



**MAILING DATE: October 16, 2019**

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

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

Dear Mr. Haas:

As a result of the Department's Bureau of Human Services Licensing inspection on August 28, 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,

Janine Wenzig  
Human Services Licensing Supervisor

Enclosure  
Violation Report

RECEIVED

OCT 11 2019

## Violation Report

WEST REGION FIELD OFFICE  
Human Services Licensing

<b>Facility Information</b>		WEST REGION FIELD OFFICE Human Services Licensing	
Name: <i>THE NEIGHBORHOODS AT WALDEN'S VIEW</i>		License Number: <i>44681</i>	
Address: <i>7990 US ROUTE 30,, NORTH HUNTINGDON, PA 15642</i>			
County: <i>WESTMORELAND</i>		Region: <i>WESTERN</i>	
<b>Administrator</b>			
Name: <i>Tabatha Linsinbigler</i>		Phone: <i>7248632600</i>	Email: <i>MIKE@WALDENVIEWCAPITAL.COM</i>
<b>Legal Entity</b>			
Name: <i>WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC</i>			
Address: <i>7990 US ROUTE 30, NORTH HUNTINGDON, PA, 15642</i>			
<b>Certificate(s) of Occupancy</b>			
Type: <i>1-2</i>	Date:	Issued By:	
<b>Staffing Hours</b>			
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>60</i>	Waking Staff: <i>45</i>	
<b>Inspection</b>			
Type: <i>Partial</i>	BHA Docket #:	Notice: <i>Unannounced</i>	
Reason: <i>Complaint/Incident</i>			
<b>Inspection Dates and Department Representative</b>			
<i>08/28/2019 - On-Site: Debora McConnell, Desmond Grace</i>			
<b>Resident Demographic Data as of Inspection Dates</b>			
<b>General Information</b>			
License Capacity: <i>40</i>		Residents Served: <i>30</i>	
<b>Secured Dementia Care Unit</b>			
In Home: <i>Yes</i>	Area: <i>Facility</i>	Capacity: <i>40</i>	Residents Served: <i>30</i>
<b>Hospice</b>			
Current Residents: <i>na</i>			
<b>Number of Residents Who:</b>			
Receive Supplemental Security Income: <i>0</i>		Are 60 Years of Age or Older: <i>30</i>	
Diagnosed with Mental Illness: <i>0</i>		Diagnosed with Intellectual Disability: <i>0</i>	
Have Mobility Need: <i>30</i>		Have Physical Disability: <i>0</i>	

THE NEIGHBORHOODS AT WALDEN'S VIEW

44681

60a - Staff/Support Plan

Regulations

2600.

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

Description of Violation

The home routinely schedules only 2 staff persons on the 10:00 pm-6:00 am shift. In the event of an emergency evacuation, the home's staffing is inadequate to meet the physical and supervision needs of the residents. The home serves 30 residents in and the entire home is a licensed secured dementia unit (SDCU). Residents #1, #2, #3 and #4 are assessed as physically immobile, needing 2-person assistance in transferring.

In the event of an emergency evacuation, residents of the SDCU would be unsupervised while residents #1, #2, #3 and #4 are assisted in transferring by the 2 staff persons on duty.

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.)

Overnight fire drill done on 10/4/19 at 6:31am with 5 staff members in the building (1 trainee, 3 RCA's and RCC arrived at facility at 5:30am to ensure trainee comfortable and understanding of job description) staff completed evacuating residents to fire safe areas in 2 minutes and 37 seconds. Overnight fire drill done on 4/18/19 at 1:03am with with 3 staff members present in facility, evacuation to fire safe areas in 5 minutes and 19 seconds. Per fire expert, the home has 13 minutes to evacuate to fire safe areas/outside of the building.

Moving forward to stay within compliance and to meet the needs of the residents 3 staff members will be scheduled for 10p-6:30am. Once the staff schedule is completed by the RCC, the administrator will review the schedule and initial off verifying 3 staff members are scheduled for 10p-6:30am. In the event of call off and coverage is unable to be obtained the RCC and/or administrator will fill the shift to ensure compliance and meet the needs of the residents.

IBy 10/30/19- A designated staff person will review the staffing schedule daily and the administrator will review the staffing schedule at least weekly, to ensure staffing needs, including transferring and supervision needs of residents, are sufficient at all times to meet residents' needs based on the residents' assessments and support plans. --JRW 10/11/19

Legal Entity Representative

*Tabetha Linsanbiger* PCHA, LPN  
Signature


Tabetha Linsanbiger PCHA, LPN  
Printed Name and Title

10/11/2019  
Date

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

The above plan of correction is approved as of 10/11/19  
(Date)

Plan of correction implementation status as of 10/11/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

THE NEIGHBORHOODS AT WALDEN'S VIEW

44681

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At 10:45 am., there was a hole measuring approximately 6" x 3" in the screen of the window to the right of the emergency exit door in the Sage Hall dining room.

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.)

Screen fixed by maintenance on 8/29/2019, please see attached pictures with timestamp. Please see attached document that will be completed weekly to ensure facility is in compliance with 2600.92

A weekly walk through will be completed and documentation will be kept by maintenance, RCC or the administrator. If any issues are found during the walk through a maintenance request form will be filled out and the issue will be resolved, maintenance will sign off once completing request.

Legal Entity Representative

*Tabatha Linsenbaker* PCHA, LPN  
Signature


Tabatha Linsenbaker PCHA, LPN  
Printed Name and Title

10/11/2019  
Date

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