

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

May 4, 2026

[REDACTED]
WALDEN'S VIEW NORTH HUNTINGDON OPCO LLC
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/23/2025, 10/10/2025 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:** 11/26/2025
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: [REDACTED]

Phone: [REDACTED] **Email:** [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:** 135 **Waking Staff:** 101

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 10/10/2025

Inspection Dates and Department Representative

09/23/2025 - On-Site: [REDACTED]

10/10/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 80

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:** 77
Diagnosed with Mental Illness: 9 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 55 **Have Physical Disability:** 0

Inspections / Reviews

09/23/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/01/2025

Inspections / Reviews (*continued*)

11/14/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 12/15/2025
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 11/21/2025

12/12/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 12/15/2025
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 12/15/2025

05/04/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 12/15/2025
Reviewer: [REDACTED] Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's 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 [redacted], resident # [redacted] spit on staff person A while the staff person was providing care in the resident's bedroom. Staff person A put [redacted] hand on the resident's face to block the spitting, and resident [redacted] was observed with [redacted] on [redacted] chin after the incident. This incident was observed by staff person B, who was in the bedroom at the time of the incident. However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act until [redacted].

Plan of Correction

Accepted [redacted] - 12/12/2025)

In response to the violation cited on September 23, 2025, by the Pennsylvania Bureau of Human Service Licensing, we would like to provide the following update:

Staff Members A and B were terminated on September 17, 2025, in direct response to the concerns raised. To ensure continued compliance and improvement, all staff will participate in training on regulations 15a and 16c, scheduled for November 7, 2025, led by administration and management. Documentation will be kept.

Starting 11/21/2025 administrator/designee will do weekly audit of all allegations of abuse to ensure all allegations of abuse are immediately called in to the local Area Agency on Aging, and within 48 hours of the initial verbal report, a Mandatory Abuse Reporting Form is submitted to the local Area Agency on Aging. Documentation will be kept.

Moving forward, any identified deficiencies will be addressed promptly. All findings will be documented and reviewed during our internal quality management meetings to support ongoing improvement and uphold the highest standards of care.

We appreciate your attention to this matter and remain committed to maintaining a safe and compliant environment for our residents.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [redacted] 05/04/2026)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] resident [redacted] spit on staff person A while the staff person was providing care in the resident's bedroom. Staff person A put [redacted] hand on the resident's face to block the spitting, and resident [redacted] was observed with bilateral finger-shaped bruising on [redacted] chin after the incident. This incident was observed by staff person B, who was in the bedroom at the time of the incident. However, this allegation of abuse was not reported to the Department until [redacted].

16c Written Incident Report (continued)

Plan of Correction

Accept [REDACTED] - 12/12/2025)

In response to the violation cited on September 23, 2025, by the Pennsylvania Bureau of Human Service Licensing, we would like to provide the following update:

Staff Members A and B were terminated on September 17, 2025, in direct response to the concerns raised. To ensure continued compliance and improvement, all staff will participate in training on regulations 15a and 16c, scheduled for November 7, 2025, led by administration and management. Documentation will be kept.

Starting 11/21/2025 the administrator/designee will do weekly audits on all reportable incidents and conditions to ensure all reportable incidents and conditions are reported to the Department within 24 hours. Documentation will be kept.

Moving forward, any identified deficiencies will be addressed promptly. All findings will be documented and reviewed during our internal quality management meetings to support ongoing improvement and uphold the highest standards of care.

We appreciate your attention to this matter and remain committed to maintaining a safe and compliant environment for our residents.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [REDACTED] - 05/04/2026)

42b - Abuse

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.

Description of Violation

On [REDACTED] during the 3:00 p.m. to 11:00 p.m. shift, staff person A grabbed resident [REDACTED] face while providing care. Resident [REDACTED] was later observed with [REDACTED] on [REDACTED] chin. Resident [REDACTED] indicated [REDACTED] was scared that the staff person wouldn't let go of [REDACTED] face during the incident.

