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 **THE NEIGHBORHOODS AT WALDEN'S VIEW**
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

PROVISIONAL

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 **40**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 40**

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 **December 30, 2024** until **June 30, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **446811**

ISSUING OFFICER

Juliet Marsala
ACTING 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.

HS 628P – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DECEMBER 30, 2024

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

RE: The Neighborhoods at Walden's View
License/COC #: 446811

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on May 14, 2024, and September 4, 2024, 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), the Department hereby 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) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from December 30, 2024 to June 30, 2025.

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 X	Fine Per resident Per day	= Calculated Fine Per day	Mandated Correction Date (to avoid Fine)
42(b)	II	34	$5	$170	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 FIRST 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 FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

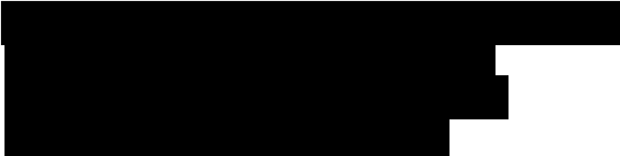
[redacted], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
[redacted]

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: 

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

Facility Information

Name: *THE NEIGHBORHOODS AT WALDEN'S VIEW* **License #**: *44681* **License Expiration**: *11/07/2024*

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

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

Administrator

Name: **Phone**: **Email**:

Legal Entity

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

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

Phone: **Email**:

Certificate(s) of Occupancy

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

Staffing Hours

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

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *06/11/2024*

Inspection Dates and Department Representative

05/14/2024 - On-Site:
05/22/2024 - Off-Site:
06/11/2024 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *26*

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

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

Inspections / Reviews

05/14/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/13/2024*

07/25/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/15/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/01/2024*

08/07/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/15/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/15/2024*

11/12/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *08/15/2024*

Reviewer: [redacted] **Follow-Up Type**: *Enforcement*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 5/7/24, resident #1, who was on hospice and actively dying, was not administered Morphine at 12:00 a.m., 2:00 a.m., 4:00 a.m., and 6:00 a.m., as prescribed. In addition, the resident was not administered Lorazepam at 1:00 a.m., 3:00 a.m., and 5:00 a.m., as prescribed. Staff person A, who was scheduled to pass medications in the home, refused to administer the medications to the resident. However, this allegation of abuse was not reported to the local Area Agency on Aging until 5/14/24.

On 5/7/24 at 6:00 a.m., resident #4 was not administered Lorazepam 2mg/ml because staff person A, who was scheduled to pass medications in the home, refused to administer the medication to the resident. However, this allegation of abuse was not reported to the local Area Agency on Aging.

Plan of Correction ***Directed (- 08/07/2024)***

In response to the violation on 05/14/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/14/2024 by the Administrator who reported to from area on agency on aging at 12:27pm.

To enhance the currently compliant operations, on 05/7/2024 the RCC reported the incident to BHSL under a medication error, the incident was not reported to the local area on agency of aging due to thought process of incident being a medication error. During BHSL's on site investigation on 5/14/24 Walden's View management was educated about the incident and why it should have been reported to area on agency as well.
Effective 6/1/24 the staff will utilize the breakroom app to communicate needs/incidents while management is not on site, RCC/administrator has access to the breakroom and is alerted when a new message is added, all messages will be reviewed as they are received if the incident needs to be reported to BHSL or area on aging RCC/admin will ensure reporting is done within proper timeframe.
Effective 5/15/24 any incident the staff reports of suspected abuse or medication errors of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons. Any deficiencies will be reported immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 08/01/2024

Directed:
By 8/8/24 and ongoing thereafter, any reports of suspected abuse will immediately be reported to the local Area Agency on Aging by the administrator or designee. Documentation will be kept.
8/7/24

Directed Completion Date: *08/08/2024*

Implemented (- 11/18/2024)

42b - Abuse

2. 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 resides in the secure dementia care unit (SDCU) and is diagnosed with dementia. Resident #1 began receiving hospice services [redacted] From [redacted] resident #1 suffered 8 falls and [redacted] health began to decline rapidly. On 5/7/24, resident #1 was actively dying and was prescribed Morphine Concentrate 20mg/ml, give 0.5ml every two hours, and Lorazepam 2mg/ml, give 0.5ml every two hours.

