



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
LEGAL ENTITY

To operate WALDEN'S VIEW AT NORTH HUNTINGDON
NAME OF FACILITY OR AGENCY

Located at 7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 26, 2024 until November 26, 2025,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446800**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: November 26, 2024

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

RE: Walden's View at North Huntingdon
License #: 44680

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on June 25, 2024 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

August 23, 2024

[REDACTED]
WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
7990 ROUTE 30
NORTH HUNTINGDON, PA, 15642

RE: WALDEN'S VIEW AT NORTH
HUNTINGDON
7990 US ROUTE 30
NORTH HUNTINGDON, PA, 15642
LICENSE/COC#: 44680

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/21/2024, 02/22/2024 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'S VIEW AT NORTH HUNTINGDON License #: 44680 License Expiration: 05/03/2024
 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 ROUTE 30, NORTH HUNTINGDON, PA, 15642
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/19/2002 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 123 Waking Staff: 92

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 03/04/2024

Inspection Dates and Department Representative

02/21/2024 - On-Site [REDACTED]
 02/22/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 81

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 80
 Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 42 Have Physical Disability: 0

Inspections / Reviews

02/21/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/24/2024

Inspections / Reviews *(continued)*

04/04/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/17/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/06/2024

05/06/2024 - POC Submission

Submitted By: [REDACTED] [REDACTED] Submitted: 05/17/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/17/2024

08/23/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 05/17/2024
Reviewer: [REDACTED] Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 2/22/24, the home's license inspection summaries were posted in a locked case in the vestibule, and they were inaccessible.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

Immediately on 2/22/24 while on site the administrator made copies of all license inspection summaries and added it to the policy and procedure, emergency preparedness binder and placed in the vestibule on the table accessible to all residents/visitors. All management staff will be educated on location of license inspection summary and the need for it to remain in a conspicuous and public place on 3/21/24. Documentation will be kept. The administrator will date and initial off on all license inspection summaries moving forward to stay in compliance with 2600.3.c

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented [REDACTED] - 08/23/2024)

25b - Contract Signatures

2. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contract for resident #1 dated [REDACTED]/23 was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 05/06/2024)

Immediately starting on 3/20/24 all resident contracts were audited to ensure all signatures were present. This was completed by admin/designee on 3/25/24. Documentation was kept. Any new contract for a new admission will be audited upon completion by admin/designee. This will be done within 72 hours of move in. Resident #1 signed [REDACTED] contract on 3/20/24

All resident files will be audited for completion starting 3/21/24 and will be completed by 3/29/24 by designee. Documentation will be kept.

Resident files will be audited by designee 1x monthly for the next 6 months.

Licensee's Proposed Overall Completion Date: 04/06/2024

Implemented [REDACTED] - 08/23/2024)

25c2 - Fee Schedule

3. Requirements

2600.

- 25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

25c2 - Fee Schedule (continued)

The resident-home contract , dated [redacted]/23, for resident #1 does not include a fee schedule of actual amounts charged for available services.

Plan of Correction

Accept [redacted] - 05/06/2024)

Resident #1 originally move into the memory care unit [redacted] 2023 until 8/23/2023. Resident's complete contract was never added to resident # 1 file. Due to this oversite multiple pages of the contract were misplaced. These documents have now been recovered and given to resident #1. A new fee schedule will also be given to resident #1 with a new signature and date on 3/21/24. Documentation will be kept.

All resident files will be audited for completion starting 3/21/24 and will be completed by 3/29/24 by admin/designee. Documentation will be kept.

Resident files will be audited by admin/designee 1x monthly for the next 6 months.

Senior Solution Specialist/admin will be the responsible party for each corrective step.

Licensee's Proposed Overall Completion Date: 04/06/2024

Implemented [redacted] - 08/23/2024)

25c3 - Annual Assessment

4. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 3. An explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.

Description of Violation

The resident-home contract , dated [redacted]/23, for resident #1 does not explain the annual assessment, medical evaluation and support plan requirements and procedures to be followed if the assessment or medical evaluation indicates the need for another or more appropriate level of care.

Plan of Correction

Accept [redacted] - 05/06/2024)

Resident #1 originally move into the memory care unit 8/14/2023 until 8/23/2023. Resident's complete contract was never added to resident # 1 file. Due to this oversite multiple pages of the contract were misplaced. These documents have now been recovered and given to resident #1. A annual assessment page will also be given to resident #1 with a new signature and date on 3/21/24. Documentation will be kept.

All resident files will be audited for completion starting 3/21/24 and will be completed by 3/29/24 by admin/designee. Documentation will be kept.

