

Department of Human Services  
Bureau of Human Service Licensing

March 30, 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 02/23/2022, 02/24/2022, 02/25/2022 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**

**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: *02/25/2022*

**Inspection Dates and Department Representative**

02/23/2022 - On-Site: [REDACTED]  
02/24/2022 - Off-Site: [REDACTED]  
02/25/2022 - 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: *8*

**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**

**02/23/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/16/2022*

Inspections / Reviews (*continued*)

03/16/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *03/22/2022*

03/30/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *04/15/2022*

## 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 12/30/21, resident #1's progress notes indicated resident #1 was "getting a bed sore on bottom". On 1/5/22, resident #1's progress notes indicated resident #1 had "breakdown on buttocks. Complaining it hurts when lying on back". On 1/24/22, resident #1's progress notes indicated "r butt got bad wound and is open and pinky deep", and on 1/25/22, resident #1's progress notes indicated "has open wound on bottom. Dressed with bandage this morning. seems to be in a lot of pain". Numerous staff interviews and additional progress notes indicated resident #1's bed sore was worsening and that resident #1 was in pain; however, resident #1 was not evaluated by physician until 1/25/22. On 1/27/22, resident #1's progress notes indicated "dime sized wound on coccyx, turning black". On 1/25/22, resident #1's physician ordered a Home Health consult for wound treatment, as well as "Tramadol HCL 50mg-Take 1 tablet by mouth every 8 hours as needed for pain. The medication was delivered to the home on 1/27/22; however, the Tramadol was not administered to the resident until 11:12 am on 1/30/22. Additionally, resident #1 was prescribed Acetaminophen 325 tablet-Take 2 tablets by mouth every 6 hours as needed for mild pain, as well as prescribed Ibuprofen 200 mg-Take 1 tablet by mouth every 6 hours as needed for mild pain; however, according to resident #1's January 2022 Medication Administration Record (MAR), neither medication was administered to resident #1 from 12/30/21 through 1/30/22.

On at approximately 1:30am, resident #2 punched resident #3 in the chest, causing resident #3 to fall to the ground in the common living area. Resident #3 was sent to the hospital for evaluation.

**Plan of Correction****Directed**

Between 12/30/21 and 1/25/22 RN and LPN nurse for HSL, along with admin, assistant admin, RCC's and DCS staff of HSL were monitoring said wound daily. As a whole we felt that we had a handle on this wound. We continued to utilize the MD order for calmoseptine cream from 11/11/21. Once the wound worsened, we contacted MD for a face to face and home health order. Which we received on 1/25/22. Unfortunately, resident #1 tested positive for covid on 1/25/22. would not see resident #1 until 2/5/22 due to covid positive test. HSL staff (RN, LPN, ADMIN, ASSIST ADMIN, RCC's and DCS) failed to document/chart any of these findings or events.

Between 12/30/21 until 1/30/22 resident #1 never received any type of pain relief or pain management.

Management was made aware of the need and instructed med techs to give pain medication. Management failed to follow up with staff, also failed to check MAR for clarification that medication was administered.

Training on abuse/neglect done with on 3/11/22. Additional retraining being done by from Area of Aging on 4/8/22. (DIRECTED: Documentation of the trainings held on 3/11/22 and 4/8/22 shall be kept. LM 3/24/22). will do a presentation on abuse, neglect and the importance of timely reporting. All staff will be reeducated on wound care, proper pain management (when to give) and recognizing physical signs of pain in a non-verbal resident or dementia resident. Staff will get a list of physical signs of pain to watch for also. This will be done on 4/15/22 by. (DIRECTED: Documentation of the training shall be kept. LM 3/24/22). Weekly meeting will occur with Home Health and Hospice agencies to go over any changes or issues with any and all residents. Any changes will then be relayed to staff immediately, utilizing the crew app. Weekly clinical staff meeting will be used to follow up with any changes. Administrator or designee will conduct interview with at least 3 residents and 3 staff persons regarding care and treatment, including with

**42b - Abuse (continued)**

incontinence, wound care and pain management. (DIRECTED: The interviews shall be conducted on a monthly basis. Documentation of the interviews shall be kept. LM 3/24/22). 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. 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). (DIRECTED: The training for all newly hired staff shall also include training on §2600.65(f)(4). LM 3/30/22).

On [REDACTED] resident #2 had a physical altercation with resident #3. Resident #2 has had one other incident on 5/27/21. MHRN on staff for HSL did a patient assessed following incident of aggression. Assessment as follows- Patient pleasant and cooperative on Q15 minute checks. MHRN instructed staff on care and safety of the agitated patient and instructed staff on diversion therapy. ie Keeping patient busy throughout the day and identifying triggers that cause patient to be aggressive. No medication changes were made at the time due to a previous change days before. Medication change as followed-5/24/21 QUETIAPINE FUMARATE 25 MG T TAKE ONE-HALF TABLET (12.5MG) BY MOUTH TWICE DAILY.

On [REDACTED] resident #2 physically hit resident #3 knocking resident #3 down. DCS separated resident #2 and resident #3. DCS called Area of Aging to do oral report. Assist. Admin did physical report to DHS and Area of Aging. Resident #3 was sent to hospital for observation and no injuries founded. Q 15 minute checks for both resident #2 and resident # 3 upon resident #3 return from hospital. POA were notified for both parties. Incident reports also faxed to Dr. Gibson. No medication changes were made for resident #2. No further incidents have occurred between resident #2 and resident #3. This was an isolated incident between these residents. No change in behavior for either residents since.