Resident [REDACTED] Pennsylvania Orders for Life Sustaining Treatment (POLST) indicates "CPR/Attempt Resuscitation." On [REDACTED] at approximately 7:50 p.m., staff person C heard resident [REDACTED] yelling from [REDACTED] bedroom. The resident was on the floor and was assisted onto [REDACTED] bed. Staff person C left the bedroom and returned several minutes later to find resident [REDACTED] leaning against the [REDACTED], and [REDACTED]. Staff person C called staff person D and staff person E, who were working on different floors of the home, to assist. Staff person C left the resident's room, went up a flight of stairs, and across the building to staff person F, the administrator's, office. Staff person C indicated to staff person F that resident [REDACTED] was not feeling ok. When staff person C & F returned to the room, resident [REDACTED] was [REDACTED] and [REDACTED]. Staff person F went back to [REDACTED] office to review the resident's POLST, and instructed staff person D, in route, to call 911. Staff person F returned to the resident's room. At approximately 8:12 p.m., staff person C began CPR and was assisted by staff person D. EMS was called at 8:19 p.m. and took over rescue efforts upon arrival. Resident [REDACTED] was pronounced dead on the resident's date of death. The death certificate indicates the immediate cause of death was a) [REDACTED] & b) [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/12/2025)

In response to the violation cited on September 23, 2025, by the Pennsylvania Bureau of Human Service Licensing, we respectfully submit the following update:

42b Abuse (continued)

Staff Members A and B were terminated on September 17, 2025, following a thorough internal review of the concerns raised. To reinforce our commitment to resident safety and regulatory compliance, all staff received abuse prevention training on October 3, 2025, conducted by the RN Clinical Director at Walden's View. Documentation of this training has been retained.

Additionally, a follow up training session on abuse prevention is scheduled for November 7, 2025, and will be led by administrative and management personnel. Documentation of this session will also be maintained.

Any identified deficiencies related to abuse prevention, emergency response, or regulatory compliance will be addressed immediately upon identification. The Administrator and RN Clinical Director will oversee this process, which began on September 23, 2025. All findings will be documented and reviewed during internal quality management meetings to ensure continuous improvement. All findings will be documented and reviewed during our internal quality management meetings to support continuous improvement. Any suspected abuse will be reported immediately to both the Area Agency on Aging and the Bureau of Human Service Licensing.

We appreciate your attention to this matter and remain dedicated to providing a safe, respectful, and compliant environment for all residents.

Management will start conducting mock emergency response trainings with staff, including simulated heart attack and choking scenarios, on 11/21/2025, weekly x4weeks and then monthly thereafter to ensure on going staff readiness and confidence in handling real life emergencies. Documentation will be kept.

The Administrator will re educate all staff on the requirement to immediately call 911 when a resident is unresponsive. This education will be completed by November 28, 2025, and signed acknowledgment forms will be kept in staff training files.

Licensee's Proposed Overall Completion Date: 11/28/2025

Implemented (████) - 05/04/2026)

51 - Criminal Background Check

4. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired (████), has not had a criminal history background check completed.

Repeat Violation: (████)

Plan of Correction

Accepted (████) 12/12/2025)

On September 23, 2025, the Pennsylvania Bureau of Human Service Licensing conducted an inspection during which a violation was cited. At that time, the personnel file for Staff Member A was provided to the inspector and included documentation of both a pending and a completed background check. We will be submitting this documentation again for verification. It appears the materials may have been inadvertently overlooked during the initial review, and we appreciate your attention to this matter.

To prevent recurrence, beginning December 1, 2025, the Administrator or designee will conduct monthly audits of all staff files to ensure each staff person has a criminal history background check completed within one year prior to or on their first day of work. Documentation of these audits will be retained in the compliance file.