Resident files will be audited by admin/designee 1x monthly for the next 6 months.

Admin/assist admin will be the responsible for all corrective steps.

Licensee's Proposed Overall Completion Date: 04/06/2024

Implemented [redacted] 08/23/2024)

25c4 - Payment Responsibility

5. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 4. The party responsible for payment.

25c4 - Payment Responsibility (continued)

Description of Violation

The resident-home contract , dated [REDACTED] 23, for resident #1 does not specify the party responsible for payment.

Plan of Correction

Accept [REDACTED] - 05/06/2024)

Resident #1 originally move into the memory care unit [REDACTED] 023 until 8/23/2023. Resident's complete contract was never added to resident # 1 file. Due to this oversight multiple pages of the contract were misplaced. These documents have now been recovered and given to resident #1. A new payment responsibility page will also be given to resident #1 with a new signature and date on 3/21/24. Documentation will be kept.

All resident files will be audited for completion starting 3/21/24 and will be completed by 3/29/24 by admin/designee. Documentation will be kept.

Resident files will be audited by admin/designee 1x monthly for the next 6 months.

Senior Solution Specialist/admin will be the responsible party for each corrective step.

Licensee's Proposed Overall Completion Date: 04/06/2024

Implemented [REDACTED] - 08/23/2024)

25c5 - Telephone Calls

6. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 5. The method for payment of charges for long distance telephone calls.

Description of Violation

The resident-home contract, dated [REDACTED] 3, for resident #1 does not specify the method of payment of charges for long distance phone calls.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

An addendum was added to the contract for Walden's View on 3/20/24 by the administrator. This addendum states that there will be no charge for any long-distance phone calls. All addendum's will be sent per the email chain provided by Walden's View by 3/25/24. Once they have been returned with signature, they will be placed in resident's file.

All resident files will be audited for completion starting 3/21/24 and will be completed by 3/29/24 by admin/designee. Documentation will be kept.

Resident files will be audited by admin/designee 1x monthly for the next 6 months.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented [REDACTED] - 08/23/2024)

25c12 - Bed Hold

7. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

The resident-home contract , dated [REDACTED] 23, for resident #1 does not include the charges for holding a bed during an absence.

25c12 - Bed Hold (continued)

Plan of Correction

Accept (████) - 04/04/2024)

An addendum was added to the contract for Walden's View on 3/20/24 by administrator. This addendum states that during a hospital stay or nursing home stay the responsible party will be responsible for the room rent in order to be a bed hold. All addendum's will be sent per the email chain provided by Walden's View by 3/25/24. Once they have been returned with signature, they will be placed in resident's file.

All resident files will be audited for completion starting 3/21/24 and will be completed by 3/29/24 by admin/designee. Documentation will be kept.

Resident files will be audited by admin/designee 1x monthly for the next 6 months.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented (████) - 08/23/2024)

41e - Signed Statement

8. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept (████) - 04/04/2024)

On 3/19/24 resident # 1 received a copy of the Resident Rights. On 3/20/24 management went over the resident rights with resident #1 to ensure that resident # 1 understood and to answer any questions.

All resident files will be audited for completion starting 3/21/24 and will be completed by 3/29/24 by admin/designee. Documentation will be kept.

Resident files will be audited by admin/designee 1x monthly for the next 6 months.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented (████) - 08/23/2024)

54a - Direct Care Staff

9. Requirements

2600.

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

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A and direct care staff person B do not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry. Staff person A and staff person B worked unsupervised in the home on multiple dates since 1/1/2024.

Plan of Correction

Directed (████) - 05/06/2024)

On 2/26/24 staff member B stated that (████) does have (████) GED but refused to give Walden's view a copy.

Management explained that (████) would be taken off the schedule until a copy was received. Staff member B resigned from Walden's View on (████)/24.

54a - Direct Care Staff (continued)

Staff member A diploma has been entered into Scholaro for equivalency and is expected to be completed by 3/26/24. Moving forward admin/designee will review all new employee's files before working in direct care to ensure accuracy. Admin/designee will sign off on completion.

Founded in 2008, Scholaro, Inc. is headquartered in Chicago, USA and provides credential evaluation services and software-as-a-service for international admissions and recruitment.

Scholaro reports are accepted by USCIS and meet the admission guidelines of the International Evaluation Standards Council (formerly the National Council on the Evaluation of Foreign Educational Credentials).

Staff that need a waiver will not work direct care until waiver is approved.

A complete audit will be done on all direct care staff by 4/20/2024 by admin/assist admin/RCC. Documentation will be kept.

