

Department of Human Services
Bureau of Human Service Licensing

October 8, 2020

MICHAEL HAASS, PRESIDENT
WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
7990 ROUTE 30
NORTH HUNTINGDON, PA 15642

RE: WALDEN'S VIEW AT NORTH
HUNTINGDON
7990 US ROUTE 30
NORTH HUNTINGDON, PA, 15642
LICENSE/COC#: 44680

Dear Mr. Haass,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/30/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jason Williams

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: WALDEN'S VIEW AT NORTH HUNTINGDON License #: 44680 License Expiration Date: 09/17/2020
 Address: 7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642
 County: WESTMORELAND Region: WESTERN

Administrator

Name: Jennifer Marglotti Phone: 7248632600 Email: jennifer.float@waldensviewseniorliving.com

Legal Entity

Name: WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
 Address: 7990 ROUTE 30, NORTH HUNTINGDON, PA, 15642
 Phone: 7248632600 Email: MIKE@WALDENSVIEWCAPITAL.COM

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/19/2002 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 104 Waking Staff: 78

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint,Incident Exit Conference Date: 07/30/2020

Inspection Dates and Department Representative

07/30/2020 - On-Site: Jan Cutter

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 80

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 24 Have Physical Disability: 0

Inspections / Reviews

07/30/2020 - Partial

Lead Inspector: Jan Cutter Follow-Up Type: POC Submission Follow-Up Date: 09/20/2020

Inspections / Reviews *(continued)*

9/22/2020 - POC Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *Document Submission*Follow-Up Date: *09/25/2020*

10/8/2020 - Document Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

- 23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's assessment and support plan, dated 2/28/2020, indicates that she is non-weight bearing and requires the use of a mobility device (Hoyer Lift) for all transfers. However, on 7/16/2020, resident #1 was transferred twice without the use of the Hoyer Lift as required. Direct care staff A and B transferred resident #1 from her wheelchair to the shower chair by "lifting her under her arms and pivoting her with most of the weight on us". Then around 2:30 pm direct care staff A and B again transferred resident #1 from her recliner to her wheelchair with out the use of the Hoyer Lift so that she could have a window visit in the dining room with her family.

Plan of Correction

Accept

- 1. Staff A&B were placed on supervision on 7-16-2020 to guarantee they are using the hoyer lift during all transfers*
- 2. Direct care staff were re-educated 7-29-2020 on the importance of using a hoyer lift, and meeting the needs of the resident as described in the pre-admission screening form , assessment and support plan.*
- 3. Director of Resident Care and Administrator will walk the hallways daily to ensure DCS is staying compliant with using the hoyer lift and practicing resident and staff safety*

Completion Date: 09/18/2020

Document Submission

Implemented

Please see attachment on 9/17/2020