On 5/7/24 at 12:00 a.m., 2:00 a.m., 4:00 a.m. and 6:00 a.m., resident #1 was not administered Morphine as prescribed and at 1:00 a.m., 3:00 a.m., and 5:00 a.m., the resident was not administered Lorazepam as prescribed. Staff person A, who was scheduled to pass medications in the home and working in an adjacent but separately licensed home, refused to administer the medications to the resident. Multiple staff interviews indicate resident #1 was in pain and had tears in [redacted] eyes after not receiving the medications.

Resident #1 ceased to breathe on resident #1's date of death.

Repeat Violation: 12/26/23

Plan of Correction ***Accept ([redacted] - 08/07/2024)***

In response to the violation on 05/14/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/07/2024 by the Administrator, staff person A was called and questioned regarding the incident. During investigation staff person A acknowledged [redacted] omission on administering end of life medications. Staff person A was suspended without pay immediately on 5/7/2024.
To enhance the currently compliant operations, on 05/07/2024 staff person A has been removed from the medication technician roster and returned to work as a resident care aide only on 5/14/2024. Administrator had a training with the resident care coordinators on 5/15/2024 that all schedules are to be completed and reviewed by admin on a weekly basis. Beginning 5/21/24 the admin reviews schedules created by resident care coordinators on a weekly basis to ensure there is a med-tech present on each shift in each licensed building.
Effective 05/17/2024 all staff training on abuse was completed by HSL psych nurse to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. RCC and administrator will conduct a training on 8/2/24 to medtechs that prescribed medications must be given as ordered by MD, if there are any deficiencies the medtech will be suspended following investigation with possible termination. Any deficiencies will be reported immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *08/02/2024*

Not Implemented ([redacted] - 11/18/2024)

3. 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.

42b - Abuse *(continued)*

Description of Violation

Resident #2 resides in the SDCU and is diagnosed with dementia. RASP, dated , indicates judgement is severely impaired, is unaware of others, and frequent monitoring will be done to ensure safety of and others, and will remain on 15-minute checks indefinitely due to interest and affection toward residents.

Resident #3 resides in the SDCU and is diagnosed with dementia. RASP, dated , indicates judgement is severely impaired, is unaware of others and self-safety, and frequent monitoring will be done to ensure safety of the resident and others.

Staff interviews indicate resident #2 is on 15-minute checks, and will sit next to residents, hold their hands, and kiss and touch them inappropriately. Staff have seen resident #2 and resident #3 holding hands and walking up and down the halls.

Staff interviews indicate resident #3 has been on 15-minute checks since January 2024, has behavioral issues, goes after everybody, touches on people and can't keep hands to rubs the backs of other people's family members who are visiting, wanders into resident rooms and has been found in other resident's beds. Resident #3's bedroom is right across the hall from resident #2's bedroom. Staff have found resident #3 in resident #2's bedroom, sitting together. Resident #2 indicated resident #3 often comes into bedroom in the mornings and wakes up.

On 5/11/24, at approximately 12:00 p.m., staff person B found resident #2 in bed on top of resident #3. Resident #3's shirt was pushed up and resident #2's hand was . Staff person B separated the residents. Staff indicate resident #2 denied any wrongdoing; however, resident #3 seemed unaware of the incident.

Resident #2 recalled the city where previously resided, recalled eating breakfast, and when asked about resident #2, said, "I think is mentally incompetent. I ask where used to live and it didn't register, like mentally handicapped." Resident #3 could not recall last name, did not know what color shirt was wearing, could not recall eating breakfast, and referred to shoes when asked if knows resident #2.

Repeat Violation: 12/26/23

Plan of Correction ***Accept (- 08/07/2024)***

In response to the violation on 05/14/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/15/2024 by staff member B, Residents were immediately separated. Resident #2 was sent to hospital for change in mental status. Offered to change resident rooms, both families declined to relocate residents to a new room within the community.