Proposed Overall Completion Date: 04/20/2024

DIRECTED PLAN:

By 5/15/24: If the Administrator wishes to have staff person B provide direct care services for residents and the staff person's qualifications are from a non-U.S. educational institution, a waiver request for this regulation and this staff person shall be submitted to the Headquarters office. If a waiver for this regulation and this staff person is approved by the Headquarters office, the Administrator will follow all of the requirements of the waiver.

By 5/15/24: The Administrator or designee shall review the records of all direct care staff to ensure documentation of a High School diploma, GED diploma or active registration status on the PA Nurse Aide Registry is kept.

Directed Completion Date: 05/15/2024

Implemented [redacted] - 08/23/2024)

63d - Certified CPR Staff

10. Requirements

2600.

63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

Description of Violation

On [redacted]/24 at approximately 8:40 PM, staff person C found resident #2 unresponsive in [redacted] room on [redacted] bed. Staff person C assessed resident #2; however, [redacted] did not immediately start cardiopulmonary resuscitation (CPR). When staff person D entered the room, staff person D started CPR while resident #2 was still on [redacted] bed. The paramedic who responded to the emergency call and who did CPR on resident #2 reported when [redacted] arrived none of the facility staff were performing CPR, and that [redacted] could hear and feel cartilage "cracking" as if CPR was not started or was performed incorrectly. Staff are trained to start CPR immediately, conduct CPR with the resident on a hard surface, and to continue CPR until relieved by a person trained in CPR.

Staff person C and D have been trained in CPR and resident #2 did not have a Do Not Resuscitate (DNR) order.

Plan of Correction

Accept [redacted] - 05/06/2024)

Starting on 3/21/24 a weekly mock emergency will be done by management per shift. These mock emergencies are to provide training for all staff on the proper procedures on CPR and first aid. Any coaching that needs to be done will be documented by management and a sign in sheet will be done. This will be done weekly for 6 months and

63d - Certified CPR Staff (continued)

monthly thereafter.

April 18, 2024 at 2:00 pm staff member C and D will be recertified on CPR/First Aid. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/18/2024

Implemented [redacted] - 08/23/2024)

66b - Training Plan Content

11. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- 1. The name, position and duties of each direct care staff person.
- 2. The required training courses for each staff person.
- 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The staff training plan did not include, the name, position and duties of each direct care staff person, the required training courses for each staff person or the dates, times and locations of the scheduled training for each staff person for the upcoming year.

Plan of Correction

Directed [redacted] - 05/06/2024)

Due to Anova Acadamy training, not having the correct requirements, Walden's View's admin along with the management group has changed the training process as of January 2024. See attached training plan. Staff will complete a quiz for each training topic and have their own individual department approved sign in sheet. Admin/assist admin will approve all training and sign off that the proper training and required elements moving forward.

Proposed Overall Completion Date: 04/06/2024

DIRECTED PLAN:

By 5/15/24: The Administrator or designee shall develop a staff training plan in accordance with 2600.66b which includes the name position and duties of each direct care staff person, the required training courses for each staff person and the dates, times and locations of the scheduled training for each staff person for the upcoming year.

By 5/15/24: The Administrator or designee shall develop a tracking system to ensure that a staff training plan in accordance with 2600.66b is developed prior to the start of each staff training year.

Directed Completion Date: 05/15/2024

Implemented [redacted] - 08/23/2024)

82c - Locking Poisonous Materials

12. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

82c - Locking Poisonous Materials (continued)

Description of Violation

On 2/21/24, a bottle of Mr. Clean Multipurpose Cleaner, with a manufacture's label indicating "If swallowed ... call a physician or poison control center", was unlocked and accessible to residents in the bathroom of bedroom 302. Residents of the home, including resident #3, have not been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 05/06/2024)

Immediately on 2/21/24 the bottle of Mr.Clean multipurpose cleaner was removed from room 302. The administrator typed up a letter to all family members about hazardous/poisonous material that cannot be brought in and will be sent by 3/20/24. Documentation of the letter will be kept. The maintenance director or designee will check 5 rooms a week to ensure there are no poisonous material in the bedrooms starting 3/18/24. RCC removed the cleaner and assist admin called the family, so they were aware.

Licensee's Proposed Overall Completion Date: 04/06/2024

Implemented [redacted] - 08/23/2024)

85a - Sanitary Conditions

13. Requirements

2600. 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/22/24, there was an unknown substance splattered in the refrigerator in the bistro.

Plan of Correction

Accept [redacted] - 05/06/2024)

Immediately on 2/22/24 the unknown substance was cleaned. All mini refrigerators in the bistro will be checked/cleaned daily by activities for spills and out of date product, documentation will be kept. Activity director cleaned the refrigerator and will continue to do so.

