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

July 31, 2026

[redacted], PRESIDENT
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 05/18/2026 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: *7990 ROUTE 30, NORTH HUNTINGDON, PA, 15642*

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**: *124* **Waking Staff**: *93*

Inspection Information

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

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *05/18/2026*

Inspection Dates and Department Representative

05/18/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *73*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *71*

Diagnosed with Mental Illness: *22* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *51* **Have Physical Disability**: *0*

Inspections / Reviews

05/18/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/19/2026*

07/06/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/23/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/13/2026*

Inspections / Reviews *(continued)*

07/20/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/23/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/24/2026*

07/31/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/23/2026*

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

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

Resident #1's assessment and support plan (RASP), dated [redacted] indicated the resident required assistance with transferring as needed, assistance with all hygienic practices, and bladder and bowel management. Resident #1 indicated [redacted] waits a long time for assistance when [redacted] rings [redacted] call bell. On 5/14/26, at 9:03 a.m., the resident rang [redacted] call bell and did not receive assistance as required until 9:44 a.m. On 5/12/26, at 8:30 p.m., the resident rang call bell and did not receive assistance as required until 10:28 p.m. On 5/11/26, at 6:36 a.m., the resident rang call bell and did not receive assistance as required until 12:49 p.m.

Plan of Correction ***Accept ([redacted] - 07/20/2026)***

In response to the violation on 5/18/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken for resident #1. Resident #1 was assessed on 5/18/2026 to ensure needs for ADL assistance, call bell response expectations, and toileting schedules are clearly identified. The resident's call bell response times were placed under daily management review.
Staff re-education to all shifts on prompt response to call bells, especially for residents requiring assistance with transfers, hygiene, and bowel/bladder management on 6/29/2026 by admin/designee. Documentation will be kept.
A monitoring log was initiated by RCC to document call bell response times for Resident #1. This started on 6/15/2026. Documentation will be kept,
RCC will conduct random audits of response times across all shifts weekly for 3 months and bi-weekly thereafter. 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. Quality management meeting was held on 6/10/2026 covering this POC. Documentation was kept

Licensee's Proposed Overall Completion Date: *07/13/2026*

Implemented ([redacted] - 07/31/2026)

65g Annual Training Content

2. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff person A did not receive training in the following topics during training year January 1, 2025 to December 31, 2025:

2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

3. Resident rights.

65g Annual Training Content (continued)

4. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).

5. Falls and accident prevention.

Plan of Correction ***Accept (- 07/06/2026)***

In response to the violation on 5/18/26 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken with Staff Person A not completing annual training in emergency preparedness procedures, resident rights, the older adult protective services act, and falls and accident prevention during the January 1, 2025 through December 31, 2025 training year.

The following corrective actions have been implemented: Staff Person A completed the above trainings on 5/21/26 by administrator. Documentation will be kept.

Administration and supervisory staff were educated on monitoring annual training compliance to prevent missed training requirements on 6/18/26 by compliance director. Documentation will be kept.

The Administrator/designee will: Conduct monthly reviews of staff training records starting the end of June. Maintain ongoing tracking of required annual training topics. Any missing or incomplete training identified will be corrected immediately through re education and follow up at the quality management meeting on 6/10/2026. Documentation will be kept

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented (- 07/31/2026)

81b - Resident Personal Equipment

3. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2's enabler bar was not securely attached to bed. The bar was loosely placed between the mattress and boxspring, posing an entrapment hazard.

Plan of Correction ***Accept (- 07/06/2026)***

In response to the violation on 5/18/2026 by the Pennsylvania Bureau of Human Service Licensing, the enabler bar attached to Resident #2's bed was immediately removed.

The following corrective actions have been implemented: A full inspection of resident beds, assistive devices, and related equipment was conducted throughout the facility to identify and correct any additional hazards on 5/19/2026 by maintenance. Documentation will be kept.

Staff were re educated on identifying and reporting unsafe equipment and environmental hazards on 6/29/2026 by admin/designee. Documentation will be kept.

The Administrator/designee will: Conduct weekly environmental and equipment safety rounds for 30 days and monthly thereafter starting 6/15/2026. Documentation will be kept.

