

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

August 30, 2023

[REDACTED], OWNER
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 06/29/2023 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.

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WALDEN III SENIOR LIVING COMMUNITY **License #:** 23072 **License Expiration:** 05/02/2024
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: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 10/28/1994 **Issued By:** PA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 55 **Waking Staff:** 41

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 06/29/2023

Inspection Dates and Department Representative

06/29/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 77 **Residents Served:** 55

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 55
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

06/29/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/30/2023

08/09/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/22/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 08/19/2023

Inspections / Reviews *(continued)*

08/30/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The home's Violation Report issued by the Department for an onsite inspection conducted on 2/21/23 had the privacy codes posted with the violation report.

Plan of Correction

Accept (████) - 08/09/2023)

How this happened:

After the inspection on 02/21/23, and the plan of correction was accepted, the secretary placed the inspection report in the binder, which is located in the main front lobby, unknowingly the privacy code sheet was attached to the last page.

Plan of Correction:

I promptly removed the privacy code sheet. I explained to my secretary, I should have looked more closely at what she was placed in the binder and asked her to double-check everything regarding the plan of corrections that I give to her.

Moving forward:

The Administrator and Med Tech Supervisor will check the book monthly where the previous inspections are kept. This will ensure nothing gets placed in the book that should not be there.

Licensee's Proposed Overall Completion Date: 07/27/2023

Implemented (████) - 08/30/2023)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not have an influenza poster issued by the Pa. Department of Health posted in the home.

Plan of Correction

Accept (████) - 08/09/2023)

How did this happen:

In 2017 there was a new state and federal law that was adopted. IT requires that all facilities post the "Influenza Poster." At the time of inspection, I was unaware of this requirement as it was "before my time."

Plan of Correction:

I contacted (████) who sent the Listserv to my email where I was able to locate the Influenza Poster, print it out, and post it in the common areas on the bulletin boards, as well as the break rooms and nursing station.

Moving forward:

18 Compliance With Laws (continued)

The Administrator has begun to read all of the past Listserv, prior to 2021 to ensure nothing is missed moving forward.

Licensee's Proposed Overall Completion Date: 07/27/2023

Implemented (████) - 08/30/2023)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

Description of Violation

Direct care staff person "A" DOH █████ did not have documentation that they had the required education requirement. Staff person "A" staff record did not have a record of a high school diploma, CNA certificate or GED.

Plan of Correction

Accept (████) - 08/09/2023)

How this happened:

Direct care overnight staff person, applied and has not been able to produce █████ high school diploma. █████ called the school several times, and has not received a reply back. This staff person does not do any direct care alone on overnight shift. █████ responsibilities are sweeping and mopping the floors, laundry, wrapping silverware, distributing the newspapers at 3 am and making the coffee for morning staff at 5 am. █████ shift is 10 PM thru 6:30 AM.

Plan of Correction:

I called the school to verify what █████ was telling me was true. I have not received a reply back as well. I explained to the DHS surveyor and █████ suggested that the staff person get a notarized statement that █████ graduated on this date from this school. I'm waiting on this statement. I gave █████ a deadline of August 5th, or I will have no choice but to terminate █████ employment. I have applied to Parchment to obtain █████ transcripts. Back up will be submitted upon receiving from Parchment.

Moving forward:

The Administrator, the Administrative Assistant will monthly conduct a survey of all the human resource files to ensure all documentation is in the prospective file. The administrator has applied to Parchment to obtain the required document on behalf of the staff person "A."

Directed:

Please audit all current staff records for required documentation.

Please complete audit in 10 days of receipt of this plan of correction.

8-9-2023 - █████

Licensee's Proposed Overall Completion Date: 07/27/2023

Implemented (████) - 08/30/2023)

57b - 1 Hour/Day

4. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

57b - 1 Hour/Day (continued)

Description of Violation

The home did not have documented that the home was meeting the required direct care staffing hours. On the following dates: 6.4.23 the home was required to have 52 direct care staffing hours and the home was found to have 39 direct care staffing hours. On 6.11.23 the home was required to have 52 staffing hours and the home had 45 staffing scheduled hours. On 6.22.23 the home was required to have 52 direct care staffing hours and the home had 45.5 of direct care scheduled hours.

Plan of Correction

Accept (████) - 08/09/2023)

How this happened:

The surveyor reviewed our staff schedules and stated that dietary and housekeeping could not be counted towards our direct care hours. It was also further noted that the unless the staff completed the online direct care course, their training is from the old way. That being said taking the staff from dietary and housekeeping are not counted towards direct care hours.

Plan of correction:

Walden III has reached out to several social media platforms to hire more staff. In the interim, we have juggled around current staff to ensure we have the correct amount of hours. The administrator, the Med Tech Supervisor, and the administrative assistant have scheduled themselves to work on the days that staffing is low.