Licensee's Proposed Overall Completion Date: 04/06/2024

Implemented [redacted] - 08/23/2024)

91 - Telephone Numbers

14. Requirements

2600. 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 2/21/24, the telephones in bedroom 205, bedroom 220, bedroom 231, and bedroom 329 did not have the required emergency telephone numbers posted on or near them.

Plan of Correction

Accept [redacted] - 05/06/2024)

Immediately on 2/21/24 all room phones were audited to ensure emergency number sticker was present. Monthly room checks will be conducted to ensure sticker is still present by maintenance or designee. Documentation will be kept. Next audit will be done on 3/21/24. Admin/assist admin will be the responsible party for all corrective steps.

Licensee's Proposed Overall Completion Date: 04/06/2024

91 - Telephone Numbers *(continued)*

Implemented (████) 08/23/2024)

95 - Furniture and Equipment

15. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 2/21/24, the pull stations by bedroom 101 and bedroom 127 were not securely mounted on the walls.

Plan of Correction

Accept (████) - 04/04/2024)

*On 2/27/24 the pull stations by rooms 101 and 127 were securely mounted on the wall by Maintenance director.**Monthly checks will be done on all pull stations moving forward by maintenance or designee. These checks started on 2/27/24 and the next audit of pull stations will be 3/27/24.*

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented (████) - 08/23/2024)

103f - Refrigerator/Freezer Temps

16. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

*On 2/22/24 at 3:40 PM, the walk-in freezer measured 11 degrees Fahrenheit.**On 2/22/24, there was no thermometer in the refrigerator on the counter in the bistro.*

Plan of Correction

Accept (████) 04/04/2024)

Immediately on 2/22/24 a call was placed to FUGH refrigeration. FUGH came out on 2/23/24 temporarily fixed the issue so the freezer would be at 0°F, due to parts needed to be order. FUGH returned on 3/13/24 and replaced the evaporator fan motor. The temperature is now 0°F. Daily temperature will be documented moving forward. This started on 2/26/24. We will educate dietary staff that if the temperature is above 0°F then management needs to be notified immediately. Thermometer was purchased on Amazon for the bistro refrigerator and was put in place on 3/15/24. All documentation has been kept.

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented (████) - 08/23/2024)

130a - Smoke Detector 15 ft Bedroom

17. Requirements

2600.

130.a. There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

Description of Violation

On 2/21/24, the nearest smoke detector was approximately 30 feet from the doors of bedroom 228 and bedroom 231.

130a - Smoke Detector 15 ft Bedroom (continued)

Plan of Correction

Accept [REDACTED] - 05/06/2024)

On 2/27/24 a lithium battery smoke detector was purchased and placed within 15 feet of rooms 228 and 231. This lithium battery smoke detector has a 10-year battery life. Documentation was kept.

Smoke detectors will all be checked quarterly for battery life and working properly as always.

Maintenance department will be responsible for any corrective steps.

Licensee's Proposed Overall Completion Date: 04/06/2024

Implemented [REDACTED] - 08/23/2024)

141b1 - Annual Medical Evaluation

18. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #4's most recent medical evaluation was on [REDACTED]/23; however, [REDACTED] previous medical evaluation was on [REDACTED]/22.

Plan of Correction

Accept [REDACTED] /06/2024)

All residents' charts will be audited by management/designee by 4/15/24 to ensure completion. Any initial, annual or significant changes medical evaluation will be checked for accuracy by admin/assist admin/RCC before MD sees said resident. This started on 3/1/24 and documentation will be kept.

In tabula pro, 30-day reminder will be added to the dashboard which will give alerts to management for deadline of medical evaluations. Started on 3/1/24 and documentation will be kept.

Admin/assist admin/RCC will be responsible for any and all corrective steps.

Licensee's Proposed Overall Completion Date: 04/06/2024

Implemented [REDACTED] - 08/23/2024)

183b - Meds and Syringes Locked

19. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 2/22/24, 2 containers of Alphagan P eye drops that was prescribed for resident #5 were unlocked and accessible on the nightstand in resident # 5's bedroom. The resident indicated [REDACTED] does not lock the bedroom door when [REDACTED] leaves the room.

REPEAT VIOLATION: 7/21/2023 et. al., 11/21/23

Plan of Correction

Directed [REDACTED] - 05/06/2024)

An order has been written on [REDACTED]/24 by MD to remove eye drops from resident # 5's room. Resident # 5 declined to lock [REDACTED] door and understands that the medication will be administered by trained staff. [REDACTED] is happy with this decision. Resident #5's eye drops are now securely locked in the medication cart. Documentation has been kept.

