

Department of Human Services
Bureau of Human Service Licensing

February 22, 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 01/26/2022, 01/27/2022, 02/01/2022, 02/02/2022 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: *North Huntingdon Township*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *02/02/2022*

Inspection Dates and Department Representative

01/26/2022 - On-Site: [REDACTED]
01/27/2022 - Off-Site: [REDACTED]
02/01/2022 - Off-Site: [REDACTED]
02/02/2022 - Off-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 Building* 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

01/26/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/11/2022*

02/15/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/21/2022*

02/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/23/2022*

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 the evening of 1/14/22, staff person A witnessed physical abuse by staff person B towards resident #1; however, this incident was not reported to the local Area Agency on Aging until 1/20/22.

Plan of Correction

Accept

Immediately on 1/20/22 when the administrator was notified of the alleged abuse that occurred on 1/14/22 it was reported to area on aging orally on 1/20/22 at 4:00pm and the written report at 4:20pm, BHSL notified on 1/20/22 at 4:20pm. 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, the assistant administrator reminded all employees to utilize the crew app 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 is 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 quarterly to ensure understanding of the importance of abuse and abuse reporting.

(see attached documentation)

Completion Date: 01/24/2022

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 the evening of 1/14/22, staff person A witnessed physical abuse by staff person B towards resident #1; however, this incident was not reported to the Department until 1/20/22.

Plan of Correction

Accept

Immediately on 1/20/22 when the administrator was notified of the alleged abuse that occurred on 1/14/22 it was reported to area on aging orally on 1/20/22 at 4:00pm and the written report at 4:20pm, BHSL notified on 1/20/22 at 4:20pm. 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, the assistant administrator reminded all employees to utilize the crew app 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)

16c - Written Incident Report (continued)

and Walden's View policy is 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 quarterly to ensure understanding of the importance of abuse and abuse reporting.

(see attached documentation)

Completion Date: 01/24/2022

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 the evening of 1/14/22, staff person A and staff person B were providing incontinence care to resident #1. Staff person A was getting a clean pair of pajamas for resident #1 when staff person A heard resident #1 call staff person B "a fat hog". Staff person A turned and saw staff person B over top of resident #1, smothering resident #1's face with the resident's urine-soaked jogging pants. Staff person A physically got between resident #1 and staff person B, telling staff person B, "that is enough".

Plan of Correction**Directed**

Staff person A and B were immediately terminated via telephone from employment once the alleged abuse was reported on 1/20/22. Area on aging, POA and BHSL notified of alleged abuse 1/20/22. All staff educated on mandatory abuse training and reporting on 1/24/22. (see attached documentation). To maintain continue compliance with proper abuse reporting, the assistant administrator reminded all employees to utilize the crew app 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 is 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 quarterly for all departments on specific duties and responsibilities to ensure understanding of the importance of abuse and abuse reporting.

DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator will implement procedures that ensure compliance with §2600.42(b). The procedures will include, at a minimum, monthly administrator or designee interviews with at least 3 residents and 3 staff persons regarding care and treatment, including with incontinence care. The administrator or designee will increase supervision of direct care staff to ensure they are adequately assisting residents in a manner that's compliant with §2600.42(b). This will include the administrator or designee making weekly unannounced evening care observations, with assistance if needed, of direct care staff performing care to residents. LM 2/22/22

42b - Abuse (continued)

DIRECTED: Within 30 calendar days of receipt of the plan of correction: All staff persons will be trained on §2600.42(b) by an outside source. Documentation of the education shall be kept. LM 2/22/22

DIRECTED: Within 60 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4). LM 2/22/22

Completion Date: 01/24/2022