pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 3, 2023

[redacted]
Walden's View North Huntingdon OPCO LLC
7990 US Route 30
North Huntingdon, Pennsylvania 15642

RE: Walden's View at North Huntingdon
License/COC #: 446801

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on July 21, 2023, July 24, 2023, July 25, 2023, and August 16, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), mistreatment or abuse of residents being cared for in the facility, failure to submit an acceptable plan to correct noncompliance items and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 446800) dated June 13, 2023 – June 13, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from November 3, 2023 to May 3, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date to avoid Fine)
183(b)	II	90	$5	$450	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

Facility Information

Name: *WALDEN'S VIEW AT NORTH HUNTINGDON* **License #:** *44680* **License Expiration:** *06/13/2024*

Address: *7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642*

County: *WESTMORELAND* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** *7248632600* **Email:** [redacted]

Legal Entity

Name: *WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC*

Address: *7990 ROUTE 30, NORTH HUNTINGDON, PA, 15642*

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *129* **Waking Staff:** *97*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date:** *08/16/2023*

Inspection Dates and Department Representative

08/16/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served:** *90*

Secured Dementia Care Unit

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

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *89*

Diagnosed with Mental Illness: *3*

Diagnosed with Intellectual Disability: *3*

Have Mobility Need: *39*

Have Physical Disability: *0*

Inspections / Reviews

08/16/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/02/2023*

09/11/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/15/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/15/2023*

Inspections / Reviews *(continued)*

09/19/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/15/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/01/2023*

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 6/1/23 at approximately 6:00pm, resident #1 was found unsupervised and unattended by a passerby on the 4 lane highway down the hill from the personal care home. The police were contacted and resident #1 was escorted and admitted to the home's licensed secured dementia care unit (SDCU), which is on the same campus as the personal care home where resident #1 was residing at the time of the incident. According to numerous staff persons, resident #1 has been experiencing increased confusion at the personal care home over the last few months. Numerous staff persons indicated resident #1 would "roam the halls" at night looking for her children and vehicle. On numerous occasions, resident #1 was found unattended and unsupervised outside the home and in the home's parking lot. According to resident #1's progress note, dated 5/21/23 at 5:16pm, "resident was found walking up the memory care building. [redacted] was brought back down and placed on 15 minute checks for 72 hrs. Resident confusion is apparent." Additionally, the home's "Crew App" includes the following entries entered by staff persons regarding resident #1:

- *5/26/23 at 10:16pm: A staff person "found [redacted] in the parking lot earlier and since then [redacted] been up and down the hallway yelling at staff at residents. I've tried multiple times to redirect [redacted] to [redacted] room and have not been successful. Also not making any sense when talking and talking about off the wall things".*
- *5/17/23 at 6:37am: Resident #1 was "up all night confused and roaming the halls".*
- *5/12/23: Resident #1 was "confused this evening looking for the kids in the cellar".*

Plan of Correction ***Accept[redacted] 09/19/2023)***

Due to frequent UTI's (1/10, 2/5, 3/22, 4/5, 4/21, 5/4) a urine sample was collected on 5/30/23. Immediately after the incident on 6/1/2023 resident #1 was placed into the SDCU. MD and family were notified. Resident #1 was placed on 15 min checks for 72 hours.
Mangement (admin, assist admin, both RCC) will hold a stand up meeting every Monday, Wednesday and Friday @ 9:30 am. This meeting will be to review all information in the community crew app for any changes with residents. These meeting started 8/18/23 and will continue moving forward. Any changes that are needed will be resolved immediately by consulting with MD. Documentation will be kept.
Also, every Thursday will be a home health and hospice meeting. RCC will attend these meeting to also review any changes with hospice or home health residents. This started 8/17/23 and will continue moving forward. Documentation will be kept.
Any resident that experiences change in behavior including but not limited to exit seeking, staff will immediately notify POA, MD via fax, management and resident will be placed on Q15m checks and charted on Q-shift until MD can eval and make recommendations. Training will be on 9/22/23, documentation will be kept. Any resident who experiences change in behavior RCC or assistant admin will review the following day that all procedures were carried out in a timely manner and follow up with MD.

Licensee's Proposed Overall Completion Date: *09/22/2023* Not Implemented [redacted]-10/11/23

225c - Additional Assessment

2. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

225c - Additional Assessment *(continued)*

2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

On 6/1/23 at approximately 6:00pm, resident #1 was found unsupervised and unattended by a passerby on the 4 lane highway down the hill from the personal care home. The police were contacted and resident #1 was escorted and admitted to the home's licensed secured dementia care unit (SDCU), which is on the same campus as the personal care home where resident #1 was residing at the time of the incident. According to numerous staff persons, resident #1 has been experiencing increased confusion at the personal care home over the last few months. Numerous staff persons indicated resident #1 would "roam the halls" at night looking for [redacted] children and vehicle. On numerous occasions, resident #1 was found unattended and unsupervised outside the home and in the home's parking lot. According to resident #1's progress note, dated 5/21/23 at 5:16pm, "resident was found walking up the memory care building. [redacted] was brought back down and placed on 15 minute checks for 72 hrs. Resident confusion is apparent." Additionally, the home's "Crew App" includes the following entries entered by staff persons regarding resident #1:

- *5/26/23 at 10:16pm: A staff person "found [redacted] in the parking lot earlier and since then [redacted] been up and down the hallway yelling at staff at residents. I've tried multiple times to redirect her to [redacted] room and have not been successful. Also not making any sense when talking and talking about off the wall things".*
- *5/17/23 at 6:37am: Resident #1 was "up all night confused and roaming the halls".*
- *5/12/23: Resident #1 was "confused this evening looking for the kids in the cellar".*

However, resident #1's most recent assessment, dated 9/29/22, indicates resident #1 has a minimal problem with orientation to time, place and person, and minimal problems with judgment.

