

Department of Human Services  
Bureau of Human Service Licensing

August 3, 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 06/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Janine Wenzig

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing

July 29, 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 licensing inspections on 06/23/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
Janine Wenzig

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:** 109      **Waking Staff:** 82

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 06/23/2021

**Inspection Dates and Department Representative**

06/23/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 100      **Residents Served:** 85

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 6

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 82  
**Diagnosed with Mental Illness:** 3      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 24      **Have Physical Disability:** 1

**Inspections / Reviews**

06/23/2021 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 07/24/2021

Inspections / Reviews *(continued)*

7/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *07/28/2021*

7/29/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/02/2021*

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

### Description of Violation

*On 6/23/21 at 10:15 a.m., a red binder with multiple residents' medication counts, including resident #1's Gabapentin and a blue notebook listing multiple residents' names who are diabetic, including resident #2, were on top of the unattended, and accessible medication cart in the hallway on the Patio Level of the home.*

*On 6/23/21. at 10:17 a.m., was a paper taped to the front of resident #3's bedroom door stating "please be sure all food is pureed and all liquids honey thick."*

*On 6/23/21, at 10:45 a.m., resident #4's medication administration record (MAR) was displayed on the screen of the computer sitting on the unattended and accessible medication cart in the hallway on the Patio Level of the home.*

### Plan of Correction

Accept

2600.17

*Administrator/Designee will audit during walk throughs that all resident information remains confidential. Staff and Med-Tech's will be trained on residents information must remain confidential.*

*Completed: Immediately and on going*

*Resident #3 diet was removed from the outside of [REDACTED] door and placed inside of [REDACTED] room to remain confidentiality.*

*Completion Date: 08/15/2021*

## 81b - Resident Personal Equipment

### 1. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

### Description of Violation

*There is an uncovered half-bedrail on the bed of resident #6 which measures approximately 24"wide by 12"high, posing an entrapment hazard.*

81b - Resident Personal Equipment (*continued*)**Plan of Correction****Accept**

*2600.81.b.Administrator/Designee will audit all enablers during the weekly walk through of the Community to ensure that the enablers are secure so as to not pose an entrapment hazard for those residents.*

*Completed Immediately and on going.*

*All new enablers will be secured when they are put on the beds in the future.*

*Completed: Immediately and on going*

*.Staff will be trained to inform management when enablers are not attached correctly or seem loose so it can be fixed and safe for the resident.*

*Completed: 8/15/2021*

**Completion Date: 08/15/2021**

## 183b - Meds and Syringes Locked

**1. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*On 6/23/21, at 10:45 a.m., resident #4's Humulin KwikPen was on top of the unattended, and accessible medication cart in a unlocked plastic container in the Patio Level hallway.*

*On 6/23/21, at 3:51 p.m., the keys to the medication cart were lying on top of the cart that was unlocked, unattended and accessible medication in the hallway of the Boulevard Level of the home.*

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

*2600.183.b.*

*Administer /Designee will audit during walk through and weekly.*

*Med-Techs will be trained the import that all medications be in a secure locked box and not left unattended.*

*Completed :Immediately and on going*

**Completion Date: 08/15/2021**

## 183e - Storing Medications

**1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

*On 6/23/21, at 10:45 a.m., resident #4's Humulin KwikPen was open and not dated as to the date it was opened.*

*Manufacturer's instructions indicate not to use 28 days after opening.*

## 183e - Storing Medications (continued)

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

2600.183.e.

Administrator /Designee will audit Med-Carts weekly to ensure that all medications are dated with proper open and expiration dates.

Completed: Immediately and on going.

Med-Techs will be trained to ensure proper labeling of medications once opened.

Completion Date: 08/15/2021

## 225c - Additional Assessment

**1. Requirements**

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

The assessment for resident #5, dated 6/14/21, indicates the resident is independent with eating and drinking; however, the resident needs assistance in eating and drinking and at times refuses to eat and drink.

The assessment for resident #6, dated, 3/14/21, indicates the resident has no problem with judgment; however, the resident has attempted to transfer resident #5, by [REDACTED], when resident #5 needs assistance of 2 staff who use a hooyer lift. There are several notes in their bedroom to remind [REDACTED] to call for assistance.

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

2600.225.c.

Administrator/Designee will audit all charts monthly, Annually and with Signifigant changes to ensure that all Care plans are updated according to the resident changes as needed. Administrator made updates to resident #5 Care plan on 6/23/2021 due to requiring assistance with eating and drinking at this time. Administrator made updates to resident #6 Care Plan on 6/23/2021 concerning poor judgment due to resident # 6 attempting to transfer resident #5 alone, who at this time requires a Hoyer lift for all transfers.

Completed: Immediately and on going

All staff will be informed to update the Administrator/Designee with noted changes as needed.

Completion Date: 08/15/2021

## 227b - Support Plan Content

**1. Requirements**

2600.

227.b. A home may use its own support plan form if it includes the same information as the Department's support plan form.

**Description of Violation**

The support plan for resident #5, dated 6/14/21, does not address the resident's need for a hooyer lift for assistance in transferring.

227b - Support Plan Content (*continued*)**Plan of Correction****Accept**

*2600.227.b.Administrator/Designee will audit all charts monthly, Annually and with Significant changes to ensure that all Care plans are updated according to the resident changes as needed. Administrator made updates to resident #5 Care plan on 6/23/2021 due to needing a transfer of 2 using a Hoyer Lift.*

*Completed: Immediately and on going*

*All staff will be informed to update the Administrator/Designee with noted changes as needed.*

**Completion Date:** *08/15/2021*