To enhance the currently compliant operations, on 03/15/2024 the direct care staff put both residents on 15min checks, staff to monitor and redirect as needed.
Effective 05/17/2024 all staff training on abuse was completed by HSL psych nurse. Resident #2 and #3 will be seen by MD on 8/6/24 to be assessed for ability to consent to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be reported immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

42b - Abuse (continued)

Licensee's Proposed Overall Completion Date: *08/06/2024*

Not Implemented (- 11/18/2024)

4. 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 #4 resides in the SDCU and is diagnosed with dementia with behavioral disturbance. RASP, dated 3/18/24, indicates receives hospice services, judgement is severely impaired, is unaware of others and self-safety, and frequent monitoring will be done to ensure safety of the resident and others.

On 5/2/24, at approximately 8:00 p.m., resident #4 suffered an unwitnessed fall after being pushed down by resident #5 in resident #5's bedroom. Resident #4 was sent to the hospital, where was diagnosed with On resident #4 was discharged back to the home. approximately 8:00 p.m., resident #4 suffered an unwitnessed fall and complained of head pain. Staff person C called EMS, hospice, and the resident's family. At 8:12 p.m., EMS arrived and assessed the resident; however, hospice advised that the resident not be transported. Staff person C signed the EMS refusal form. A hospice nurse arrived at approximately 9:00 p.m. and ordered a comfort kit. Resident #4 continued to fall 5 to 10 more times that night. On at 10:31 p.m., staff indicate resident #4 was nonresponsive, and no medications were able to be administered to the resident. On resident #4's hospice charting form indicates the resident was restless and moaning with facial grimacing, and was ordered Lorazepam 2mg/ml, to be administered every six hours, and was administered Morphine during the visit. However, on 5/7/24 at 6:00 a.m., resident #4 was not administered Lorazepam 2mg/ml because staff person A, who was scheduled to pass medications in the home and was working in an adjacent but separately licensed home, refused to administer the medications to the resident.

From , resident #4's hospice charting forms document the resident was in bed, had periods of labored breathing, alternating with periods of apnea, blood pressure and pulse were elevated, and was unresponsive to verbal/physical stimuli. Resident #4 ceased to breathe on resident #4's date of death. Resident #4's death certificate indicates the cause of death as The manner of death is ruled an accident on

Repeat Violation: 12/26/23

Plan of Correction ***Accept (- 08/07/2024)***

In response to the violation on 05/14/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/07/2024 by the Administrator, staff person A was called and questioned regarding the incident. During investigation staff person A acknowledged omission on administering medications. Staff person A was suspended without pay immediately on .
To enhance the currently compliant operations, on 05/07/2024 staff person A has been removed from the medication technician roster and returned to work as a resident care aide only on Administrator had a training with the resident care coordinators on 5/15/2024 that all schedules are to be completed and reviewed by admin on a weekly basis. Beginning 5/21/24 the admin reviews schedules created by resident care coordinators on a weekly basis to ensure there is a med-tech present on each shift in each licensed building.

42b - Abuse (continued)

Effective 05/17/2024 all staff training on abuse was completed by HSL psych nurse to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. RCC and administrator will conduct a training on 8/2/24 to DCS that residents who experience unwitnessed falls with possible head injury are to be sent to the ER, regardless of Hospice recommendation. Any deficiencies will be reported immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 08/02/2024

Licensee's Proposed Overall Completion Date: *08/02/2024*

Not Implemented (- 11/18/2024)

60a - Staff/Support Plan

5. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

Description of Violation

On 5/7/24, from 12:00 a.m. until 6:00 a.m., resident #1 and resident #4 did not receive medication administration as required by the residents' assessment and support plans. These services were not provided due to lack of available staff qualified to administer medication in the home.

Plan of Correction ***Accept (- 07/25/2024)***

In response to the violation on 05/14/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/07/2024 by the Administrator, staff person A was called and questioned regarding the incident. During investigation staff person A acknowledged omission on administering medications. Staff person A was suspended without pay immediately on .
Administrator had a training with the resident care coordinators on 5/15/2024 that all schedules are to be completed and reviewed by admin on a weekly basis. Beginning 5/21/24 the admin reviews schedules created by resident care coordinators on a weekly basis to ensure there is a med-tech present on each shift in each licensed building.

