secured Dementia Care Unit

In Home: *Yes* Area: *Entire home* Capacity: *40* Residents Served: *32*

##### Hospice

Current Residents: *8*

##### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *32*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *32* Have Physical Disability: *0*

15a Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Residents #1 and #2 both reside in the secured dementia care unit. On 3/31/19 at approximately 9:54 p.m., resident #1 and resident #2 were found in another bedroom, and resident #2's hand was present on resident #1's penis. However, this incident was not reported to the Area on Aging until 4/10/19.

Residents #1 and #3 both reside in the secured dementia care unit. On 4/2/19 at approximately 2:00 p.m., resident #1 was sitting beside resident #3 in a common area. Resident #3 reached out to hold resident #1's hand and he took it and placed it on his crotch. However, this incident was not reported to the Area on Aging until 4/10/19.

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 all staff received training on abuse and proper reporting guidelines, will be completed within 2 weeks. (Documentation attached)

On an ongoing effort moving forward the administrator will ensure all staff will complete a quiz to determine understanding on material presented on suspected abuse following completion of annual training. The administrator will ensure all suspected abuse is reported immediately orally to area on aging and the written report will be completed within 48 hours.

Immediately: A designated staff person shall review all incidents and conditions on a daily basis to ensure all reports of suspected abuse are immediately reported to Protective Services in accordance with the Older Adult Protective Services Act. 7/18/19

Legal Entity Representative

Signature: Tabatha Linenbiger, PCHA, LPN

Printed Name and Title: Tabatha Linenbiger PCHA, LPN

Date: 6/18/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/18/19 (Date)

Plan of correction implementation status as of 7/18/19 (Date)

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

- Plan of correction implementation status as of 7/18/19 (Date)
[ ] Fully Implemented
[X] Partially Implemented - Adequate Progress
[ ] Partially Implemented - Inadequate Progress
[ ] Not Implemented

JUN 19 2019

15d - Resident Abuse Notification

Regulations:

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

Residents #1 and #2 both reside in the secured dementia care unit. On 3/31/19 at approximately 9:54 p.m., resident #1 and resident #2 were found in another bedroom, and resident #2's hand was present on resident #1's penis. However, the residents' designated persons were not notified of the incident until 4/10/19.

Residents #1 and #3 both reside in the secured dementia care unit. On 4/2/19 at approximately 2:00 p.m., resident #1 was sitting beside resident #3 in a common area. Resident #3 reached out to hold resident #1's hand and he took it and placed it on his crotch. However, the residents' designated persons were not notified of the incident until 4/10/19.

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 all staff retrained on suspected abuse and proper reporting protocol, will be completed within 2 weeks. (documentation attached)

The administrator will immediately notify all designated persons of suspected abuse or neglect involving the resident. Documentation of the notification shall be kept in the resident's record. 7/18/19 [Signature]

Legal Entity Representative

[Signature] PCHA, LPN

Tatasha Linsenbiger PCHA, LPN

6/18/19

Signature

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/18/19 (Date)

Plan of correction implementation status as of 7/18/19 (Date)

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

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

16c - Written Incident Report

Regulations

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Residents #1 and #2 both reside in the secured dementia care unit. On 3/31/19 at approximately 9:54 p.m., resident #1 and resident #2 were found in another bedroom, and resident #2's hand was present on resident #1's penis. However, this incident was not reported to the Department until 4/10/19.

Residents #1 and #3 both reside in the secured dementia care unit. On 4/2/19 at approximately 2:00 p.m., resident #1 was sitting beside resident #3 in a common area. Resident #3 reached out to hold resident #1's hand and he took it and placed it on his crotch. However, this incident was not reported to the Department until 4/10/19.

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 all staff received training on abuse and proper reporting protocol, will be completed within 2 weeks. (documentation attached)

As an ongoing effort the administrator will ensure all staff complete a competency quiz annually following completion of suspected abuse training. The administrator will ensure all suspected abuse is reported immediately orally to adult protective services, written report is completed within 48 hours to adult protective services and written report is completed to BHSL within 24 hours.

