

Department of Human Services
Bureau of Human Service Licensing

February 9, 2022

[REDACTED]
WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
7990 US ROUTE 30
NORTH HUNTINGDON, PA, 15642

RE: THE NEIGHBORHOODS AT
WALDEN'S VIEW
7990 US ROUTE 30
NORTH HUNTINGDON, PA, 15642
LICENSE/COC#: 44681

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/13/2022, 01/14/2022 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,
Larry Mazza

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: *THE NEIGHBORHOODS AT WALDEN'S VIEW* License #: *44681* License Expiration: *01/03/2023*
Address: *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 US ROUTE 30, NORTH HUNTINGDON, PA, 15642*
Phone: *7248632600* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *01/19/2016* Issued By: *Twp of North Huntingdon*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *01/14/2022*

Inspection Dates and Department Representative

01/13/2022 - On-Site: [REDACTED]

01/14/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* Residents Served: *38*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Home* Capacity: *40* Residents Served: *38*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *38*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *38* Have Physical Disability: *0*

Inspections / Reviews

01/13/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/02/2022*

02/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/08/2022*

02/09/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/04/2022*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 11/28/21, staff member A reported an allegation of verbal abuse to staff member B, [REDACTED]; however, this allegation was not reported to the local Area Agency of Aging.

Plan of Correction

Accept

While BHSL was on site, facility notified by department representative of alleged abuse that occurred on November 28 2021, alleged abuse immediately reported to area on aging orally on 1/14/22 at 12:00pm and the written report at 2:50pm, BHSL notified on 1/14/22 at 1:10pm. All staff re-educated on the importance of reporting any abuse to administration immediately on 1/24/2022. To maintain continue compliance with proper abuse reporting, Walden's View has implemented a communication system "the crew" that all employees are obligated to download upon hire on their phone to communicate the needs of residents, this will be reviewed daily by administration so that any reportable incidents may be reported timely. A list of all reportable incidents (2600.16) and Walden's View policy will be posted at the wellness room, breakroom and by the timeclock. The administrator, assistance administrator, resident care coordinators and any medtechs (8) will be responsible to report abuse immediately following Walden's View policy, all management has the capability to report abuse off site. If there is a report of any alleged abuse, immediate re-training of all staff will occur within 72hours from when the report is made, Walden's View will also implement mandatory abuse training twice a year every (January and July).
(see attached documentation)

Completion Date: 02/08/2022

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 11/28/21, staff member A reported an allegation of verbal abuse to staff member B, [REDACTED]; however, this allegation was not reported to the Department.

Plan of Correction

Accept

While BHSL was on site, facility notified by department representative of alleged abuse that occurred on November 28 2021, alleged abuse immediately reported to area on aging orally on 1/14/22 at 12:00pm and the written report at 2:50pm, BHSL notified on 1/14/22 at 1:10pm. All staff re-educated on the importance of reporting any abuse to administration immediately on 1/24/2022. To maintain continue compliance with proper abuse reporting, Walden's View has implemented a communication system "the crew" that all employees are obligated to download upon hire on their phone to communicate the needs of residents, this will be reviewed daily by administration so that any reportable incidents may be reported timely. A list of all reportable incidents (2600.16) and Walden's View policy will be posted at the wellness room, breakroom and by the timeclock. The administrator, assistance administrator,

16c - Written Incident Report (continued)

resident care coordinators and any medtechs (8) will be responsible to report abuse immediately following Walden's View policy, all management has the capability to report abuse off site. If there is a report of any alleged abuse, immediate re-training of all staff will occur within 72hours from when the report is made, Walden's View will also implement mandatory abuse training twice a year every (January and July).

(see attached documentation)

Completion Date: 02/08/2022

132d - Evacuation**1. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On 12/15/21 at 6:06 am, the home's fire alarm was activated due to an electrical fire above the dryer in the home's 1st floor laundry room. However, none of the 36 residents on the 2nd floor were evacuated to a public thoroughfare or to a fire-safe area designated in writing within the past year by a fire safety expert.

Plan of Correction**Directed**

Immediately after speaking with the regional office all staff in all departments will be re-educated on safety management/hazard prevention on 2/8/22 and 2/9/22. All staff in all departments will watch a fire safety DVD and complete a quiz by 2/18/22, this will also be added to part of the orientation process. [REDACTED] assistant fire chief for Strawpump fire department will train staff on importance of evacuation, maintaining a head count during an emergent situation when the fire alarm is activated by 3/4/22. (DIRECTED: The education shall also include the location of all fire-safe areas as indicated in writing within the past year by a fire safety expert. Documentation of the education shall be kept. LM 2/9/22). The administrator, assistance administrator, maintenance or resident care coordinator will be present for all monthly fire drills to ensure fire drills are performed accurately.

Completion Date: 02/28/2022