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

June 9, 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 12/11/2025, 12/18/2025 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**: *11/26/2026*

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**: *139* **Waking Staff**: *104*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *12/19/2025*

Inspection Dates and Department Representative

12/11/2025 - On-Site: [redacted]

12/18/2025 - 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: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *77*

Diagnosed with Mental Illness: *10* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *59* **Have Physical Disability**: *0*

Inspections / Reviews

12/11/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/17/2026*

Inspections / Reviews *(continued)*

02/05/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/14/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *02/12/2026*

05/07/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/14/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/14/2026*

06/09/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/14/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted], at 11:21 a.m., the electronic medication administration record (eMAR) system on the laptop atop the medication cart was unlocked, unattended, and accessible on the 3rd floor near the steps.

On [redacted], at 11:23 a.m., the electronic medication administration record (eMAR) system on the laptop atop the medication cart was unlocked, unattended, and accessible on the 3rd floor near resident room [redacted]

Plan of Correction ***Accept [redacted] 04/06/2026)***

Upon discovery on 12/11/25, the laptop was immediately secured and logged out of the eMar system and the medication cart was locked by the RCC. The staff member responsible was verbally counseled on proper eMAr security and resident information confidentiality requirements by the RCC. On 12/11/25 a review was conducted of all medication carts and eMar access on all floors to ensure devices are logged out when unattended and medication carts are locked. by the admin. No additional unsecured eMar devices were identified during review.
All authorized staff to administer medications will receive re-education on HIPPA and resident confidentiality requirements, proper eMar security practices and requirements to lock medication carts by 1/30/26 by admin/designee, documentation will be kept.
Resident care coordinator will conduct random weekly audits of the medication carts, eMar device security x3 months and then monthly thereafter. Audit results will be documented and reviewed by administration. Any deficiencies will be corrected immediately and findings will be documented and reviewed internally during quality management meeting for continuous improvement purposes. The next quality management meeting will be held on 2/11/26.

Licensee's Proposed Overall Completion Date: *02/12/2026*

Implemented [redacted] 06/09/2026)

42p - Restraints

2. Requirements

2600.
42.p. A resident shall be free from restraints.

Description of Violation

On [redacted] at approximately 5:00 a.m., direct care staff person A entered resident#[redacted]'s bedroom to wake the resident up. Resident [redacted] was startled when the staff person A approached [redacted] in bed and became agitated. Resident [redacted] then started swinging [redacted] arms near staff person A's face, telling the staff to "get the [redacted] out of my room" and "leave me alone." Staff person A grabbed resident [redacted] wrists and did not let go despite the resident yelling at the staff to let go of [redacted] Staff person A held resident [redacted] wrists for approximately 15 to 20 seconds, then staff person A left the bedroom.

42p Restraints *(continued)*

Plan of Correction ***Accept [redacted] - 04/06/2026)***

Staff person A was immediately suspended pending further investigation. Resident [redacted] immediately assessed for pain, injury or change in condition by admin who is also a LPN. The incident was reported to area on aging and BHSL by the RCC. FAMILY notified local police department. Area on aging and north Huntingdon police on site to investigate incident on 11/28/25. Officer badge # 95 and 86 on site. Officers report no need for pressing charges at this time, per resident request employee no longer work with [redacted] Staff person A did not allow sufficient time for the resident to orient and respond before approaching. Staff person A voluntarily resigned from [redacted] position on 11/30/25.
All direct care staff will receive re education training on prohibition of manual restraints, proper resident approach techniques and de escalation and disengagement strategies by 1/30/26 by ADMINISTRATOR, documentation will be kept.
The ADMINISTRATOR or RESIDENT CARE COORDINATOR will conduct random observational audits of staff resident interactions weekly x3months starting 1/17/2026. Incident reports involving agitation or staff intervention will be reviewed weekly for appropriateness of response by the admin. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally during quality management meeting for continuous improvement purposes. The next quality management meeting will be held on 2/11/26.

Licensee's Proposed Overall Completion Date: *02/12/2026*

Implemented [redacted] - 06/09/2026)

63d - Certified CPR Staff

3. Requirements

2600.
63.d. A staff person who is trained in fir[redacted]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] direct care staff person B, who is currently trained in CPR and first aid, indicated to agents of the Department that [redacted] only felt comfortable performing CPR on a resident if instructed to do so from another staff person, which is not in accordance with [redacted] training.

Plan of Correction ***Accept [redacted] - 05/07/2026)***

Asking for this violation to be withdrawn due to staff person B verbalizing feeling uncomfortable but staff person B never stated [redacted] would not perform life saving measures, staff person B did provide life saving measures.
Staff person B was immediately counseled on 1/9/2026 by the administrator regarding expectation under CPR and first aid training, including the requirement to independently recognize emergencies and initiate CPR when indicated without waiting for instruction from another staff member.
Staff person B will complete refresher CPR and first aid training with emphasis on independent emergency response, decision making and initiation of life saving measures. Staff person B will complete refresher training with rescue 8 supervisor on 1/19/26. The administrator/designee will speak with staff person B and two other random staff members weekly x 3 months then monthly x3 months to build and evaluate confidence, if needed will ask for additional training from rescue 8 supervisor starting 1/19/2026.

63d - Certified CPR Staff (continued)

The administrator or designee will review CPR and first aid training records quarterly for all direct care staff to ensure current certification. This will start on 2/11/2026 and follow schedule of quality management meetings. The administrator/designee will continue to perform emergency response drills monthly. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally during quality management meeting for continuous improvement purposes. The next quality management meeting will be held on 2/11/26 by administrator.