**Completion Date:** 04/15/2022

**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.

**Description of Violation**

Resident #1's most recent assessment, dated [REDACTED], indicates the resident is independent with turning and positioning in bed/chair; however, resident #1 requires direct care staff assistance for turning/positioning.

**Plan of Correction****Directed**

RCC was unaware of the need for addendum's concerning re-positioning. Moving forward to stay in compliance, RCC's will review any and all needs and update daily. Admin and assistant admin will review and sign off. Effective 3/21/22, 3 resident charts will have a thorough chart audit done to maintain accuracy and compliance. This will be done weekly by [REDACTED] and [REDACTED] and will be initialed off by admin or assistant admin. A list has been made to inform RCC's of proper classification of significant changes/addendums.

**225c - Additional Assessment (continued)**

Immediately on 2/28/22 additional assessment was updated (see attached documents). Additional training will be done with all management; admin, assistant admin and RCC's to ensure understanding of when to complete and update additional assessments. This training will occur 3/18/22. Management will be holding a weekly meeting with sign-in sheets with all home health agencies and Hospice agencies to ensure proper communication and plan of care needs are met. (DIRECTED: Resident assessments and support plans shall be updated as needed upon completion of the weekly meetings. Copies of the updated resident assessments and support plans shall be kept in the resident's record and accessible to direct care staff persons at all times. LM 3/24/22).

**Completion Date:** 03/18/2022

**227d - Support Plan Medical/Dental****1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

On 2/5/22, resident #1 was prescribed Nickel thick Santyl dressing to wound and cover with foam border gauze 3 times per week; however, this wound treatment is not indicated in resident #1's most recent support plan, dated [REDACTED].

**Plan of Correction****Directed**

RCC was unaware of the need for addendum's concerning wound care. Moving forward to stay in compliance, RCC's will review any and all needs and update daily. Admin and assistant admin will review and sign off. Effective 3/21/22, 3 resident charts will have a thorough chart audit done to maintain accuracy and compliance. This will be done weekly by [REDACTED] and [REDACTED] and will be initialed off by admin or assistant admin. Immediately on 2/28/22 additional assessment was updated (see attached documents). Additional training will be done with all management; admin, assistant admin and RCC's to ensure understanding of when to complete and update additional assessments. This training will occur 3/18/22. Management will be holding a weekly meeting with sign-in sheets with all home health agencies and Hospice agencies to ensure proper communication and plan of care needs are met. (DIRECTED: Resident assessments and support plans shall be updated as needed upon completion of the weekly meetings. Copies of the updated resident assessments and support plans shall be kept in the resident's record and accessible to direct care staff persons at all times. LM 3/24/22).

**Completion Date:** 03/18/2022

**187d - Follow Prescriber's Orders****1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #1 is prescribed Acetaminophen 325mg tablet-Take 2 tablets by mouth every 6 hours as needed for mild pain, as well as prescribed, Ibuprofen 200mg-Take 1 tablet by mouth every 6 hours as needed for mild pain. According to staff interviews, as well as resident #1's progress notes, resident #1 expressed pain caused by a developing pressure ulcer on [REDACTED] coccyx on numerous occasions beginning on 1/5/22; however, neither medication was administered for pain during

**187d - Follow Prescriber's Orders (continued)**

the month of January 2022.

On 1/25/22, resident #1 was prescribed Tramadol HCL 50mg-Take 1 tablet by mouth every 8 hours as needed for pain. The medication was delivered to the home on 1/27/22; however, resident #1 was not administered the Tramadol until 1/30/22 at 11:12am. According to staff interviews, as well as resident #1's progress notes, resident #1 expressed pain caused by a developing pressure ulcer on [REDACTED] coccyx on numerous occasions beginning on 1/5/22

On 2/5/22, resident #1 was prescribed Nickel thick Santyl dressing to wound and cover with foam border gauze 3 times per week. However, according to resident #1's February 2022 MAR, as well as Home Health records, this treatment was administered 6 times during the week of 2/14/22 through 2/21/22, to include the following dates: 2/15/22, 2/16/22, 2/17/22, 2/18/22, 2/19/22 and 2/20/22.

REPEAT VIOLATION: 10/12/2021, et al.

**Plan of Correction****Directed**

Management was made aware of resident being in pain by DCS and failed to ensure DCS was administering PRN pain relief. Management has since interviewed med techs and care aides to investigate the reason for no pain medication being given. Upon interviews, managements findings were as follows, aide would ask resident #1 if resident was in pain, resident #1 would say no. Aide then felt no reason to go to med techs with any report of pain. After interviewing med techs, they stated that the only request was for the calmoseptine cream. As the interviews occurred, management educated med techs and aides on proper pain management and the meaning of PRN. Med techs will be receiving a reeducation on 4/1/22 for pain management and also following prescribers' orders. (DIRECTED: The training shall include monitoring residents for symptoms of pain, which may include facial grimacing, moaning, clenched jaw, etc. Documentation of the education shall be kept. LM 3/24/22). Immediately on 2/28/22 management obtained clarification of wound order and communicated to staff and pharmacy. Also spoke with pharmacy to add a drop-down box in the MAR for when wound care has been administered by Home Health. RCC's will perform cart audits by-weekly to ensure accuracy of prescriber's orders. Management and med techs will maintain good organization of medication and supplies in the medication carts, so home Health agencies, hospice agencies and staff can have easy access to supplies. Weekly meetings will be held with management, all agencies to ensure orders are being followed and to stay informed of any and or all changes. Management will hold a meeting with staff weekly to inform of any changes or concerns. Training with med techs and management on pain management documentation. This training will be 4/1/22 @ 2:00. (DIRECTED: Documentation of the education shall be kept. LM 3/24/22).

**Completion Date:** 04/01/2022