Immediately: A designated staff person shall review all incidents and conditions on a daily basis to ensure all reportable incidents and conditions indicated in 2600.16a, to include allegations of abuse/neglect, are reported to the Department within 24 hours. *AM* 7/18/19

Legal Entity Representative

*Tabatha Linsenbigler PCHA, LPN*  
Signature

Tabatha Linsenbigler PCHA, LPN  
Printed Name and Title

8/18/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/18/19  
(Date)

Plan of correction implementation status as of 7/18/19  
(Date)

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

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

42b Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 resides in the secured dementia care unit of the home. The resident has a history of sexually inappropriate behaviors with multiple other residents. In February 2019, the resident suffered a right hip fracture, was hospitalized and then sent to a rehabilitation facility. The resident returned to the home on 3/14/19. A significant change assessment and support plan was completed on 3/18/19; however, does not address the resident's history of sexually inappropriate behaviors, and indicates the resident only requires moderate supervision. According to the resident's progress notes, the resident displayed numerous sexual inappropriate behaviors in the home, to include the following:

- 10/31/18: Psychiatric evaluation ordered for inappropriate sexual behaviors.
- 11/1/18: Resident #1 was in the common area with his pants unzipped and penis out.
- 3/16/19, 3/19/19 and 3/22/19: Resident #1 was verbally aggressive with staff.
- 3/31/19 at approximately 2:00 p.m.: Resident #1 found in his room with resident #2, engaging in an oral sex activity. Resident #1's penis was exposed and resident #2's head was on his lap.
- 3/31/19 at approximately 9:54 p.m.: Resident #1 and resident #2 were found in another bedroom, and resident #2's hand was present on resident #1's penis.
- 4/2/19 at approximately 2:00 p.m.: Resident #1 was sitting beside resident #3 in a common area. Resident #3 reached out to hold resident #1's hand, and he took it and placed it on his crotch.

The resident's supervision was not increased until 3/31/19, when 15-minute checks were implemented. The home failed to properly supervise resident #1 in response to increased behaviors.

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.)

Resident #1 received home health services for psych. from 10/31/19-12/29/18, upon returning to facility on 3/18/19 resident #1 started home health SN, PTOT and psych. services.

Immediately resident #1 psych. nurse and MD notified, resident #1 on 15 minute checks starting on 3/31/19 and continue with no further inappropriate behaviors reported since last report. Following recommendation of MD and family approval resident #1 started on medication on 4/12/19. Staff received training on suspected abuse and proper reporting protocol.

As an ongoing effort the administrator will ensure all staff are educated on suspected abuse and ensure all staff understand proper and timely reporting, all staff will complete a competency quiz annually.

By 7/29/19: All staff will be educated by Gallagher Home Health on in depth abuse training, which includes proper redirection techniques and identifying triggers for residents and staff. 7/18/19

The home has implemented new procedures for the prevention of inappropriate behaviors, which includes immediate notification to the administrator/ADON, as well as a new assessment tool to identify the need for increase supervision and checks. 7/18/19

Legal Entity Representative

Signature *Tabatha Linsenbiger* PCHA, LPN

Printed Name and Title  
Tabatha Linsenbiger PCHA, LPN

Date  
8/18/19

42b - Abuse (continued)

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 7/18/19 Plan of correction implementation status as of 7/18/19  
 (Date) (Date)

The above plan of correction was approved by AM  
 (Initials)

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

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JUN 9 2019

WALDEN'S NEIGHBORHOODS  
 11111 WALDEN DRIVE  
 WASHINGTON, DC 20004

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted to the home's secured dementia care unit on 6/27/18; however, the resident's preadmission screening is undated, so it is unable to be determined when it was completed. Also, the resident's preadmission screening does not include a determination that the home can meet the resident's needs. This section of the form is blank.

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.)

Resident #2's preadmission screening was updated to include the date of completion, as well as a determination the home can meet the resident's needs. 6/17/19

Immediately all residents preadmission forms are being audited for accuracy by the administrator and ADON, will be completed within 2 weeks. (see attached documentation)

In an ongoing effort to ensure continued compliance the administrator and ADON will randomly pull charts monthly to ensure all forms are completed entirely and current.

