

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

October 24, 2024

[REDACTED]  
WALDEN CARE LLC  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2024 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 III SENIOR LIVING COMMUNITY License #: 23072 License Expiration: 05/02/2025
Address: 325 NORTH BROADWAY, WIND GAP, PA 18091
County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: WALDEN CARE LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C 2 LP Date: 10/28/1994 Issued By: DLI

Staffing Hours

Resident Support Staff: Total Daily Staff: 43 Waking Staff: 32

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Interim Exit Conference Date: 09/11/2024

Inspection Dates and Department Representative

09/11/2024 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 77 Residents Served: 42

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 12

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

09/11/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/12/2024

10/09/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 10/24/2024
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 10/16/2024

Inspections / Reviews *(continued)*

10/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/24/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 92 - Windows

## 1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

## Description of Violation

*Onsite inspection the home has 12 windows in the breezeway that are able to be opened, and are missing screens.*

## Plan of Correction

Accept [REDACTED] - 10/09/2024)

*How did this happen?*

*Walden III has been established since 1985. At the time of inception, when the breezeway was constructed there were no screens for these windows in question. Over the years it was an oversight that there were no existing screens. During the initial survey, it was discovered that 6 windows were missing screens, which had been ordered. On 09/11/2024, the surveyor returned to follow up on the initial plan of correction and found an additional 6 screens.*

*Plan of Correction:*

*The Administrator has ordered the additional screens from Bangor Glass Works.  
The screens arrived and were installed.*

*Moving forward:*

*The Administrator and maintenance will do monthly checks on the windows to ensure the screens are installed and in good condition.*

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

Implemented [REDACTED] - 10/16/2024)

## 93a - Handrails

## 2. Requirements

2600.

- 93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

## Description of Violation

*The exterior handrail located near the basement exit, was observed to be very loose and not securely fastened.*

## Plan of Correction

Accept [REDACTED] - 10/09/2024)

*How did this happen?*

*Walden III had an annual survey conducted on 07/08/2024. There was discovered an outside door with no handrails fastened for safety access. The maintenance erected, handrails since then. When the surveyor came in on 09/11/2024, it was examined and found to have worked itself loose from the frame.*

*Plan of correction:*

*The Administrator had maintenance tighten the handrail.*

*Moving forward:*

*The Maintenance department will conduct monthly checks on the exit door to ensure all door handles are secured properly.*

93a - Handrails (continued)

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

Implemented [REDACTED] - 10/16/2024)

124 - Notice to Fire Department

3. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The notice letter sent to the fire company does not include capacity or building description. Additionally, the home mentions specific residents who require assistance evacuating. These details have already changed, and the letter needs to be updated.

Plan of Correction

Accept [REDACTED] 10/09/2024)

How did this happen:

The Administrator was confused over the letter during the original survey. The Administrator drafted a letter from an existing letter. It was still not correct.

Plan of Correction:

The Administrator drafted a formal letter addressed to Wind Gap Fire Company. The letter outlines the building aout, the location of the upstairs independent living apartments, and the basement rooms.

Moving forward:

The administrator has placed the fire letter, as well as other relevant letters in the survey notebook that contains the training and other pertinent information.

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

Implemented [REDACTED] - 10/16/2024)

185a - Implement Storage Procedures

4. 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 [REDACTED] has an order for staff to measure [REDACTED] four times daily. On 9/8/2024 at 8am, the resident's [REDACTED] read [REDACTED] but [REDACTED] was documented in the resident's medication administration record.

Plan of Correction

Accept [REDACTED] - 10/09/2024)

How did this happen?

The weekend med tech was charting the glucometer readings in the Q MAR. The med tech mistakenly read the glucometer without her corrective lenses and charted it in error.

Plan of correction:

**185a - Implement Storage Procedures (continued)**

*The administrator retrained the med tech in proper documentation of the glucometer readings. In the event another error is found, the responsible party will be suspended from the med cart, retrained, and placed on probation for 30 days.*

*Moving forward:*

- 1) The Med-Tech Supervisor, with input from all med techs, is responsible for monitoring the recording and documentation of all MARs and medication/glucometer readings. The staff member who recorded the error reading was tested on the proper use of a glucometer and demonstrated that they had full knowledge of proper use.*
- 2) The administrator is responsible for all steps in the plan of correction.*
- 3) The Med Tech Supervisor communicated with the staff member that the error had been made and moving forward they need to take great caution when recording all documentation.*
- 4) The Med Tech supervisor will review glucometer readings and MARs weekly to ensure compliance with regulations and proper procedures being adhered to with all aspects of documentation.*
- 5) No additional training will be necessary to ensure continued compliance.*

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

**Implemented** [REDACTED] - 10/16/2024)