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

March 30, 2023

[redacted]
WALDEN CARE LLC
325 NORTH BROADWAY
WIND GAP, PA, 18091

RE: WALDEN III SENIOR LIVING COMMUNITY
325 NORTH BROADWAY
WIND GAP, PA, 18091
LICENSE/COC#: 23072

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/21/2023 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: *WALDEN III SENIOR LIVING COMMUNITY* **Licen e #**: *23072* **Licen e Expiration**: *05/02/2023*

Address: *325 NORTH BROADWAY, WIND GAP, PA 18091*

County: *NORTHAMPTON* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *WALDEN CARE LLC*

Address: *325 NORTH BROADWAY, WIND GAP, PA, 18091*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *46* **Total Daily Staff**: *92* **Waking Staff**: *69*

Inspection Information

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

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

Inspection Dates and Department Representative

02/21/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: *77* **Re ident Served**: *44*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Re ident Served**:

Hospice

Current Re ident : *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *44*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *2* **Have Physical Disability**: *0*

Inspections / Reviews

02/21/2023 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/11/2023*

03/17/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/28/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *03/24/2023*

Inspections / Reviews *(continued)*

03/24/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *03/28/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *03/28/2023*

03/30/2023 - Document Submission

Submitted By [redacted] **Date Submitted:** *03/28/2023*

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

183a - Original Containers and Injections

1. Requirements

2600.
183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

Resident #1's [redacted] and [redacted] come from the pharmacy in a pill bottle. The home is repackaging the medication into blister packs. The home is removing the medication from its original container and putting it into a new container.

Plan of Correction ***Accept [redacted] - 03/17/2023)***

How did this happen?
Previously our pharmacy, [redacted] sent us blister cards and the previous owner/director had instructed us that we were allowed to re-card the meds. The [redacted] and [redacted] came in bottles. So we used the cards to re-card the amount required for the month. The remaining medication in the bottle would then be secured in the locked safe in the Nursing office.
This is a direct violation of 2600.183.a.

POC:
Administrator, [redacted], and Med Tech Supervisor [redacted] immediately replaced the [redacted] and [redacted] back in their original container and placed the bottle in the locked narcotic drawer within the cart on 02/21/2023 Administrator, [redacted] and Med Tech Supervisor [redacted] further discarded the blank cards and supplies from [redacted] and contacted the [redacted] pharmacy that fills these prescriptions and requested they use blister cards for these medications.

Moving forward:
All med tech staff was retrained in the proper handling of these medications and instructed on the regulation 2600.183.a. that we are NOT allowed to remove the meds from their original packaging and carded per regulation 2600.183.a.

The Med Tech Supervisor [redacted] Lead Tech [redacted] and Administrator [redacted], will conduct weekly surveys of all medications within the carts and locked drawers to ensure there are no medications that have been removed from the original packaging and carded.

Licensee's Proposed Overall Completion Date: *03/14/2023*

Implemented [redacted] - 03/30/2023)

184a - Resident's Meds Labeled

2. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled *(continued)*

5. The name and title of the prescriber.

Description of Violation

Resident #1's [redacted] and [redacted] do not have pharmacy labels attached to the medication.

Plan of Correction ***Accept [redacted] 03/17/2023)***

How did this happen?
The resident in question had two narcotic medications that came filled in bottle containers. The containers were then re-carded into blister packs and the remaining medications in the bottle were placed in the safe within the nurses' station. The blister cards were then handwritten with the information from the label on the bottle.
This is a direct violation of 2600.184.a

POC:
Administrator, [redacted], and Med Tech Supervisor [redacted] immediately replaced the [redacted] and [redacted] back in their original container and which had the original label listing the resident's name, the medication, the date of issue prescribed dosage, and instructions and prescribers information on the original bottle. This was completed on 02/21/2023
this medication was then placed back into the locked narcotic drawer of the med cart.
Administrator, [redacted], and Med Tech Supervisor [redacted] further discarded the blank cards and supplies from [redacted] and contacted the [redacted] pharmacy that fills these prescriptions and requested they use blister cards for these medications.