Plan of Correction ***Directed ([redacted] - 09/19/2023)***

Immediately on 6/1/2023 resident #1 was admitted to the SDCU. Family and MD were notified, and resident was placed on 15-minute checks for 72 hours.
On 8/28/23 a complete audit was done on all prescreen forms and medical evaluations. This audit was completed by the RCC and reviewed by admin. This will be completed by 9/4/2023. Documentation will be kept.

Moving forward admin and/or assist admin will review all new admission prescreens and medical evaluations done by both RCC's. Admin and/or assist admin will sign bottom of the last page to confirm completion is correct.
Any resident that experiences change in behavior including but not limited to exit seeking, staff will immediately notify POA, MD via fax, management and resident will be placed on Q15m checks and charted on Q-shift until MD can eval and make recommendations. Training will be on 9/22/23, documentation will be kept. Any resident who experiences change in behavior RCC or assistant admin will review the following day that all procedures were carried out in a timely manner and follow up with MD.

DIRECTED: By 10/1/23: The administrator shall review all current resident assessments to ensure each resident's assessment accurately reflects each resident's care needs, including supervision needs and any resident demonstrating exit-seeking behaviors. Documentation of the audit shall be kept.[redacted] 9/19/23

DIRETED: By 10/1/23: The administrator shall develop and implement a system to ensure resident assessments are updated as resident care needs change. Documentation of the system shall be kept. All staff persons responsible for completing resident assessments shall be educated on the new system by 10/1/23. Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 9/19/23

Not Implemented [redacted]-10/11/23

225c - Additional Assessment *(continued)*

Directed Completion Date: *10/01/2023*

227d - Support Plan Medical/Dental

3. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On 6/1/23 at approximately 6:00pm, resident #1 was found unsupervised and unattended by a passerby on the 4 lane highway down the hill from the personal care home. The police were contacted and resident #1 was escorted and admitted to the home's licensed secured dementia care unit (SDCU), which is on the same campus as the personal care home where resident #1 was residing at the time of the incident. According to numerous staff persons, resident #1 has been experiencing increased confusion at the personal care home over the last few months. Numerous staff persons indicated resident #1 would "roam the halls" at night looking for [redacted]children and vehicle. On numerous occasions, resident #1 was found unattended and unsupervised outside the home and in the home's parking lot. According to resident #1's progress note, dated 5/21/23 at 5:16pm, "resident was found walking up the memory care building. [redacted] was brought back down and placed on 15 minute checks for 72 hrs. Resident confusion is apparent." Additionally, the home's "Crew App" includes the following entries entered by staff persons regarding resident #1:

- *5/26/23 at 10:16pm: A staff person "found [redacted] in the parking lot earlier and since then [redacted] been up and down the hallway yelling at staff at residents. I've tried multiple times to redirect [redacted] to [redacted] room and have not been successful. Also not making any sense when talking and talking about off the wall things".*
- *5/17/23 at 6:37am: Resident #1 was "up all night confused and roaming the halls".*
- *5/12/23: Resident #1 was "confused this evening looking for the kids in the cellar".*

However, resident #1's most recent support plan, dated 9/29/22, does not include any 15-minute checks for resident #1 or a plan to meet resident #1's increased confusion and exit-seeking behaviors.

Plan of Correction ***Directed ([redacted]- 09/19/2023)***

Immediately on 6/1/2023 resident #1 was admitted to the SDCU. Family and MD were notified, and resident was placed on 15-minute checks for 72 hours.
On 8/28/23 a complete audit was done on all rasp, prescreen forms and medical evaluations. This audit was completed by the RCC and reviewed by admin. This will be completed by 9/4/2023. Documentation will be kept.

Moving forward admin and/or assist admin will review all new admission prescreens and medical evaluations done by both RCC's. Admin and/or assist admin will sign bottom of the last page to confirm completion is correct.
Any resident that experiences change in behavior including but not limited to exit seeking, staff will immediately notify POA, MD via fax, management and resident will be placed on Q15m checks and charted on Q-shift until MD can eval and make recommendations. Training will be on 9/22/23, documentation will be kept. Any resident who experiences change in behavior RCC or assistant admin will review the following day that all procedures were carried out in a timely manner and follow up with MD.

DIRETED: By 10/1/23: The administrator shall develop and implement a system to ensure resident support plans are updated as resident care needs change. Documentation of the system shall be kept. All staff persons responsible

227d - Support Plan Medical/Dental (continued)

for completing resident support plans shall be educated on the new system by 10/1/23. Documentation of the education shall be kept in accordance with 2600.65i. [redacted] *9/19/23*

Directed Completion Date: *10/01/2023*

Not Implemented [redacted] -10/11/23