

Department of Human Services  
Bureau of Human Service Licensing

September 7, 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 06/22/2022 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

August 2, 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 06/22/2022 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,  
[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 - PUBLIC

Facility Information

Name: *THE NEIGHBORHOODS AT WALDEN'S VIEW* License #: 44681 License Expiration: 12/06/2022  
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: *Huntingdon Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *70* Waking Staff: *53*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident, Fine* Exit Conference Date: *06/22/2022*

Inspection Dates and Department Representative

06/22/2022 - 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: *Entire Home* Capacity: *40* Residents Served: *35*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*  
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *35* Have Physical Disability: *0*

Inspections / Reviews

06/22/2022 - Partial

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

08/01/2022 POC Submission

Inspections / Reviews *(continued)*

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

08/02/2022 - POC Submission

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

09/07/2022 - Document Submission

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

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 [redacted]/22, at approximately [redacted] resident #1 entered the bedroom of resident #2, and hit the resident in the face twice, causing resident #2's nose to bleed.

Plan of Correction

Accept

On [redacted]/22 resident #1 entered the bedroom of resident #2 hitting resident #2 twice [redacted]. DCS immediately separated resident #1 and resident #2. DCS called Area of Aging to do oral report. RCC did written report to BHSL and Area of Aging. Resident #2 refused to go to the hospital, in house xray obtained on [redacted] 22 no gross fracture visible follow up recommended if clinical indication remains. [redacted] checks for both residents [redacted] started immediately after the incident occurred. [redacted] /22. Both POA's were notified of the incident. New order obtained for psych. evaluation for resident #1. [redacted], no medication changes were made for resident #2 regarding the incident. No further incidents have occurred between resident #1 and resident #2. This was an isolated incident between these residents. No change in behavior noted for either resident. Staff will be re-educated on techniques to help calm and redirect loved ones [redacted] and positive approaches by [redacted]/22. Effective [redacted]/22 management will be present on second shift more regularly until at least 9pm to provide training, education and increase supervision for residents and assist as needed. Resident rights training scheduled [redacted] for [redacted]/22. Quality management meeting scheduled for [redacted]/22 at 5pm. Will have additional older adult protective services act training on [redacted] 22. On [redacted] 2 spoke with resident #2 who is pleased with all staff and residents, has no recollection of incident and stated "I have never had any issues with residents"

Completion Date: 0 [redacted] /2022

Document Submission

Implemented

On [redacted]/22 resident #1 entered the bedroom of resident #2 hitting resident #2 twice [redacted]. DCS immediately separated resident #1 and resident #2. DCS called Area of Aging to do oral report. RCC did written report to BHSL and Area of Aging. Resident #2 refused to go to the hospital, in house xray obtained on [redacted] /22 no gross fracture visible follow up recommended if clinical indication remains. [redacted] for both residents [redacted] started immediately after the incident occurred. [redacted] 22. Both POA's were notified of the incident. New order obtained for psych. evaluation for resident #1. [redacted], no medication changes were made for resident #2 regarding the incident. No further incidents have occurred between resident #1 and resident #2. This was an isolated incident between these residents. No change in behavior noted for either resident. Staff will be re-educated on techniques to help calm and redirect loved ones [redacted] and positive approaches by [redacted]/22. Effective [redacted]/22 management will be present on second shift more regularly until at least 9pm to provide training, education and increase supervision for residents and assist as needed. Resident rights training scheduled [redacted] for [redacted]/22. Quality management meeting scheduled for [redacted]/22 at [redacted]. Will have additional older adult protective services act training on [redacted] /22. On [redacted] /22 spoke with resident #2 who is pleased with all staff and residents, has no recollection of incident and stated "I have never had any issues with residents"