

Department of Human Services
Bureau of Human Service Licensing

June 17, 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 review on 05/13/2022, 05/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: 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:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
Address: 7990 US ROUTE 30, NORTH HUNTINGDON, PA, 15642
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 70 **Waking Staff:** 53

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 05/16/2022

Inspection Dates and Department Representative

05/13/2022 - On-Site: [REDACTED]
05/16/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 **Residents Served:** 35

Secured Dementia Care Unit

In Home: Yes **Area:** whole license **Capacity:** 40 **Residents Served:** 35

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 35
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 35 **Have Physical Disability:** 0

Inspections / Reviews

05/13/2022 - Partial

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

06/01/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: [REDACTED]/2022

06/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: [REDACTED]/2022

06/17/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's support plan, completed [REDACTED]/21, indicates that the resident may require minimal assistance and/or verbal [REDACTED]. The plan to meet this service need is that "supervision and assistance will be provided for resident as requested and/or required" by direct care staff. Resident #1's support plan also indicates in the Ambulating section that the resident [REDACTED]. The plan to meet this service need is that "resident will be monitored of ambulation with hands on assist for safety." However, on [REDACTED] 22 between [REDACTED] [REDACTED] staff person A lifted resident #1 from a couch in the common area to a cradling position by placing one arm under resident's legs and one arm behind her back and proceeded to carry resident down a hall to her room.

Plan of Correction**Do Not Accept**

Immediately on [REDACTED]/2022 staff person A was suspended until investigation was completed BHSL and protective services.

On [REDACTED]/2022 staff person A was cleared of abuse allegations and returned to DC. Staff person A was paired up with another DC staff to ensure staff person A understood all policies and procedures. This started [REDACTED] and will continue thru [REDACTED]/2022. (See attached document)

Also, starting on [REDACTED]/2022 staff member A received one on one training with our campus occupational therapist. (See attached document)

Administrator, Assistant administrator and both RCC for the campus with monitor staff member A daily.

Completion Date: [REDACTED]/2022

Plan of Correction**Accept**

Immediately on [REDACTED]/2022 staff person A was suspended until investigation was completed BHSL and protective services.

On [REDACTED]/2022 staff person A was cleared of abuse allegations and returned to DC. Staff person A was paired up with another DC staff to ensure staff person A understood all policies and procedures. This started [REDACTED] and will continue thru [REDACTED]/2022. (See attached document)

Also, starting on [REDACTED]/2022 staff member A received one on one training with our campus occupational therapist. (See attached document)

Administrator, Assistant administrator and both RCC for the campus with monitor staff member A daily.

Immediately on [REDACTED]/2022 Utilizing the communication app for the community (crew app) Administrator reminded the staff where to review care plans to ensure staff are able to sufficiently meet the needs of the residents.

Staff will sign off on all support plans for any new resident and any residents receiving a significant change to ensure that all employees are up to date on all resident care affective [REDACTED]/2022. RCC will monitor this upon all new admissions and any significant changes.

Completion Date: [REDACTED]/2022

Document Submission**Implemented**

Immediately on [REDACTED]/2022 staff person A was suspended until investigation was completed BHSL and protective services.

On [REDACTED] 2022 staff person A was cleared of abuse allegations and returned to DC. Staff person A was paired up with another DC staff to ensure staff person A understood all policies and procedures. This started [REDACTED] and will continue thru [REDACTED]/2022. (See attached document)

Also, starting on [REDACTED]/2022 staff member A received one on one training with our campus occupational therapist.

23a - Activities of Daily Living Assistance (continued)

(See attached document)

Administrator, Assistant administrator and both RCC for the campus with monitor staff member A daily. Immediately on [redacted] 2022 Utilizing the communication app for the community (crew app) Administrator reminded the staff where to review care plans to ensure staff are able to sufficiently meet the needs of the residents. Staff will sign off on all support plans for any new resident and any residents receiving a significant change to ensure that all employees are up to date on all resident care affective [redacted] /2022. RCC will monitor this upon all new admissions and any significant changes.

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

The home did not have documentation that staff person A, whose first day working for the home was [redacted] /22, received training in the following topics:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

Plan of Correction

Do Not Accept

Staff person A returned to work on [redacted] /2022 and immediately did another tour of the building with [redacted] Maintenance for Waldens View campus. (See attached document) This documentation was completed on day of hire but for a sister building. Staff person A received this orientation, but management failed to document. Staff person A [redacted] can float within the 5 communities of HSL. Upon this violation, management audited our employee files to ensure all [redacted] have proper documentation in their employee file.

Completion Date: [redacted] /2022

Plan of Correction

Accept

Staff person A returned to work on [redacted] /2022 and immediately did another tour of the building with [redacted]

65a - FS Orientation 1st Day (continued)

Maintenace for Waldens View campus. (See attached document)

This documentation was completed on day of hire but for a sister building. Staff person A received this orientation, but management failed to document.

Staff person A [REDACTED] can float within the 5 communities of HSL. Upon this violation, management audited our employee files to ensure all [REDACTED] [REDACTED] have proper documentation in their employee file. This was completed on [REDACTED]/22

All new employee files will be checked by administrator/assistant administrator to ensure this is occurring.

Completion Date: [REDACTED]/2022

Document Submission

Implemented

Staff person A returned to work on [REDACTED]/2022 and immediately did another tour of the building with [REDACTED]

Maintenace for Waldens View campus. (See attached document)

This documentation was completed on day of hire but for a sister building. Staff person A received this orientation, but management failed to document.

Staff person A [REDACTED] can float within the 5 communities of HSL. Upon this violation, management audited our employee files to ensure all [REDACTED] members have proper documentation in their employee file. This was completed on [REDACTED]/22

All new employee files will be checked by administrator/assistant administrator to ensure this is occurring.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #1's medical evaluation, completed [REDACTED]/21, did not include the resident's weight, pulse rate, blood pressure or temperature. These areas were blank.

Plan of Correction

Accept

Immediately on [REDACTED]/2022 a training for all management was scheduled for [REDACTED]/2022 [REDACTED] on assessment and support plans, all charts were audited to ensure vitals were on all annual medical evaluations. Administrator, assistant administrator and both RCC will conducted weekly chart audits to ensure that all documents are correct and accurate. (See attached document)

Completion Date: [REDACTED]/2022

Document Submission

Implemented

Immediately on [REDACTED]/2022 a training for all management was scheduled for [REDACTED]/2022 [REDACTED] on assessment and support plans, all charts were audited to ensure vitals were on all annual medical evaluations. Administrator, assistant administrator and both RCC will conducted weekly chart audits to ensure that all documents are correct and accurate. (See attached document)