

Department of Human Services
Bureau of Human Service Licensing

April 7, 2021

██████████ ADMINISTRATOR
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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/23/2020 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 - PUBLIC**

Facility Information

Name: WALDEN'S VIEW AT NORTH HUNTINGDON **Licen e #:** 44680 **Licen e Expiration Date:** 09/17/2021
Addr e : 7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642
County: WESTMORELAND **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7248632600 **Email:** [REDACTED]

Legal Entity

Name: WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
Address: 7990 ROUTE 30, NORTH HUNTINGDON, PA, 15642
Phone: 7248632600 **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 117 **Waking Staff:** 88

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 12/23/2020

Inspection Dates and Department Representative

12/23/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 84

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:** 82
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 33 **Have Physical Disability:** 1

Inspections / Reviews

12/23/2020 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/06/2021

Inspections / Reviews *(continued)*

2/16/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *02/18/2021*

3/29/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/31/2021*

4/7/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

- 15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 12/1/2020 at approximately 4:00 pm, direct care staff person A banged resident #1's wheelchair against ■■■ walker as resident #1 attempted to return to ■■■ room from the hallway. Then direct care staff person A grabbed resident #1 by the right forearm and pulled ■■■ down into the wheelchair and wheeled resident #1 down the hall to the spa room. Resident #1 verbalized that ■■■ did not want to get a shower or bath, stating that ■■■ had already washed ■■■ at the sink. Direct care staff person A told ■■■ that ■■■ stinks and ■■■ hair is crusty. Resident #1 received a bruise on ■■■ right forearm. Direct care staff A was not suspended until ■■■ at 4:40 pm.

Plan of Correction

Accept

Staff member A was suspended on ■■■ and there after terminated as soon as the resident notified me of the incident that occurred on 12/1/2020. And Staff B was reeducated of ■■■ responsibility as a mandated reporter to report immediately if ■■■ witnesses suspected abuse on 12/2/2020. Then again 2/3/2021 with All Direct Care Staff were reeducated on residents rights and the right to refuse. And if another staff member witnesses suspected abuse physically ,verbally or of any other kind it must be reported to the supervisor Immediately. Due to time frames and steps for reporting in a timely manner. And no type of verbal or physical abuse is acceptable. Resident #1 Rasp was update on the addendum page concerning ■■■ bathing preference. See attached

Completion Date: 02/03/2021

Document Submission

Implemented

SEE ATTACHMENT

15d - Resident Abuse-Notification

1. Requirements

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.

15d - Resident Abuse-Notification (continued)

Description of Violation

On 12/1/2020 at approximately 4:00 pm, direct care staff person A banged resident #1's wheelchair against ■■■ walker as resident #1 attempted to return to ■■■ room from the hallway. Then direct care staff person A grabbed resident #1 by the right forearm and pulled ■■■ down into the wheelchair and wheeled resident #1 down the hall to the spa room. Resident #1 verbalized that ■■■ did not want to get a shower or bath, stating that ■■■ had already washed ■■■ at the sink. Direct care staff person A told ■■■ that ■■■ stinks and ■■■ hair is crusty. Resident #1 received a bruise on ■■■ right forearm. Direct care staff A was terminated on ■■■. This allegation of abuse was not immediately reported to the resident's designated person.

Plan of Correction

Accept

Staff member A was suspended and later terminated. Resident #1 family was notified immediately on 12/2/20 when the incident was brought to my attention by resident #1 and verified by staff member B. Staff member B was reeducated to report any suspicion of suspected abuse immediately to any member of the management team or supervisor on duty. So that AAA, DHS and the residents designee can be notified within the appropriate time frame. We then reviewed 2600.15d

Completion Date: 02/03/2021

Document Submission

Implemented

SEE ATTACHMENT

16c - Written Incident Report

1. Requirements

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

On 12/1/2020 at approximately 4:00 pm, direct care staff person A banged resident #1's wheelchair against ■■■ walker as resident #1 attempted to return to ■■■ room from the hallway. Then direct care staff person A grabbed resident #1 by the right forearm and pulled ■■■ down into the wheelchair and wheeled resident #1 down the hall to the spa room. Resident #1 verbalized that ■■■ did not want to get a shower or bath, stating that ■■■ had already washed ■■■ at the sink. Direct care staff person A told ■■■ that ■■■ stinks and ■■■ hair is crusty. Resident #1 received a bruise on ■■■ right forearm. Direct care staff A was terminated on ■■■. This allegation of abuse was not reported to the Department until 12/2/2020 at 4:40 pm.

16c - Written Incident Report (*continued*)**Plan of Correction****Accept**

Staff member A was terminated. All other direct care staff members were educated on Residents rights, Residents rights, Residents rights to refuse and all types of abuse. Please see attached training. Staff member B who had witnessed the Incident on 12/1/20 and was reeducated on 12/2/20 the importance of reporting Immediately the day of the incident. All other staff were reeducated again on the importance of reporting immediately.

Completion Date: 02/03/2021

Document Submission**Implemented**

SEE ATTACHMENT

42b - Abuse

1. Requirements

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

On 12/1/2020 at approximately 4:00 pm, direct care staff person A banged resident #1's wheelchair against █ walker as resident #1 attempted to return to █ room from the hallway. Then direct care staff person A grabbed resident #1 by the right forearm and pulled █ down into the wheelchair and wheeled resident #1 down the hall to the spa room. Resident #1 verbalized that █ did not want to get a shower or bath, stating that █ had already washed █ at the sink. Direct care staff person A told █ that █ stinks and █ hair is crusty. Resident #1 received a bruise on █ right forearm. Direct care staff A was terminated on █

Plan of Correction**Accept**

Staff member A was terminated. All Direct Care Staff were reeducated of a residents right to refuse and on types of abuse that can occur and If they witness any of these it must be reported immediately, if a staff member is accused by a resident or co-worker. The Staff member will be suspended immediately upon reporting and investigation resulting in possible termination of Employment Direct Care were reeducated to review the residents care plans specific to each resident. And what is considered abuse.

Completion Date: 02/03/2021

Document Submission**Implemented**

SEE ATTACHMENT