Licensee's Proposed Overall Completion Date: *07/10/2024*

Implemented (- 11/18/2024)

187c - Refusal of Medication

6. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident’s record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1 is prescribed Lamotrigine 25mg tablet, take one tablet by mouth twice daily. The resident refused the administration of this medication on multiple dates and times to include 4/20/24, at 8:12 a.m. and 4/26/24, at 8:31

187c - Refusal of Medication (continued)

a.m. However, the home failed to notify the prescribing physician.

Resident #1 is prescribed Levothyroxine 100mcg tablet, take one tablet by mouth once a day. The resident refused the administration of this medication on multiple dates to include 4/19/24, 4/20/24, and 4/26/24. However, the home failed to notify the prescribing physician.

Resident #1 is prescribed Sertraline 100mg tablet, take 1 ½ tablets by mouth once daily. The resident refused the administration of this medication on multiple dates to include 4/8/24, 4/12/24, and 4/19/24. However, the home failed to notify the prescribing physician.

Resident #2 is prescribed Metformin HCL 1000mg tablet, take one tablet by mouth twice a day. The resident refused the administration of this medication on 5/11/2024, at 12:00 PM, and 5:00 PM. However, the home failed to notify the prescribing physician.

Resident #2 is prescribed Atorvastatin 40mg tablet, take one tablet by mouth once a day. The resident refused the administration of this medication on 5/11/2024, at 5:00 PM. However, the home failed to notify the prescribing physician.

Resident #3 is prescribed Nystatin 100,000 unit/gm powder, apply topically twice daily to fungal dermatitis. The resident refused the administration of this medication on 5/11/24, evening, and 5/13/24, evening. However, the home failed to notify the prescribing physician.

Plan of Correction ***Accept (- 07/25/2024)***

In response to the violation on 05/14/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/14/2024 by the RCC, Medication refusal sheets were created and made available to all medication technicians.

To enhance the currently compliant operations, on 05/15/2024 the med-tech/RCC will will notify the physician utilizing the medication refusal sheet after each refusal.

Effective 05/20/2024 the RCC/designee will perform Monday-Friday exception reports to maintain ongoing compliance with ensuring that if a resident refuses to take a prescribed medication, the refusal must be documented in the resident's record and on the medication record. The refusal must be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication must be reported as required by the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *07/12/2024*

Not Implemented (- 11/18/2024)

187d - Follow Prescriber's Orders

7. Requirements

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

187d - Follow Prescriber's Orders *(continued)*

Description of Violation

Resident #1 is prescribed Ibuprofen 400mg tablet, take by mouth 1 tablet every six hours. However, the resident was not administered this medication on multiple dates and times to include 4/29/24, at 6:00 p.m., 4/30/24, at 12:00 a.m., and 4/30/24, at 6:07 a.m. The medication was not available in the home.

Resident #1 is prescribed Morphine Sulfate 100mg / 5ml give one syringe every eight hours. However, the resident was not administered this medication on 4/30/24, at 2:00 p.m. The medication was not available in the home.

Resident #1 is prescribed Morphine Sulfate 100mg / 5ml take one syringe by mouth every two hours for pain. The resident was not administered this medication on 5/7/24, at 1:00 a.m., 3:00 a.m., and 6:00 a.m. Staff person A refused to administer the medication.

Resident #1 is prescribed Lorazepam 2mg/ ml concentrate 30ml, give one syringe by mouth every two hours for anxiety and restlessness alternate with Morphine. However, the medication was not administered on 5/7/24, at 1:00 a.m., 3:00 a.m., and 5:00 a.m. Staff person A refused to administer the medication.

Resident #2 is prescribed APAP 500mg tablet, take two tablets by mouth three times a day. However, the resident was not administered this medication on 5/11/2024, at 2:00 PM. The medication was not available in the home.