183b - Meds and Syringes Locked (continued)

Moving forward, if a resident self-administers medication, daily checks will be done by admin/designee for one month. Weekly thereafter. Documentation will be kept.

Proposed Overall Completion Date: 04/06/2024

DIRECTED PLAN:

By 5/15/24: the Administrator or designee shall retrain all staff persons on the requirement that all medication be kept in an area or container that is locked, including in a resident's room. Documentation of the training shall be kept.

Directed Completion Date: 05/15/2024

Implemented [redacted] - 08/23/2024)

184a - Resident's Meds Labeled

20. 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.
5. The name and title of the prescriber.

Description of Violation

There was no pharmacy label on resident #4's Prednisolone Acetate 1%.

Plan of Correction

Accept [redacted] - 04/04/2024)

Immediately on 2/23/24 management reach out to the pharmacy for a proper label for resident #4 Prednisolone Acetate 1% to be sent with medication delivery that night. Label was placed on medication the evening of 2/23/24. Medication cart audits will be done weekly to ensure all medication has proper labels. RCC/designee will do cart audits, and this started 2/26/24. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented [redacted] - 08/23/2024)

185a - Implement Storage Procedures

21. 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

Resident #4's glucometer was not set to the correct time.

Plan of Correction

Accept [redacted] - 05/06/2024)

A new glucometer was ordered from the pharmacy, due to the time not staying correct. Weekly glucometer checks will be done by RCC/designee to ensure glucometer is operating correctly. This will start 3/25/24. Documentation will be kept.

185a - Implement Storage Procedures (continued)

RCC will provide training for all Med techs on proper regulations of glucometers and when to notify management of problems. Training will be 3/25/24. Documentation will be kept. RCC will be the responsible party for any corrective steps.

Licensee's Proposed Overall Completion Date: 04/06/2024

Implemented [redacted] - 08/23/2024)

191 - Resident Right to Refuse

22. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1's record does not contain documentation that he was educated on the right of a resident to question or refuse a medication if the resident believes there may be a medication error.

Plan of Correction

Accept [redacted] /06/2024)

On [redacted] 9/24 a resident rights form was given to resident #1. On 3/20/24 management had a meeting with resident #1 to go over resident rights and answer any questions. Resident #1 signed the form and was given a copy for [redacted] f, and a copy was put in resident #1 file.

Any new contract for a new admission will be audited upon completion by admin/designee. This will be done within 72 hours of move in.

Proposed Overall Completion Date: 04/06/2024

By 5/15/24: The Administrator or designee shall audit resident records to ensure each resident has been educated on the right to question or refuse medication if the resident believes there ay be a medication error and that documentation of this education is kept in the resident's record.

Licensee's Proposed Overall Completion Date: 04/06/2024

Implemented [redacted] - 08/23/2024)

225c - Additional Assessment

23. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #4's most recent assessment was on [redacted] /23; however, [redacted] previous assessment was on [redacted] /22.

REPEAT VIOLATION: 8/16/2023

225c - Additional Assessment (*continued*)**Plan of Correction****Accept ([REDACTED] - 04/04/2024)**

All residents' charts will be audited by management/designee by 4/15/24 to ensure completion. Any initial, annual or significant changes assessment will be checked for accuracy by admin/assist admin/RCC before MD sees said resident. This started on 3/1/24 and documentation will be kept.

In tabula pro, 30-day reminder will be added to the dashboard which will give alerts to management for deadline of assessment. Started on 3/1/24 and documentation will be kept.

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented [REDACTED] 08/23/2024)

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

August 23, 2024

[REDACTED]
WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
7990 ROUTE 30
NORTH HUNTINGDON, PA, 15642

RE: WALDEN'S VIEW AT NORTH
HUNTINGDON
7990 US ROUTE 30
NORTH HUNTINGDON, PA, 15642
LICENSE/COC#: 44680

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/03/2024, 01/18/2024 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'S VIEW AT NORTH HUNTINGDON License #: 44680 License Expiration: 05/03/2024
Address: 7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642
County: WESTMORELAND Region: WESTERN

Administrator

Name: [Redacted]

Legal Entity

Name: WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
Address: 7990 ROUTE 30, NORTH HUNTINGDON, PA, 15642
Phone: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/19/2002 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 122 Waking Staff: 92

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 01/18/2024

Inspection Dates and Department Representative

01/03/2024 - On-Site: [Redacted]
01/18/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 81

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 80
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 3
Have Mobility Need: 41 Have Physical Disability: 0

Inspections / Reviews

01/03/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/07/2024

Inspections / Reviews (*continued*)