Licensee's Proposed Overall Completion Date: *02/12/2026*

Implemented [redacted] - 06/09/2026)

183b - Meds and Syringes Locked

4. 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 [redacted], at 11:21 a.m., the medication cart was unlocked, unattended, and accessible on the 3rd floor near the steps.

On [redacted], at 11:23 a.m., the medication cart was unlocked, unattended, and accessible on the 3rd floor near resident room [redacted].

On [redacted] at 11:25 a.m., there was a cup of medication, filled with the following medications, on resident [redacted]'s nightstand that was unlocked, unattended, and accessible in the resident's bedroom: [redacted]

Plan of Correction ***Accept [redacted] - 05/07/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on locking both of the medication cart on floor 3 by med tech. Medication for resident #1 was disposed of immediately by RCC. Family and MD were notified by RCC.
A weekly walk through will be done by admin/RCC to ensure all hallways are clear of any unlocked medication pertaining to regulation 183b. This will start of 1/19/2026. This will continue for 3 months. Monthly thereafter. Documentation will be kept. A staff meeting/training by 1/30/2026 by admin and RCC to review regulation 183b. Documentation will be kept. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally during quality management meeting for continuous improvement purposes. Next quality management meeting will be held on 2/11/2026 by administrator and will include review of the complete POC for 12/11/2025. Documentation of the quality management review shall be kept.

Licensee's Proposed Overall Completion Date: *02/12/2026*

Implemented [redacted] - 06/09/2026)

187b - Date/Time of Medication Admin.

5. Requirements

187b - Date/Time of Medication Admin. *(continued)*

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [redacted], at approximately 9:00 a.m., resident [redacted] was given a cup containing the following medications: [redacted]. At 11:25 a.m., the medications were still in the resident's bedroom, not administered; however, staff person C signed the resident's December medication administration record (MAR) as administered.

Plan of Correction ***Accept [redacted] - 02/05/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate counseling with staff member C by admin was done and medication was removed and destroyed by admin.
Daily spot checks will be done during medication pass by admin/RCC to ensure med techs are doing the 5 rights with each resident pertaining to regulation 187b. This will start of 1/19/2026. This will continue for 1 months. Weekly thereafter. Documentation will be kept. A staff meeting/training will be completed by 1/30/2026 by admin and RCC to review regulation 183b. Documentation will be kept. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally during quality management meeting for continuous improvement purposes. Next quality management meeting will be held by administrator on 2/11/2026 which will include review of the complete POC for 12/11/2025. Documentation of the quality management review shall be kept.

Licensee's Proposed Overall Completion Date: *02/11/2026*

Implemented ([redacted] - 06/09/2026)

202 - Prohibitions

6. Requirements

2600.
202. The following procedures are prohibited:

Description of Violation

On [redacted], at approximately 5:00 a.m., direct care staff person A entered resident [redacted]'s bedroom to wake the resident up. Resident [redacted] was startled when the staff person A approached [redacted] in bed and became agitated. Resident [redacted] then started swinging [redacted] arms near staff person A's face, telling the staff to "get the [redacted] out of my room" and "leave me alone." Staff person A grabbed resident [redacted] wrists and did not let go despite the resident yelling at the staff to let go of [redacted] Staff person A held resident [redacted]'s wrists for approximately 15 to 20 seconds, then staff person A left the bedroom.

Plan of Correction ***Accept [redacted] - 05/07/2026)***

Staff person A was immediately suspended pending further investigation. Resident [redacted] immediately assessed for pain, injury or change in condition by admin who is also a LPN. The incident was reported to area on aging and BHSL by RCC. FAMILY notified local police department. Area on aging and north Huntingdon police on site to investigate incident on 11/28/25. Officer badge # 95 and 86 on site. Officers report no need for pressing charges at this time, per resident request employee no longer work with [redacted] Staff person A did not allow sufficient time for the resident to orient and respond before approaching. Staff person A voluntarily resigned from [redacted] position on 11/30/25.
All direct care staff will receive re-education training on prohibition of manual restraints, proper resident approach techniques and de-escalation and disengagement strategies by 1/30/26 by admin and designee.
The administrator or resident care coordinator will conduct random observational audits of staff-resident

202 - Prohibitions (continued)

interactions weekly x3months starting 1/17/2026. Incident reports involving agitation or staff intervention will be reviewed weekly for appropriateness of response by admin and started on 1/107/20206. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally during quality management meeting for continuous improvement purposes. The next quality management meeting will be held on 2/11/26.

Licensee's Proposed Overall Completion Date: *02/12/2026*

Implemented ([redacted] - 06/09/2026)

227i - Support Plan Accessible

7. Requirements

2600.
227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

On [redacted] at 5:00 a.m., resident support plans were inaccessible to direct care staff.

Plan of Correction ***Accept [redacted] - 05/07/2026)***

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, A mandatory in-service training will be conducted by administration by 1/30/2026, to ensure all staff are aware of: The location of all resident charts. The purpose, contents, and required documentation within resident charts. Attendance records and training materials will be maintained for verification. Any deficiencies identified related to resident chart access, documentation, or staff understanding will be corrected immediately, with findings documented. Supervisory staff will reinforce chart management procedures during routine oversight and supervisory check-ins x3months admin and designee.
Updated chart-location reference materials will be posted and reviewed with new and existing staff by admin on 2/1/20206. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally during quality management meeting by administrator for continuous improvement purposes. The next quality management meeting will be held on 2/11/26.

Licensee's Proposed Overall Completion Date: *02/12/2026*

Implemented [redacted] - 06/09/2026)