Resident #2 is prescribed Gabapentin 100mg capsule, take one capsule by mouth twice a day. The resident was not administered as medication on 5/5/2024, at 8:00 AM. The medication was not available in the home.

Resident #2 is prescribed Wound Care to (█████ mid upper back, cleanse with soap and water or wound cleanser, pat dry, apply meta honey and cover with gauze dressing daily. However, the resident was not administered this treatment on 5/2/24. The treatment was not available in the home.

Resident #4 is prescribed Lorazepam 2mg/ml concentrate 30m/l, give sublingually every six hours around the clock. However, the resident was not administered this medication on 5/7/24 at 6:00 a.m. Staff person A refused to administer the medication.

Plan of Correction ***Accept (██ - 08/07/2024)***

In response to the violation on 05/14/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/20/2024 by the RCC to perform exception reports on all residents to ensure the home is following the prescriber's orders.
To enhance the currently compliant operations, on 07/15/2024 the RCC will pull a weekly report on medication expiring soon so the home can compare the medication on hand is available to continue to follow the prescriber's orders, this will be an ongoing process.

187d - Follow Prescriber's Orders (continued)

Effective 07/15/2024 the administrator will perform weekly checks to maintain ongoing compliance after the resident care coordinator pulls the medication expiring soon report and compares to ensure all medication is in the home and following the prescribers orders the administrator will follow up accuracy and sign off. RCC and administrator will conduct a training on 8/2/24 to medtechs that prescribed medications must be given as ordered by MD, if there are any deficiencies the medtech will be suspended following investigation with possible termination. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *08/02/2024*

Not Implemented (- 11/18/2024)

234a - Admission Support Plan

8. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident’s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #5 was admitted to the SDCU on However, the resident’s initial support plan has not been completed.

Plan of Correction ***Accept (- 07/25/2024)***

In response to the violation on 05/14/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 the Support plan was completed by the Resident care coordinator. The administrator conducted a training with both resident care coordinators on regulation 234a, all admissions into SDCU must have care plan completed within 72hours.

To enhance the currently compliant operations, on 07/10/2024 the admin/designee will review all new admission support plans within 72 hours of admission and sign off on page 14 that the support plan was completed in its entirety. A complete chart audit of initial support plans were completed on 7/10/24 by RCC, there were 10 initial support plans found not completed within the 72 hours. The deficiencies found are unable to be corrected but have been documented, all deficiencies noted were done prior to the 5/15/24 training.

Licensee's Proposed Overall Completion Date: *07/10/2024*

Implemented (- 11/18/2024)

Facility Information

Name: *THE NEIGHBORHOODS AT WALDEN'S VIEW* **License #**: *44681* **License Expiration**: *11/07/2024*

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

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

Administrator

Name: **Phone**: **Email**:

Legal Entity

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

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

Phone: **Email**:

Certificate(s) of Occupancy

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

Type: *I-1* **Date**: *01/19/2015* **Issued By**: *North Huntingdon Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *68* **Waking Staff**: *51*

Inspection Information

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

Reason: *Incident, Interim* **Exit Conference Date**: *09/04/2024*

Inspection Dates and Department Representative

09/04/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* **Residents Served**: *34*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Whole Building* **Capacity**: *40* **Residents Served**: *34*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *33*

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

Have Mobility Need: *34* **Have Physical Disability**: *0*

Inspections / Reviews

09/04/2024 - Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/03/2024*

Inspections / Reviews *(continued)*

10/22/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/29/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/29/2024*

11/01/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/29/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/14/2024*

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [redacted], for resident #1 indicates the resident requires assistance with supervision and will be on 15-minute checks indefinitely which began [redacted] However, on 8/20/24, the resident did not receive this assistance and was found in another resident's room [redacted] suit hanging up in the resident's closet, and lying on the bed [redacted] the other resident.

Plan of Correction ***Accept ([redacted] - 10/31/2024)***

Immediately on 8/20/2024, resident #1 and resident #2 were separated.
In response to the violation on 09/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/20/2024 by the Staff member A. Immediately on 8/20/2024, resident #1 and resident #2 were separated by Staff member A. Both residents were put on 15-minute checks. Admin/RCC monitored 15 min checks per shift. Both residents POA were contacted.
To enhance the currently compliant operations, on 09/30/2024 the designated staff member will be assigned per shift to wear a 15-minute timer necklace that will give reminders to check on any resident that is on Q 15-minute checks. All 15-minute checks will then be documented and continue moving forward.