Moving forward:

The Administrator and Med Tech Supervisor will continually monitor the staffing schedules to ensure we do not fall below the required hours. This shall help us stay within compliance till new employees can be hired.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented (████) - 08/30/2023)

57d - Waking Hours

5. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

The home did not have documentation that the home had was meeting their required waking hours of direct care hours. The home was required to have 39.5 waking hours but on the following dates home did not meet this requirement. 6.4.23 the home had 22.5 of direct care staffing waking hours. On 6.11.23 the home had 30 hours of direct care waking hours and on 6.22.23 the home had 29 hours of direct care staffing hours

Plan of Correction

Accept (████) - 08/09/2023)

How did this happen:

The surveyor stated that the housekeeping and dietary staff cannot be used for direct care staffing hours. From the hours of 7 AM thru 11 AM, there are 2 housekeepers, 4 med techs, 1 personal care aide, and 1 shower aide providing care.

Walden housekeepers were trained many years ago thru the old direct care training system. The surveyor states this is not good enough and I cannot use them as they need to go online and do the new certification through the new online direct care training.

57d - Waking Hours (continued)

Plan of correction:

Walden III has reached out to several social media platforms to hire more staff. In the interim, we have juggled around current staff to ensure we have the correct amount of hours. The administrator, the Med Tech Supervisor, and the administrative assistant have scheduled themselves to work on the days that staffing is low.

Moving forward:

The Administrator and Med Tech Supervisor will continually monitor the staffing schedules to ensure we do not fall below the required hours. This shall help us stay within compliance till new employees can be hired.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented (████) - 08/30/2023)

65a - FS Orientation 1st Day

6. 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:

Description of Violation

Ancillary staff person "B" DOH █████ did not receive the required first day orientation staff training.

Direct care staff person "C" DOH █████ did not have documentation that they received their first day orientation training.

Plan of Correction

Accept (████) - 08/09/2023)

How did this happen:

The previous owner hired the Ancillary staff person B. █████ is our Maintenance man, Specifically, █████ performs our lawn care, plumbing, heating, carpentry, and remodeling work. I asked the former owner whether █████ needs all the requirements as our direct care personnel, and was informed no since he does not do any direct care or assist in any care of residents. I have learned this is not true.

Direct care staff person C: The sheet in █████ file was stuck to another page and the surveyor missed the required document.

Plan of Correction:

I went through the first-day orientation training with staff person B. █████ signed the appropriate acknowledgment. I drafted a job description outlining █████ responsibilities and duties. Staff person B signed the job description. Staff person "C" had the required document in █████ file.

Moving forward:

The administrator has assigned the task of going through all the personnel files to the administrative assistant. The administrative assistant will ensure all the required documents are in place. Moving forward, the administrator will follow up monthly with the administrative assistant to ensure everything is in place as required.

Directed:

Please audit all current staff records for required documentation.

65a - FS Orientation 1st Day (continued)

Please complete audit in 10 days of receipt of this plan of correction.

8-9-2023 - [REDACTED]

Licensee's Proposed Overall Completion Date: 07/27/2023

Implemented [REDACTED] - 08/30/2023)

65b - Rights/Abuse 40 Hours

7. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Ancillary staff person "B" DOH [REDACTED] did not receive the required first 40-hours staff training.

Direct care staff person "C" DOH [REDACTED] did not have documentation that they received their first 40 hours staff training.

Plan of Correction

Accept [REDACTED] - 08/09/2023)

How did this happen:

Ancillary staff person B is the Walden Maintenance Man. [REDACTED] responsibilities include but are not limited to lawn mowing, plumbing, electrical, carpentry, HVAC maintenance, ordering of all supplies needed for the maintenance department and maintaining all the equipment in an operable manner.

Staff person "C" had the required document in her file. It was attached to the document in front of it. it was a mistake on my part for not pointing this out to the surveyor at the time of the inspection.

Plan of Correction:

The administrator conducted a training with the staff person "B" and explained all the procedures regarding the building and safety and the operation of Walden III.

Staff person "C" the administrator attached the document accordingly.

Moving forward:

The administrator will ensure this document and the required training is completed with every new employee moving forward. The administrator has assigned the task of following up on missing documents to the administrative assistant. Any future missing documents will be completed immediately and signed off on by the administrator.

Directed:

Please audit all current staff records for required documentation.

Please complete audit in 10 days of receipt of this plan of correction.

8-9-2023 - [REDACTED]

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented [REDACTED] - 08/30/2023)

65c - Ancillary Staff Orientation

8. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person "B" staff record did not have documentation that they received staff orientation in their ancillary job duties.

