

Department of Human Services  
Bureau of Human Service Licensing

April 15, 2021

██████████ 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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/10/2021, 03/11/2021, 03/17/2021, 03/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jon Kimberland

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      **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:** 100      **Waking Staff:** 75

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 03/24/2021

**Inspection Dates and Department Representative**

03/10/2021 - On-Site: [REDACTED]  
 03/11/2021 - Off-Site: [REDACTED]  
 03/17/2021 Off Site [REDACTED]  
 03/22/2021 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**Licen e Capacity:** 100      **Re ident Served:** 81

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Residents:** 5

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 78  
**Diagnosed with Mental Illness:** 3      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 19      **Have Physical Disability:** 1

## Inspections / Reviews

03/10/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/05/2021*

4/7/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/09/2021*

4/12/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/16/2021*

4/15/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 141b1 - Annual Medical Evaluation

## 1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

*Resident #2's documentation of medical evaluation, dated 2/6/21 is not signed by the medical professional and does not indicate the medical professional's license number.*

**Plan of Correction****Do Not Accept**

*Resident #2 Medical evaluation was signed by the MD and had not been placed in [REDACTED] chart. Myself and the DON will be sure all DME are signed and have the MD license number on then placed in the charts.*

**Completion Date:** 02/09/2021

**Plan of Correction****Accept**

*Resident #2 Medical evaluation was signed by the MD and had not been placed in [REDACTED] chart. Director of Nursing will do an audit of all Medical Evaluations to be sure they are signed and have the MD license number on then when placed in the charts. Then I [REDACTED] LPN/Administrator will double check [REDACTED] audit. When completing Annual / Change of Condition Medical Evaluations we will double check each others Medical Evaluations when completed. Please see attached form that will be used to complete the Audit.*

**Completion Date:** 03/10/2021

**Document Submission****Implemented**

SEE ATTACHED

## 183f - Discontinued Medications

## 1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

183f - Discontinued Medications (*continued*)**Description of Violation**

On 2/23/21 direct care staff person A destroyed resident #1's medications to include multiple doses of:

Amlodipine Besylate 10mg Tablet

Atenolol 50mg Tablet

Atorvastatin Calcium 80mg Tablet

Carbamazepine 100mg Chewable Tablet

Carbidopa-Levodopa 25-100 Tablet

Clopidogrel 75mg Tablet

Diclofenac Sodium DR 50mg Tablet

Folic Acid 1mg Tablet

Hydrochlorothiazide 25mg Tablet

Losartan Potassium 100mg Tablet

Omega-3 Fish Oil 1000mg Capsule

Pantoprazole Sodium DR 40mg Tablet

Primidone 250mg Tablet

Vimpat 200mg Tablet

Vitamin B-12 1,000mcg Tablet

Vitamin D3 2,000IU Tablet

However, resident #1 was discharged from the home on [REDACTED].

**Plan of Correction****Do Not Accept**

Staff member A and all Med-Tech's will be instructed on the procedure for holding medications while a resident is out of the facility until they return or get transferred to another Facility. I will continue to educate all med-techs and review this during monthly meetings.

Completion Date: 04/05/2021

**Plan of Correction****Accept**

Staff person A and all Med-Tech's will be instructed on the procedure for holding of medications while a resident is out of the facility until they return or get transferred to another Facility. I will continue to educate all med-techs and review this during monthly meetings. Staff person A has notified Resident #1 Pharmacy for the dollar amount for replacing the remaining medications that were destroyed. Currently we are waiting for them to fax the amount and then a check will be mailed to Resident #1 and her POA.

Completion Date: 04/08/2021

**Document Submission****Implemented**

SEE ATTACHED

## 227c - Support Plan Revision

**1. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**Description of Violation**

Resident #2' support plan, dated 2/7/21, does not indicate the plan to meet the residents medical need, frequency, or responsible party to manage the resident's assessed need of urinary retention and foley catheter.

227c - Support Plan Revision (*continued*)**Plan of Correction****Do Not Accept**

*Resident #2 Support Plan was updated as a department request with updated care plans for the care of the Foley Catheter.*

**Completion Date:** 03/10/2021

**Plan of Correction****Accept**

*Resident #2 Support Plan was updated as a department request with updated care plans for the care of the Foley Catheter. Director of Nursing will do an audit of all Support Plans to be sure they are signed and each DX has a care plan in place and meet the needs of each individuals needs .Then I [REDACTED] LPN/Administrator will double check her audit. When completing Annual/ Change of Condition Support plans and we will double check each others Support Plans when completed. Please see attached form that will be used to complete the Audit.*

**Completion Date:** 03/10/2021

**Document Submission****Implemented**

*SEE ATTACHED*