Legal Entity Representative

Tabatha Linaenbigler PCHA, LPN  
Signature

Tabatha Linaenbigler PCHA, LPN  
Printed Name and Title

6/18/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/18/19  
(Date)

Plan of correction implementation status as of 7/18/19  
(Date)

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

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

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

In February 2019, resident #1 suffered a right hip fracture, was hospitalized and then sent to a rehabilitation facility. The resident returned to the home on 3/14/19. A significant change assessment and support plan was completed on 3/18/19; however, does not address the resident's history of sexually inappropriate behaviors, and indicates the resident only requires moderate supervision. According to the resident's progress notes, the resident displayed numerous sexual inappropriate behaviors in the home, to include the following:

- 10/31/18: Psychiatric evaluation ordered for inappropriate sexual behaviors.
- 11/1/18: Resident #1 was in the common area with his pants unzipped and penis out.
- 3/16/19, 3/19/19 and 3/22/19: Resident #1 was verbally aggressive with staff.
- 3/31/19 at approximately 2:00 p.m.: Resident #1 found in his room with resident #2, engaging in an oral sex activity. Resident #1's penis was exposed and resident #2's head was on his lap.
- 3/31/19 at approximately 9:54 p.m.: Resident #1 and resident #2 were found in another bedroom, and resident #2's hand was present on resident #1's penis.
- 4/2/19 at approximately 2:00 p.m.: Resident #1 was sitting beside resident #3 in a common area. Resident #3 reached out to hold resident #1's hand, and he took it and placed it on his crotch.

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.)

Updated RASP was completed on resident #1 per department request on 4/12/19.

Immediately all residents support plans are being audited by administrator and ADON for accuracy, and will be completed within 2 weeks. (see attached documentation)

Moving forward to ensure continued compliance the ADON will review and sign off verifying the completed support plans accurately reflect assessment completed by the administrator.

The home has implemented new procedures in which resident assessments will immediately be updated after daily report from direct care staff. 2/1/18/19

Legal Entity Representative

Tabatha Linsenbiger PCHA, LPN  
Signature

Tabatha Linsenbiger PCHA, LPN  
Printed Name and Title

8/18/19  
Date

225c - Additional Assessment (continued)

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of	<u>7/18/19</u> (Date)	Plan of correction implementation status as of	<u>7/18/19</u> (Date)
The above plan of correction was approved by	<u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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JUN 24 2019

WALDEN NEIGHBORHOODS ASSOCIATION  
COMMUNITY DEVELOPMENT DEPARTMENT

234a Admission Support Plan

Regulations

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #4's most recent support plan, dated 9/7/18, does not include the date of admission.

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.)

Although resident #4 CTB at the facility on 4-9-19, the support plan was pulled from the discharged chart and admission data was updated.

Immediately all residents support plans are being audited by administrator and ADON for accuracy, will be completed within 2 weeks. (see attached documentation)

In an ongoing effort to ensure continued compliance the ADON will review support plans once completed by the administrator to ensure all forms are completed entirely and current.

Legal Entity Representative

Tabatha Lineenbigler PCHA, LPN  
Signature

Tabatha Lineenbigler PCHA, LPN  
Printed Name and Title

8/19/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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(Date)

Plan of correction implementation status as of 7/18/19  
(Date)

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

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

JUL 17 2019

### Violation Report

WEST REGION FIELD OFFICE  
Human Services Licenses

#### Facility Information

Name: *THE NEIGHBORHOODS AT WALDEN'S VIEW* License Number: *44681*  
 Address: *7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642*  
 County: *WESTMORELAND* Region: *WESTERN*

#### Administrator

Name: *Tabatha Linsenbigler* Phone: *7248632600* Email: *LICENSURE@ATHOMEAPPROACH.COM*

#### Legal Entity

Name: *WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC*  
 Address: *7990 US ROUTE 30, NORTH HUNTINGDON, PA, 15642*

#### Certificate(s) of Occupancy

Type: *1-2* Date: Issued By:

#### Staffing Hours

Resident Support Staff: Total Daily Staff: *58* Working Staff: *44*

#### Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*  
 Reason: *Incident, Monitoring, Interim*

#### Inspection Dates and Department Representative

*06/27/2019 - On-Site: Laurle Garrigan, Desmond Grace*

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: *40* Residents Served: *29*

##### Secured Dementia Care Unit

In Home: *Yes* Area: *Entire home* Capacity: *40* Residents Served: *29*

##### Hospice

Current Residents: *5*

##### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *29*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *29* Have Physical Disability: *0*