03/06/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/22/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/12/2024

04/05/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/22/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/11/2024

04/12/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/22/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/22/2024

08/23/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 05/22/2024
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

Resident #1 was admitted to the home on [REDACTED]/23 with home health services for wound care. At the time of admission, resident #1 had a stage II pressure ulcer on resident #1's medial coccyx area. On 10/24/23, resident #1 was prescribed "Cleanse wound with saline or sterile water. Apply Santyl to wound bed only, cover with foam dressing and change daily for 1 week." Resident #1's home health notes, dated [REDACTED]/23, indicate that on [REDACTED] 23, the Santyl ointment was still not present in the home and not was not being administered to resident #1. On [REDACTED] 23, resident #1's home health notes indicate resident #1's wound was now a stage IV, measuring 3cm in length and 4cm in width. Per resident #1's home health notes, dated [REDACTED]/23, "staff able to confirm that Santyl was received from pharmacy - this nurse requested ointment for wound care. Santyl tube was noted to be filled on 11/2, this nurse had to open Santyl for the first time during visit." On [REDACTED] 3, resident #1 was sent to the hospital and admitted with sacral osteomyelitis. Resident #1 returned to the home on [REDACTED]/23 with a wound vac and new prescriber's orders indicating to "cleanse wound coccyx sacral ulcer wound Dakin's 1/4 solution, pat dry, apply wound vac at 125mmhg continuously. Change 3 times a week and as needed every day shift every Monday, Wednesday, and Friday." On 12/28/23, a home health registered nurse arrived at the home to provide wound care to resident #1. Upon arrival, the registered nurse found resident #1 saturated in resident #1's urine and feces. Resident #1's feces were covering resident #1's entire buttocks area, including resident #1's wound, as well as covering resident #1's catheter. During the home health visit, resident #1's wound vac canister was full, was not turned on, and was covered in feces. The home health registered nurse requested assistance from a staff person at the home to assist in cleaning resident #1; however, the staff person indicated they did not have any disposable wipes to assist in cleaning resident #1. While providing care, the home health registered nurse indicated resident #1's bed linens were soaked in fecal matter and wound drainage. Also, resident #1's wound was bleeding through the dressing, the dressing was displaced and wound was covered in stool. Upon removing the dressing, the home health registered nurse also indicated the skin around coccyx wound was more compromised and appeared to have new areas of developing sores. Emergency responders were called to transport resident #1 to the hospital. Upon arrival to the home at approximately 2:15pm, emergency responders indicated resident #1 "smelled strongly of feces and urine and his hospital gown and sheets were soaked in excrement." Resident #1 was transported to and admitted to Forbes Regional Hospital with a large stage IV sacral ulcer and osteomyelitis.

Numerous staff persons indicated they were not properly trained on how to care for resident #1's wound, or how to properly use resident #1's wound vac. Additionally, the home's description of services does not indicate the specific services the home provides for wound care, including the use of a wound vac.

REPEAT VIOLATION: 8/16/2023

Plan of Correction

Directed [REDACTED] - 04/12/2024)

Resident #1 was sent to the hospital on [REDACTED]/23, from there resident #1 went to skilled nursing facility and was discharged from Walden's View on [REDACTED]/23. Resident #1 was admitted to skilled nursing facility long term.

Walden's View amends any POC steps previously submitted related to 42b.

On 4/10/2024 Walden's View changed/updated description of services. (DIRECTED: Documentation of the updated description of services shall be kept. [REDACTED] 4/12/24). Description of services indicates that Walden's View will not provide wound care to residents with [REDACTED] wounds greater than a stage 3. The description of services also states that

42b - Abuse (continued)

Walden's View will not provide wound vac care to residents. A 30-day written notification of the change in description of services, as well as a step indicating the home will update the criteria for admission/discharge in the resident-home contract will be sent out by 4/25/24. (DIRECTED: Documentation of the resident notification of the home's change to the description of services and criteria for admission/discharge shall be kept in each resident's record. [REDACTED] 4/12/24).

All DCS will be trained/reeducated on resident rights on 4/23/24 and 4/30/24 and 5/2/24 and 5/22/24 by the ombudsman. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 4/12/24).

DCS will be trained/reeducate on infection control and description of services and wound care by admin/management. (DIRECTED: All direct care staff persons shall receive the education by 5/1/24. The education shall also include education on the prevention of decubitus ulcers in accordance with 2600.65f(4). [REDACTED] 4/12/24).

Documentation will be kept.

Starting 4/11/24, 5 residents per week for 4 months will be interviewed by the admin/designee to ensure residents rights are being protected. Documentation will be kept.