51 - Criminal Background Check (continued)

We appreciate your time and attention to this matter and remain committed to maintaining full regulatory compliance.

Licensee's Proposed Overall Completion Date: 12/01/2025

Implemented [REDACTED] 05/04/2026)

54a - Direct Care Staff

5. 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 B does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat Violation: [REDACTED]

Plan of Correction

Directed [REDACTED] - 12/12/2025)

In response to the violation cited on September 23, 2025, by the Pennsylvania Bureau of Human Service Licensing, we would like to provide clarification regarding Staff Member B's educational credentials. The staff member holds a diploma from Le Soley High School Corp, a private institution recognized by the Palm Beach Department of Education, with school code 9714. This school is listed in the Florida private high school directory, which can be accessed at <http://www.floridaschoolchoice.org>.

According to Part 2: Regulatory Issues and Frequently Occurring Situations in the RCG Chapter 2600 (page 191), a diploma issued by the Pennsylvania Department of Education or by the Department of Education in another state is considered acceptable documentation under BHSL guidelines.

To prevent recurrence, beginning December 1, 2025, the Administrator or designee will conduct monthly audits of all direct care staff files to ensure each staff person has:

A high school diploma accepted by the Department, A GED, or Active registry status on the Pennsylvania nurse aide registry.

Documentation of these audits will be retained in the compliance file.

Proposed Overall Completion Date: 12/01/2025

Directed:

Staff person B's diploma, issued by Le Soley High School, is a diploma issued online. The home has not demonstrated that Le Soley High School is accepted or certified by the United States Department of Education or the Pennsylvania Department of Education.

Beginning 12/13/25, staff person B will no longer provide direct care to residents, until [REDACTED] is complaint with 2600.54(a).

[REDACTED] 12/12/25

Directed Completion Date: 12/13/2025

Implemented [REDACTED] - 05/04/2026)

63d - Certified CPR Staff

6. 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 [REDACTED] training, unless the resident has a do not resuscitate order.

Description of Violation

On [REDACTED], resident [REDACTED] was [REDACTED] and [REDACTED]. Staff person C, who was trained in CPR/1st aid, was present and on duty at the time and failed to render assistance to the resident in accordance with [REDACTED] training.

Plan of Correction

Accept [REDACTED] - 12/12/2025)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, we would like to provide clarification regarding the incident involving a resident at approximately 7:50 p.m.

Staff member [REDACTED] responded promptly after hearing a resident calling for help. Upon entering the room, the resident was found seated on the floor and stated, "I slid on the blanket while reaching for the phone." [REDACTED] assessed the resident, noting no visible injuries, and—with assistance from coworkers—helped the resident safely back into bed.

[REDACTED] returned around 8:00 p.m. to administer evening medications and observed that the resident did not appear to be [REDACTED] usual self. When asked how [REDACTED] was feeling, the resident responded, "Fine." Out of caution, [REDACTED] informed the resident that [REDACTED] would be sent to the hospital, to which the resident objected. [REDACTED] then sought assistance from the LPN on duty.

Upon assessment, the LPN found the resident leaning back across the bed, cyanotic in color, and breathing shallowly. The LPN instructed [REDACTED] to remain with the resident while [REDACTED] retrieved the POLST form and directed another staff member to call 911. The resident became unresponsive and apneic, prompting staff to lower [REDACTED] to the floor.

[REDACTED] initiated CPR at 8:12 p.m. Emergency services arrived shortly thereafter and took over rescue efforts. Despite their intervention, the resident remained in asystole and was pronounced deceased at 8:38 p.m. by [REDACTED].

This account is based on the official statement provided by the facility's LPN, who was present throughout the entire situation. Supporting documentation is available to confirm the details of this report. We respectfully note that this incident differs significantly from the violation cited. We understand that inspectors must reconstruct events during investigations, and we are grateful that a licensed professional was present to provide a complete and accurate account.