RECEIVED

JUL 17 2019

THE NEIGHBORHOODS AT WALDEN'S VIEW

44681

## 42b - Abuse

## Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

The entire home is licensed as a secured dementia care unit. Resident #1 has a history of sexually inappropriate behaviors with multiple other residents. According to the home's progress notes, the resident has displayed numerous sexual inappropriate behaviors in the home, to include the following:

- 10/31/18: Psychiatric evaluation ordered for inappropriate sexual behaviors.
- 11/1/18: Resident #1 was in the common area with his pants unzipped and penis out.
- 3/16/19, 3/19/19 and 3/22/19: Resident #1 was verbally aggressive with staff.
- 3/31/19 at approximately 2:00 p.m.: Resident #1 found in his room with resident #2, engaging in an oral sex activity. Resident #1's penis was exposed and resident #2's head was on his lap.
- 3/31/19 at approximately 9:54 p.m.: Resident #1 and resident #2 were found in another bedroom, and resident #2's hand was present on resident #1's penis.
- 4/2/19 at approximately 2:00 p.m.: Resident #1 was sitting beside resident #3 in a common area. Resident #3 reached out to hold resident #1's hand, and he took it and placed it on his crotch.
- 4/15/19 at 6:15 p.m.: Resident #1 was sitting in the doorway of his room waving to a female resident and said, "Come in.", the female resident refused.
- 4/15/19 at 7:25 p.m.: A staff member witnessed resident #1 grab a female resident's hand in the common area. The female resident said "No, let me go."
- 5/2/19 at approximately 8:00 a.m.: A staff member was walking past resident #1's room and saw a pink shirt in his bathroom with him. The staff member observed resident #2's hands in resident #1's genital area. When staff asked what was going on, resident #1 quickly pulled up his pants and said "nothing" and resident #2 quickly moved her hands.
- 6/15/19 at 10:18 p.m.: Resident #1 was found in the common area putting a female resident's hand on his crotch.
- 6/18/19 at 6:40 p.m.: Resident #1 and resident #4 were in the country store when a staff member witnessed resident #1 touch resident #4's vaginal area over her nightgown.

Resident #1 was placed on 15 minute checks on 3/31/19; however, the sexual inappropriate behaviors continued. The resident was then placed on 5 minute checks on 6/16/19. Another incident of sexual inappropriate behaviors occurred on 6/18/19; however, the resident was not issued a 30-day notice until 6/26/19, indicating the home can no longer meet resident #1's needs. The home failed to properly supervise resident #1 in response to increased sexual behaviors.

## 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.)

Resident #1 was notified of 30 day notice via telephone conversation on 6/21/19 and formally issued a 30 day notice on 6/26/19 and immediately on 6/27/19 as a precaution to prevent any further incidents resident #1 was placed on 1 on 1 during waking hours until completion of move out. Resident #1 showed no further sexual behaviors or thoughts during this time, resident #1 was sent to the hospital on 7/13/19 and admitted for an unrelated diagnosis and will not be returning to current facility, will be discharged from the hospital to another PCH community. (see attached documentation).

Please see attached documentation for continuation of POC

See Page 2A of 5

POC cont. for 2600.42.b

In an ongoing attempt to stay in compliance and prevent any form of abuse, staff will be educated by Gallagher home health to provide in depth abuse training, staff will learn proper redirection techniques, different identifying triggers for both residents and staff on abuse and proper documentation, scheduled training on 7/29/19. DCS will provide 15min checks x3days on the following; new admission, fall or hospital visit and medtech will chart every shift x3days. DCS provide 2 hour checks on all residents within the home to provide incontinence care and any other needs, DCS will immediately report any behaviors to the medtech, the medtech will immediately report any increase in behavior on any resident to ADON or administrator. The administrator will develop an assessment tool utilized by herself or ADON when behaviors are reported to determine if frequency of checks need to be implemented, the ADON and administrator will notify MD after each identified behavior and will consult psych. Or medications as ordered by MD and the assessment plan shall be updated. The administrator or ADON will reassess any behaviors following an increase in checks and determine if frequency of checks need decreased or increased. If behaviors continue the administrator/ADON will continue to increase checks and determine if the home can meet the needs of the resident, if the home cannot meet the needs of the resident due to behaviors that cannot be managed with increase checks, medication or psych services(as ordered by MD) the home shall issue a 30day notice. DCS will be trained on new policy within 30 days.