Effective 10/07/2024 the designated staff will perform 15-checks through 12/31/2024 to maintain ongoing compliance with all residents on 15-minute checks. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.
Every 1st Tuesday of every month admin/RCC will meet with all staff to review all needs with any resident that are placed on 15-minute checks. This will start 11/5/2024. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *11/05/2024* ***Implemented ([redacted] - 11/18/2024)***

42b - Abuse

2. 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 with diagnoses of dementia with aggressive behaviors, traumatic brain injury and Gerd. The resident was to be on 15-minute checks indefinitely due to previous behaviors starting [redacted] However, on 8/20/24, at approximately 9:30 p.m., resident #1 was found by staff person A in resident #2's bedroom. Resident #1 had removed and hung up the suit [redacted] had been wearing for two days, believing [redacted] was going to [redacted], in resident #2's closet. Resident #1 and resident #2 had also removed their shoes and placed them near the bed. Resident #2 was [redacted] [redacted] of resident #1, [redacted], in the bed. When staff person A came into the room, resident #2 stated, "What?" Resident #1 did not appear to understand what was going on at the time of the incident. After both residents were dressed and redirected, resident #2 approached staff member A in a common area and stated, "Why did you do that? I was having fun."

When interviewed about the incident during the investigation, resident #1 did not recall the incident. [redacted] was unable

42b - Abuse (continued)

to recall what ██ had for breakfast and lunch that day. When asked how long ██ had lived in the home, ██ replied, "A couple of minutes." The resident was not able to identify resident #2.

When interviewed about the incident during the investigation, resident #2 recalled that resident #1, whom ██ was able to identify, had been in ██ bedroom "looking at pictures." Resident #2 recalled that a staff person had interrupted them in ██ room looking at pictures and remembers being upset about being interrupted. Resident #2 stated ██ was upset because, "When you are looking at art, you have to express your opinion, and I think ██ (resident #1) lost ██ opinion." Resident #2 was able to accurately recall what year ██ was born, where ██ had grown up, and how long ██ had lived at the personal care home.

On 8/27/24 both residents were evaluated by the physician. The evaluation indicated that resident #1 had scored 16 out of 30 on a mini mental evaluation, and that the "Patient (is) unable to give consent for sexual encounters." The evaluation for resident #2 indicated that the resident had scored 22 out of 30 on a mini mental evaluation, and that "██ ability to give consent is questionable and that I cannot say ██ can give consent definitively."

Repeat Violation: 12/26/23

Plan of Correction ***Accept (██ - 10/31/2024)***

In response to the violation on 09/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/20/2024 by the Staff member A to In response to the violation on 09/04/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 8/20/24 by staff member A. Immediately on 8/20/2024, resident #1 and resident #2 were separated by Staff member A. Both residents were put on 15-minute checks. Admin/RCC monitored 15 min checks per shift. Both residents POA were contacted.
To enhance the currently compliant operations, on 09/30/2024 the designated staff member will be assigned per shift to wear a 15-minute timer necklace that will give reminders to check on any resident that is on Q 15-minute checks. All 15-minute checks will then be documented and continue moving forward.
Effective 10/07/2024 the designated staff will perform 15-checks through 12/31/2024 to maintain ongoing compliance with all residents on 15-minute checks. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.
Every 1st Tuesday of every month admin/RCC will meet with all staff to review all needs with any resident that are placed on 15-minute checks. This will start 11/5/2024. Documentation will be kept.
On 10/24/2024 Admin reached out to Anova hospice requesting a staff training for Identifying and preventing sexual abuse. Staff training on Identifying and preventing sexual abuse will be on November 14 @ 2:00 pm by Anova Hospice. Documentation will be kept

Licensee's Proposed Overall Completion Date: *11/14/2024* ***Not Implemented (██ - 11/18/2024)***