RCC will do weekly monitoring for all wounds with PCP. RCC will also monitor all PCP orders for said wounds weekly to ensure adequate care is being provided and that physician orders are being followed. Documentation will be kept.

(DIRECTED: The weekly monitoring of resident wounds shall begin on 4/15/24 and shall include weekly meetings with Home Health and Hospice if any resident receiving wound care is receiving services from Home Health or Hospice. Documentation of the weekly monitorings shall be kept. [REDACTED] 4/12/24)

Quality management meeting has been scheduled for 4/19/24 to go over 2600.26b. Documentation will be kept. All management will be present. (DIRECTED: Beginning on 4/19/24: The home's description of services shall be reviewed during each of the home's quality management reviews to ensure the home can continue to meet the needs of all residents in accordance with the home's current description of services. [REDACTED] 4/12/24).

Proposed Overall Completion Date: 05/22/2024

Directed Completion Date: 05/22/2024

Implemented [REDACTED] - 08/23/2024)

223a - Description of Service

2. Requirements

2600.

223.a. The home shall have a current written description of services and activities that the home provides including the following:

1. The scope and general description of the services and activities that the home provides.
2. The criteria for admission and discharge.
3. Specific services that the home does not provide, but will arrange or coordinate.

Description of Violation

On [REDACTED]/23, resident #1 was admitted to the home with home health services for a stage II pressure ulcer on resident #1's medial coccyx area. On 12/12/23, resident #1 was prescribed a wound vac for wound treatment. On 12/28/23, resident #1 was transported to and admitted to the hospital with a stage IV sacral ulcer and osteomyelitis. However, the home's description of services does not indicate the specific services the home provides for wound care, including

223a - Description of Service (continued)

the use of a wound vac. Numerous staff persons indicated they were not trained on how to properly care for resident #1's wound, or how to properly use resident #1's wound vac.

Plan of Correction**Directed** [REDACTED] 04/12/2024)

Resident #1 was sent to the hospital on [REDACTED]/23, from there resident #1 went to skilled nursing facility and was discharged from Walden's View on [REDACTED]/23. Resident #1 was admitted to skilled nursing facility long term.

Walden's View amends any POC steps previously submitted related to 42b.

On 4/10/2024 Walden's View changed/updated description of services. Description of services indicates that Walden's View will not provide wound care to residents with wounds greater than a stage 3. The description of services also states that Walden's View will not provide wound vac care to residents. A 30-day written notification of the change in description of services, as well as a step indicating the home will update the criteria for admission/discharge in the resident-home contract will be sent out by 4/25/24. (DIRECTED: Documentation of the resident notification of the home's change to the description of services and criteria for admission/discharge shall be kept in each resident's record. [REDACTED] 4/12/24).

All DCS will be trained/reeducated on resident rights on 4/23/24 and 4/30/24 and 5/2/24 and 5/22/24 by the ombudsman. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/12/24). DCS will be trained/reeducate on infection control and description of services and wound care by admin/management. Documentation will be kept. (DIRECTED: All direct care staff persons shall receive the education by 5/1/24. The education shall also include education on the prevention of decubitus ulcers in accordance with 2600.65f(4). [REDACTED] 4/12/24). Documentation will be kept.

Starting 4/11/24, 5 residents per week for 4 months will be interviewed by the admin/designee to ensure residents rights are being protected. Documentation will be kept.

RCC will do weekly monitoring for all wounds with PCP. RCC will also monitor all PCP orders for said wounds weekly to ensure adequate care is being provided and that physician orders are being followed. Documentation will be kept. (DIRECTED: The weekly monitoring of resident wounds shall begin on 4/15/24 and shall include weekly meetings with Home Health and Hospice if any resident receiving wound care is receiving services from Home Health or Hospice. Documentation of the weekly monitorings shall be kept. [REDACTED] 4/12/24)

Quality management meeting has been scheduled for 4/19/24 to go over 2600.26b. Documentation will be kept. All management will be present. (DIRECTED: Beginning on 4/19/24: The home's description of services shall be reviewed during each of the home's quality management reviews to ensure the home can continue to meet the needs of all residents in accordance with the home's current description of services. [REDACTED] 4/12/24).