Within 15 days of receipt of the plan of correction: All direct care staff persons shall be educated on the new reporting requirements to the med techs of any new behaviors, and all med techs shall be educated on their immediate reporting of all behaviors to the administrator and/or ADON. Documentation of the education shall be kept. 7/18/19

Tabatha Linsenberg PCHA, LPN

7/17/2019

*Tabatha Linsenberg PCHA, LPN*

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JUL 17 2019

WEST REGION FIELD OFFICE  
Human Services Licensing

THE NEIGHBORHOODS AT WALDEN'S VIEW

44681

42b - Abuse (continued)

Legal Entity Representative

*Tabatha Linsenbglar, PCHA, LPN*  
Signature

Tabatha Linsenbglar PCHA, LPN  
Printed Name and Title

7/17/2019  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of 7/18/19  
(Date)

Plan of correction implementation status as of 7/18/19  
(Date)

The above plan of correction was approved by TL  
(Initials)

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

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## 225c - Additional Assessment

## Regulations

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

## Description of Violation

Resident #1 has a history of sexually inappropriate behaviors with multiple other residents. According to the home's progress notes, the resident has displayed numerous sexual inappropriate behaviors in the home, to include the following:

- 10/31/18: Psychiatric evaluation ordered for inappropriate sexual behaviors.
- 11/1/18: Resident #1 was in the common area with his pants unzipped and penis out.
- 3/16/19, 3/19/19 and 3/22/19: Resident #1 was verbally aggressive with staff.
- 3/31/19 at approximately 2:00 p.m.: Resident #1 found in his room with resident #2, engaging in an oral sex activity. Resident #1's penis was exposed and resident #2's head was on his lap.
- 3/31/19 at approximately 9:54 p.m.: Resident #1 and resident #2 were found in another bedroom, and resident #2's hand was present on resident #1's penis.
- 4/2/19 at approximately 2:00 p.m.: Resident #1 was sitting beside resident #3 in a common area. Resident #3 reached out to hold resident #1's hand, and he took it and placed it on his crotch.
- 4/15/19 at 6:15 p.m.: Resident #1 was sitting in the doorway of his room waving to a female resident and said, "Come in.", the female resident refused.
- 4/15/19 at 7:25 p.m.: A staff member witnessed resident #1 grab a female resident's hand in the common area. The female resident said "No, let me go."
- 5/2/19 at approximately 8:00 a.m.: A staff member was walking past resident #1's room and saw a pink shirt in his bathroom with him. The staff member observed resident #2's hands in resident #1's genital area. When staff asked what was going on, resident #1 quickly pulled up his pants and said "nothing" and resident #2 quickly moved her hands.
- 6/15/19 at 10:18 p.m.: Resident #1 was found in the common area putting a female resident's hand on his crotch.
- 6/18/19 at 6:40 p.m.: Resident #1 and resident #4 were in the country store when a staff member witnessed resident #1 touch resident #4's vaginal area over her nightgown.

Resident #1's most recent assessment, dated 4/12/19, indicates the resident only requires moderate supervision while in the home and is on 15 minute checks for his sexually inappropriate behaviors; however, 5 minute checks were implemented on 6/16/19, which is not indicated on the resident's assessment.

## 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 updated information on resident #1's assessment plan was updated immediately on 6/27/19. Resident #1 received verbal 30 day notice via telephone conversation with POA on 6/21/19 and formal written notice on 6/23/19. On 6/27/19 resident #1 was immediately placed on 1 on 1 to prevent any further incidents until completion of 30 day notice. Resident #1 showed no further behaviors or thoughts during this time. Resident #1 was sent to the hospital on 7/13/19 and admitted with unrelated diagnosis, resident #1 will not be returning to current community, will be discharged from hospital to another PCH community (see attached documentation) in an ongoing effort to maintain compliance the ADDN and administrator will ensure the current assessment plans of all residents are updated in accordance to meet the needs of the resident and when changes occur. The ADDN and administrator will receive report daily from DCS to ensure all assessment plans are updated as needed.

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225c - Additional Assessment (continued)

Legal Entity Representative

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Signature

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Printed Name and Title

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