To prevent future occurrences: All direct care staff will receive mandatory refresher training on CPR and emergency response protocols by 12/10/2025, led by the RN Clinical Director.

The Administrator will re-educate all staff on the requirement to immediately call 911 when a resident is unresponsive during this session. Signed acknowledgments will be kept in personnel files. Beginning December 1, 2025, the Administrator or designee will: Conduct monthly audits of staff training records to ensure all staff maintain current CPR/First Aid certification. Perform mock emergency drills weekly for 4 weeks, then monthly thereafter, including scenarios such as cardiac arrest and choking, to reinforce staff readiness. Documentation of drills will be retained in the compliance file.

We appreciate your time and attention to this matter and remain committed to maintaining full regulatory compliance.

Licensee's Proposed Overall Completion Date: 12/10/2025

Implemented [REDACTED] - 05/04/2026)

142a - Secure Medical Care

7. Requirements

142a - Secure Medical Care (continued)

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident [REDACTED] Pennsylvania Orders for Life-Sustaining Treatment (POLST) indicates "CPR/Attempt Resuscitation." On [REDACTED] at approximately 7:50 p.m., staff person C heard resident [REDACTED] yelling from [REDACTED] bedroom. The resident was on the floor and was assisted onto [REDACTED] bed. Staff person C left the bedroom and returned several minutes later to find resident [REDACTED] leaning against the bed, eyes closed, head back, and unresponsive. Staff person C called staff person D and staff person E, who were working on different floors of the home, to assist. Staff person C left the resident's room, went up a flight of stairs, and across the building to staff person F, the administrator's, office. Staff person C indicated to staff person F that resident [REDACTED] was not feeling ok. When staff person C & F returned to the room, resident [REDACTED] was [REDACTED] and [REDACTED]. Staff person F went back to [REDACTED] office to review the resident's POLST, and instructed staff person D, in route, to call 911. Staff person F returned to the resident's room. At approximately 8:12 p.m., staff person C began CPR and was assisted by staff person D. EMS was called at 8:19 p.m. and took over rescue efforts upon arrival. Resident [REDACTED] was pronounced dead on the resident's date of death. The death certificate indicates the immediate cause of death was a) [REDACTED] & b) [REDACTED].

Plan of Correction

Accept [REDACTED] - 12/12/2025)

In response to the violation cited on September 23, 2025, by the Pennsylvania Bureau of Human Service Licensing, we would like to respectfully clarify the circumstances surrounding the resident's assessment and support plan. Due to the resident's passing, we were unable to update the assessment and support plan following the new diagnosis. It is important to note that [REDACTED] had been documented in both the resident's assessment and support plan since April 13, 2023. The resident was admitted to the facility on April 10, 2023. The diagnosis of [REDACTED] a serious medical emergency involving reduced or blocked blood flow to the heart, was first identified on September 20, 2025. This condition had not previously occurred in the resident's medical history and therefore was not included in the support plan or assessment prior to that date. We hope this explanation provides clarity regarding the documentation and timing of the resident's medical conditions. We remain committed to providing compassionate and compliant care and appreciate your understanding in this matter. To prevent future occurrences: All direct care staff will receive mandatory refresher training on CPR and emergency response protocols by 12/10/2025, led by the RN Clinical Director. The Administrator will re-educate all staff on the requirement to immediately call 911 when a resident is unresponsive during this session. Signed acknowledgments will be kept in personnel files. Beginning December 1, 2025, the Administrator or designee will: Conduct monthly audits of staff training records to ensure all staff maintain current CPR/First Aid certification. Perform mock emergency drills weekly for 4 weeks, then monthly thereafter, including scenarios such as cardiac arrest and choking, to reinforce staff readiness. Documentation of drills will be retained in the compliance file. We appreciate your time and attention to this matter and remain committed to maintaining full regulatory compliance.

Licensee's Proposed Overall Completion Date: 12/10/2025

Implemented [REDACTED] - 05/04/2026)