

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

May 2, 2023

[REDACTED], PRESIDENT
WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
[REDACTED]

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

Dear Mr. Michael Haass,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/14/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE NEIGHBORHOODS AT WALDEN'S VIEW **License #:** 44681 **License Expiration:** 11/07/2023

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: 7248632600 **Email:** tabatha.ponterio@waldensviewseniorliving.com

Certificate(s) of Occupancy

Type: I-2 **Date:** 01/19/2015 **Issued By:** North Huntingdon Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 54 **Waking Staff:** 41

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Complaint, Incident **Exit Conference Date:** 02/21/2023

Inspection Dates and Department Representative

02/14/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 40 **Residents Served:** 27

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Building **Capacity:** 40 **Residents Served:** 27

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 27

Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 27 **Have Physical Disability:** 0

Inspections / Reviews

02/14/2023 Partial

Lead Inspector: Ashley Roser **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/06/2023

03/07/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/21/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/13/2023

Inspections / Reviews *(continued)*

03/13/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/21/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 03/20/2023

05/02/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/21/2023

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

During the evening of [REDACTED] resident #1 went into resident #2's bedroom and began to hit resident #2 in the face, causing bruising to resident #2's face and lips and bleeding in the resident's mouth and lips.

REPEAT VIOLATION: 6/22/2022; 2/23/2022, et. al.

Plan of Correction

Directed [REDACTED] - 03/13/2023)

On [REDACTED] resident #1 was suspected of going into resident #2 room and assaulting resident #2. Resident #1 has been relocated to a different hall. Resident #1 and resident #2 were placed on 15-minute checks for 5 days. Resident #1 will be checked hourly for the remainder of the resident #1 time in facility.

On [REDACTED] resident #1 RASP was updated regarding the incident by assist admin. Resident #1 was placed on 15 minute checks for 5 days beginning 2/3/23 ending 2/8/23. Physician was notified on 2/4/23 of the incident. Resident #1 was already on mental health services with OSPTA at the time of incident.

An extra staff member has been added to the schedule for mid shift coverage. (11 am-7 pm.) When staffing is available.

On 3/20/2023 a training with all staff on resident-to-resident altercations will occur. Documentation will be kept. Training packet will be provided.

DIRECTED: Beginning on 3/20/23, then monthly thereafter: The administrator shall review all internal incidents to ensure residents are free from abuse. If an incident of resident-to-resident abuse occurs, the administrator shall immediately implement a plan of supervision for the perpetrator and update the resident's assessment and support plan with the plan of supervision. The administrator shall also notify the resident's physician of the instance of abuse and follow all recommendations from the prescriber. The administrator shall monitor all and track incidents of abuse to ensure the home can still meet the needs of all residents in accordance with the home's description of services. LM 3/13/23

Directed Completion Date: 03/20/2023

Implemented [REDACTED] - 05/02/2023)

88a Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The "Beach Hallway" is in disrepair. The bedrooms and hallway of the Beach Hallway do not have flooring and there are multiple areas in the hallway and bedrooms that are missing drywall.

88a - Surfaces (continued)

Plan of Correction**Accept** [REDACTED] - 03/13/2023)

on 12/25/2022 due to the freezing temperatures, residential water lines started to leak. All residents in said hallway were relocated to other hallways. All families were notified, and incident reported to BHSL.

Alarm was placed on Beach door on 2/14/23. If a resident should open the door than staff will be alerted.

Servpro was contacted on 12/25/2022 and was on site 12/27/2022 to begin restoration. McVay Plumbing came out on 12/25/2022 and Brown's Plumbing on 12/27/2022 to finish all plumbing needs.

Construction information given to BHSL. Expected completion date of all construction; floors intact, dry wall intact, toilets in place, painting and all cleanup will be 3/15/2023.

To attempt to prevent this disaster from reoccurring in the future, when temperatures drop below freezing temperatures, we will run hot/cold water in all common area's facets.

Licensee's Proposed Overall Completion Date: 03/15/2023

Implemented [REDACTED] - 05/02/2023)

121a - Unobstructed Egress

3. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 1:31 pm, the door leading into the Beach Hallway, which is labeled an exit, was blocked with a 30-gallon garbage can and a rolling hamper.

Plan of Correction**Accept** [REDACTED] - 03/13/2023)

At 1:31 pm, two objects were blocking an exit. This was being done for the safety of the residents due to construction zone. Immediately the objects were removed.

Immediately a "STOP ALARM WILL SOUND" device was placed on the door. The key to shut the alarm off will remain on the med tech keys.

Starting 2/14/23 a daily walk through will be done by admin/assist admin for 2 weeks. Then 3X's a week for 2 weeks and 1X a week thereafter.

On 3/14/2023 all staff will be educated on unobstructed egress, referring to 121a of the RCG. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/20/2023

Implemented [REDACTED] - 05/02/2023)