Plan of Correction

Accept [REDACTED] - 08/09/2023)

How did this happen:

Staff person "B" is the maintenance man. When staff person "B" was hired, it was under the previous management and the previous Maintenance Mechanic performed the training with staff person "B." I questioned whether staff person "B" needed to go thru a separate training under my direction or if his supervisor at the time was sufficient in completing his training. [REDACTED] duties include the lawn maintenance as well as any carpentry, plumbing, HVAC, electrical needs, ordering of any parts and supplies and all maintenance of equipment that Walden uses for lawn care. I did not follow up with the appropriate documentation to ensure staff person "B" was knowledgeable in [REDACTED] required duties.

Plan of Correction:

The administrator typed up a job description and had staff person "B" show me [REDACTED] required skills, that [REDACTED] possesses to perform [REDACTED] duties here.

Moving forward:

Any time there is a new hire, whether it be Ancillary or a Direct Care Staff person, the administrator will be sure to perform a check list of specific duties for the position at hand and a check list readily available to sign and date by the employee as well as the supervisor.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented [REDACTED] - 08/30/2023)

65d Initial Direct Care Training**9. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

Description of Violation

Direct Care staff person "A" DOH [REDACTED] staff training record did not contain a record that they passed the Personal Care Direct Care Competency Exam.

Plan of Correction

Accept [REDACTED] - 08/09/2023)

How did this happen:

65d Initial Direct Care Training (continued)

Staff person "A" is an overnight housekeeping staff person. [REDACTED] has been working on the online training course here at Walden when [REDACTED] is not working. [REDACTED] has no computer in [REDACTED] home so [REDACTED] has to come in off [REDACTED] shift to complete the training course. I failed at ensuring that [REDACTED] had it completed in a timely fashion. Also noted: this staff person A works with a certified "Direct Care Staff" person overnight and does not provide any direct care to any resident on [REDACTED] own. This staff person does not do any direct care alone on overnight shift. [REDACTED] responsibilities are sweeping and mopping the floors, laundry, wrapping silverware, distributing the newspapers at 3 am and making the coffee for morning staff at 5 am. [REDACTED] shift is 10 PM thru 6:30 AM.

Plan of Correction:

The Administrator reached out to staff person "A" to see if [REDACTED] needs help with completing the course. Staff person "A" states [REDACTED] is confused regarding the course but is almost finished. I will submit the certificate as soon as staff person "A" has the course completed.

Moving forward:

With the new online training system in place, many of my staff have complained of getting locked out of the system and not being able to sign back in, resulting in having to do a new sign in ID and password. Moving forward, the Administrator will be more available and more hands on to those completing the course. The administrator has assigned this task to her administrative assistant to keep a log of all certificates in the respective employee file and in a separate binder to be easily accessible when asked for.

Directed:

**Please audit all current staff records for required documentation.
Please complete audit in 10 days of receipt of this plan of correction.
8-9-2023 - [REDACTED]**

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented ([REDACTED] - 08/30/2023)

65f - Training Topics

10. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct Care staff person C, DOH [REDACTED] did not receive required annual training in safe management techniques for direct care training year 2022.

Plan of Correction

Accept ([REDACTED] - 08/09/2023)

How this happened:

The day the surveyor was in the facility, I handed [REDACTED] the required training logs and sign in sheets. I was called away and failed to point out Staff person "C" signature.

By doing so this appeared as though the staff person in question did not have the required training.

65f - Training Topics (continued)

Plan of Correction"

The Administrator gave the staff person in question another sign in sheet and had [redacted] retake the Safe Management Techniques training again. The Original sign in sheet is attached.

Moving forward:

The Administrator assigned the task of managing the sign in sheets to her administrative assistant, who will check the logs monthly to ensure all that have been trained has the required documents in place.

Directed:

Please audit all current staff records for required documentation.

Please complete audit in 10 days of receipt of this plan of correction.

8-9-2023 - [redacted]

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented [redacted] - 08/30/2023)

65g - Annual Training Content

11. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff Person "C" DOH [redacted] did not receive direct care annual training in the following topics. Emergency Preparedness, The older Adult Protective Services Act and falls and prevention.

Direct care staff person "D" DOH [redacted] did not receive the required direct care training in falls and prevention.

Plan of Correction

Accept [redacted] - 08/09/2023)

How did this happen:

When the surveyor was here, I, the Administrator was unprepared for everything [redacted] was asking for. I handed [redacted] my book of training that I maintain on all the training done here. I was called away from my desk and failed to point out staff person "C" and staff person "D" signatures on the sign in sheets.

Plan of Correction:

I immediately had the staff person "C" and "D" retake the training to ensure it was done. I've included the original sign in sheets as well as the new sign in sheets.