Moving forward:
All med tech staff was retrained in the proper handling of these medications and instructed on the regulation 2600.183.a., that we are NOT allowed to remove the meds from their original packaging and carded per regulation 2600.183.a.

The Med Tech Supervisor [redacted], Lead Tech [redacted] and Administrator [redacted] will conduct weekly surveys of all medications within the carts and locked drawers to ensure that all medications are properly labeled with the required information on the blister card and that it is an existing pharmacy label.

Licensee's Proposed Overall Completion Date: *03/14/2023*

Implemented ([redacted] 03/30/2023)

185a - Implement Storage Procedures

3. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

It has been determined through staff interviews that a narcotic count is not always being completed at the end and start of each shift as noted in the homes policy.

Plan of Correction ***Accept [redacted] - 03/17/2023)***

How did this happen?

185a - Implement Storage Procedures (continued)

At the time of inspection, the Administrator failed to ensure that narc counts were being done according to regulation 2600.185.a. Walden III has a medication administration policy that was not clear in the signing off on a control count sheet at the start and end of every shift. Our med Techs are trained to do control counts, but without signing the control count sheet, we have no proof it is being done.

POC:
The Administrator, [redacted], and Med Tech Supervisor, [redacted] held a Med Tech staff meeting, reiterating the importance of completing the narc counts and signing off in the appropriate section of the sign-off sheet. A training followed on this as well.

Moving forward:
Daily checks are conducted on the sign-off sheet to ensure it is followed and done correctly. Further, the administrator, [redacted] added the paragraph regarding the narc count sheet to the Walden III Medication Administration Policy and had all staff acknowledge the policy with a signature.

Licensee's Proposed Overall Completion Date: *03/14/2023*

Implemented [redacted] - 03/30/2023)

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 has an order for [redacted] 5 mg twice daily and [redacted] 25mg twice daily hold for systolic blood pressure less than 100. On [redacted] 23 the blood pressure was 102/36, the medication was withheld and should have been administered. On [redacted] /23 the blood pressure was [redacted], and on [redacted] /23 the blood pressure was [redacted] the medication was administered and should have been withheld.

Resident #3 has an order for [redacted] 2.5mg three times daily hold for systolic blood pressure more than 130. On [redacted] 23 at 1pm the blood pressure was [redacted], the medication was administered and should have been withheld.

Plan of Correction ***Accept [redacted] - 03/17/2023)***

How did this happen?
The med tech on duty on both of these days in question became distracted by the call bells. [redacted] withheld the medication in question based on the blood pressure of [redacted] (with the low number of 36 being in question.) This med tech was confused by the distraction and failed to administer the med. On [redacted] /23 the blood pressure was [redacted] and on [redacted] /23 the blood pressure was [redacted] the medication was administered and should have been withheld. When the med tech was taking the blood pressure of the resident, the med tech stated [redacted] withheld the med in question, but failed to chart "held per parameters." [redacted] states [redacted] discarded the med from the med cup into the trash. Although there is no way to prove [redacted] did this, we are erring on the side of caution that it was administered.

187d - Follow Prescriber's Orders (continued)

Resident #3 has an order for [redacted] 2.5mg three times daily hold for systolic blood pressure of more > than 130. On [redacted] 23 at [redacted] pm the blood pressure was [redacted]; the medication was administered and should have been withheld. The med tech on duty popped the med and states [redacted] had it in a second cup, and took the resident's blood pressure; once it was noted the pressure was >greater than 130, the tech discarded the med in question. The med tech failed to chart, "held per parameters." Since we are responsible for our resident's proper medication administration, we have no proof the medication was held since the tec did not chart held per parameters, leaving us to believe administered the med.

Moving forward:
Administrator [redacted] and Med Tech Supervisor [redacted] conducted retraining on the systolic/diastolic parameters and the symbols of less than < and greater than > with all med techs. Monthly we will have a refresher training on the importance of following medication orders and the symbols.

Licensee's Proposed Overall Completion Date: *03/14/2023*

Implemented [redacted] - 03/30/2023)