Proposed Overall Completion Date: 05/22/2024

223a - Description of Service (continued)

Directed Completion Date: 05/22/2024

Implemented [redacted] 08/23/2024)

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 [redacted] 23, resident #1 was admitted to the home with home health services for a stage II pressure ulcer on resident #1's medial coccyx area. On [redacted]/23, resident #1 was prescribed "Cleanse wound with saline or sterile water. Apply Santyl to wound bed only, cover with foam dressing and change daily for 1 week". On 12/12/23, resident #1 was prescribed a wound vac and new prescriber's orders indicating to "cleanse wound coccyx sacral ulcer wound Dakin's 1/4 solution, pat dry, apply wound vac at 125mmhg continuously. Change 3 times a week and as needed everyday shift every Monday, Wednesday, and Friday." However, resident #1's most recent support plan, dated 9/14/23, does not indicate the current wound care being provided to resident #1, including cleansing the wound with saline or sterile water, applying the Santyl to wound bed and covering with foam dressing, the care needs associated with resident #1's wound vac, or the specific services and frequency of services home health was providing to resident #1.

REPEAT VIOLATION: 8/16/2023

Plan of Correction

Directed [redacted] - 04/12/2024)

Resident #1 was sent to the hospital on [redacted]/23, from there resident #1 went to skilled nursing facility and was discharged from Walden's View on [redacted] 23. Resident #1 was admitted to skilled nursing facility long term. Every Thursday during the Home Health and hospice meeting they will discuss any wounds confirming that all wounds are being properly managed. Home Health/hospice meetings start at 9:30 am every Thursday for any home health/hospice agency in the facility. If home health/hospice is unable to attend, RCC will touch base with said agency. MD and families will be notified of any/all changes. Documentation of meetings and all wounds will be kept. RCC will then make any or all changes to support plans same day. Admin/designee will then sign off on support plan to ensure it is completed and accurate. These meetings started 3/1/24 and documentation will be kept. On Monday, Wednesday and Friday during management stand up meetings, any/all significant changes in residents will be discussed. Admin/designee will then follow up within 72 hours to ensure resident's rasp has been accurately changes and updated by assist admin/RCC. (DIRECTED: The new procedures for updating resident assessments/support plans shall begin on 4/15/24. [redacted] 4/12/24). Management will also have a training on 227d and what classifies a change in the support plan. This training will be held on 3/22/24. Documentation will be kept. The training was done by the administrator. RCC/designee will review all support plans to ensure all is accurate. This will be completed by 3/29/24. Documentation will be kept.

Proposed Overall Completion Date: 04/11/2024

227d - Support Plan Medical/Dental (*continued*)

Directed Completion Date: 04/15/2024

Implemented [REDACTED] - 08/23/2024)

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

August 23, 2024

[REDACTED]
WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
7990 ROUTE 30
NORTH HUNTINGDON, PA, 15642

RE: WALDEN'S VIEW AT NORTH
HUNTINGDON
7990 US ROUTE 30
NORTH HUNTINGDON, PA, 15642
LICENSE/COC#: 44680

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/25/2024 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'S VIEW AT NORTH HUNTINGDON License #: 44680 License Expiration: 05/03/2024
 Address: 7990 US ROUTE 30, NORTH HUNTINGDON, PA 15642
 County: WESTMORELAND Region: WESTERN

Administrator

Name: [REDACTED]

Legal Entity

Name: WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
 Address: 7990 ROUTE 30, NORTH HUNTINGDON, PA, 15642
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/19/2002 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 113 Waking Staff: 85

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 06/25/2024

Inspection Dates and Department Representative

06/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 75

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 38 Have Physical Disability: 0

Inspections / Reviews

06/25/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/22/2024

07/26/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/08/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/29/2024

Inspections / Reviews *(continued)*

08/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/08/2024

08/23/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Two tubes of Diclofenac Sodium 1% and 1 tube of Ammonium Lactate 12% that was prescribed for resident #1 were unattended and accessible on the nightstand in resident # 1's bedroom, and an inhaler of Albuterol Sulfate 2.5 mg/3 ml that was prescribed for resident #2 was unattended and accessible on the nightstand in resident #2's bedroom. The bedroom doors were unlocked.

REPEAT VIOLATION: 7/21/2023 et. al., 11/21/23

Plan of Correction

Accept [redacted] - 08/01/2024)

In response to the violation on 06/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/25/2024 by the Resident care coordinator to remove all found medications in the room while inspectors were on site.

To enhance the currently compliant operations, on 07/26/2024 the administrator will educate all staff that medications are to be kept in an area or container that is locked. Staff will understand that no medications will be kept in resident rooms, with a completion date of 7/26/2024. Effective 7/26/2024 all direct care staff will monitor each resident room during AM and PM care for any OTC medications, CAM or syringes. Direct care staff will remove anything that should not be in the room and notify the supervisor for documentation, supervisor will notify family as needed.

Effective 07/18/2024 the RCC/Designee will perform 5 weekly room inspections to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/26/2024

Implemented [redacted] - 08/20/2024)