Moving forward:

The Administrator assigned this task to the administrative assistant for future updating and ensure all are signing in during the trainings. Administrative Assistant will also maintain the log of all trainings and ensure all signatures are in place. Administrator will provide followup on assistant to also provide assurance that nothing is missed.

Directed:

Please audit all current staff records for required documentation.

Please complete audit in 10 days of receipt of this plan of correction.

65g - Annual Training Content (continued)

8-9-2023 - [REDACTED]

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented ([REDACTED] - 08/30/2023)

81b - Resident Personal Equipment

12. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident bedroom, that is located next to the administrator's office, the bed had two bed rails that did not have a cover on them. The rails were not covered and had openings large enough to allow for the entrapment of head or limbs.

Plan of Correction

Accept ([REDACTED] - 08/09/2023)

How this happened:

A resident located near the administrator's office has bed rails on [REDACTED] bed that [REDACTED] uses to pull herself up.

Housekeeping had covered the rails earlier that morning and upon the surveyor's arrival, the covers had already come off the rails when the room was being cleaned.

Plan of Correction:

The bed rails were covered with a cover that can be fastened to the rail itself.

Moving forward:

The Administrator, Housekeepers, and Med techs were alerted of the issue and will be checking daily that the cover is on the bed rails daily.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented ([REDACTED] - 08/30/2023)

85e - Trash Outside Home

13. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

During the initial walk through on the date of inspection the home's dumpsters lids were open as well as the sliding doors on the dumpsters were open. The home also had a tall slim trash container located outdoors next to the kitchen entrance that did not have a lid.

Plan of Correction

Accept ([REDACTED] - 08/09/2023)

How did this happen:

85e - Trash Outside Home (continued)

The morning the surveyors were here at Walden III, our trash collection company came to empty our dumpster. When it is emptied it is loaded on the truck and turned upside down, when it is released and sat back in place, the lid did not close on the container holding the recyclable cardboard. There is a trash can located next to the back door of the kitchen a tall trash can that did not have a lid in place to keep it closed. The can is used for recyclable cans and plastic. The surveyor walked thru the building to the back side of the building and noted the lid and side doors were not closed on the dumpster. The surveyor also noted a tall trash can located outside by the back kitchen door without a lid.

Plan of Correction:

The Administrator, Maintenance department, Housekeeping, and Kitchen have all been made aware of the issue at hand. The Administrator has made it everyone's responsibility to check the dumpsters to be sure the sliding doors and the lid is closed daily. The trash can located outside the kitchen door was removed and replaced with a large can with a lid.

Moving forward:

The Administrator, Maintenance, Chef, and Housekeeping will conduct routine checks on the dumpster to ensure the doors and lids are closed.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented (████) - 08/30/2023

121a - Unobstructed Egress

14. 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

The emergency exit door located in main dining area had a blanket across the bottom of the door. The home had a heavy rain storm the previous day and this was to stop water from entering the facility. The blanket was an obstruction in the event of an emergency.

Plan of Correction

Accept (████) - 08/09/2023

How did this happen:

There is a door located in the lower larger dining room residents frequent this door to go out to the garden bird feeders. After a recent onslaught of rain storms, the floor had gotten wet from the door being used to access the outside. Housekeeping places a blanket down on the floor to dry it. The maintenance department had the door opened the night before to access a generator just outside the door. Therefore the blanket was still in place the next morning. The surveyor had seen the blanket on the floor.

Plan of Correction:

The Administrator and Maintenance department conducted a walk thru tough of the building to ensure all exits and egresses are open and accessible. And to check for any obstacles that can possibly be obstructing the egress and exit.

121a - Unobstructed Egress (continued)

Moving forward:

The Administrator and Maintenance will conduct daily walk-through to ensure all egresses and exit are free of any obstacles blocking the door or thorough fare.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented () - 08/30/2023

183f - Discontinued Medications

15. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The home's first aid kit had a tube of antibacterial cream that had an expiration date of 12/21

Plan of Correction

Accept () - 08/09/2023

How did this happen:

In the first aid kit, located in our med room closet is our first aid kit. In the kit was a tube of antibacterial cream that was expired on 12/21. This was missed by the med tech who maintains the first aid kit and its contents.

Plan of Correction:

The administrator went to the local CVS and purchased a new tube of antibacterial cream and replaced the expired tube, which was discarded immediately in front of the surveyor.

Moving forward:

The administrator appointed the Administrative Assistant and the Med Tech Supervisor with the task of going through the first aid kits to discard and replace any expired supplies within the kit.

Directed:

The first aide kit shall be checked monthly for current contents.

The administrator shall monitor ongoing compliance. 8-9-2023 - ()

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented () - 08/30/2023