Any issues identified will be corrected immediately through repair, replacement, and staff re education as needed and discussed at the quality management meeting on 6/10/2026. Documentation will be kept

Licensee's Proposed Overall Completion Date: *06/18/2026*

Implemented (- 07/31/2026)

81b - Resident Personal Equipment *(continued)*

85e - Trash Outside Home

4. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:41 a.m., the left side door of the left dumpster was open, and the dumpster was half full of trash.

Plan of Correction ***Accept ([redacted] - 07/20/2026)***

In response to the violation on 5/18/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the dumpster lid being closed by maintenance director upon discovery on 5/18/2026 to ensure proper containment of trash and prevention of pest access. The dumpster area will be inspected to confirm no additional open containers or sanitation concerns.
Maintenance director/Designated staff have been assigned responsible for checking dumpster areas at least once per shift starting 6/15/2026. Documentation will be kept.
All staff will be educated on proper trash disposal procedures, including Keeping dumpster lids closed, Preventing pest attraction and infestation risks. Education will be completed on 6/19/2026 by compliance director and 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. Quality management meeting was held on 6/10/2026 covering this POC. Documentation was kept

Licensee's Proposed Overall Completion Date: *07/13/2026*

Implemented ([redacted] - 07/31/2026)

91 - Telephone Numbers

5. 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

There were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone on the 2nd floor medication cart.

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

In response to the violation on 5/18/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken with putting Emergency telephone numbers, including the nearest hospital, police department, fire department, ambulance service, poison control, local emergency management, and personal care home complaint hotline immediately adjacent to the telephone on the 2nd floor medication cart on 5/19/2026 by RCC.
A standardized emergency contact list has been created by admin and will be posted at all telephones with outside lines throughout the facility. The facility maintenance/designee will conduct a full audit of all phone locations to ensure compliance by 6/29/2026. Documentation will be kept.
Staff have been educated on the requirement and importance of maintaining posted emergency numbers on 6/29/2026 by Admin/designee. Documentation will be kept.

91 - Telephone Numbers (continued)

The Administrator or designee will perform monthly audits for 3 months and quarterly thereafter to ensure continued compliance starting 6/15/2026. 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. Quality management meeting was held on 6/10/2026 covering this POC. Documentation was kept

Licensee's Proposed Overall Completion Date: *06/29/2026*

Implemented ([redacted] - 07/31/2026)

92 - Windows

6. 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

The was an approximate 12" x 8" crack in the left-side of the laundry room window.

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

In response to the violation on 5/18/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken for the damaged laundry room window. Maintenance director called [redacted] Glass LLC and the window is now intact and meets safety and maintenance standards. This replacement occurred on 6/12/2026. Documentation can be provided.

A full inspection of all windows throughout the facility was conducted to ensure they are in good repair and securely screened where applicable by maintenance director on 5/19/2026. Documentation was kept.
Staff have been re-educated to report any damage to windows immediately to maintenance or administration. This training will occur on 6/29/2026 by admin/designee. Documentation will be kept.
The maintenance director or designee will conduct monthly environmental rounds for 3 months, then quarterly thereafter, to ensure all windows remain in good repair. This will begin 6/15/2026 and 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. Quality management meeting was held on 6/10/2026 covering this POC. Documentation was kept

Licensee's Proposed Overall Completion Date: *06/29/2026*

Implemented ([redacted] - 07/31/2026)

101j7 - Lighting/Operable Lamp

7. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3 did not have access to a source of light that can be turned on/off at bedside. The lamp was not plugged in.

Resident #4 did not have access to a source of light that can be turned on/off at bedside. The lamp was not plugged

101j7 - Lighting/Operable Lamp (continued)

in, and the bulb did not work.

Resident #5 did not have access to a source of light that can be turned on/off at bedside. The lamp was not plugged in.

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

In response to the violation on 5/18/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on

In response to the violation on 5/18/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken with Resident #3,Resident #4, and resident #5 who did not have access to an operable bedside lighting source as
required.
The following corrective actions have been implemented: All lamps were immediately plugged in by maintenance staff while inspectors were on site.
All resident rooms were inspected to verify that each resident has access to working bedside lighting on 5/19/2026 by maintenance director. Maintenance and housekeeping staff were instructed to immediately report missing bulbs, damaged lamps, or lighting deficiencies by the RCC.
The Administrator/designee will: Conduct weekly bedroom safety and equipment audits for 30 days biweekly thereafter. Verify operability of bedside lighting during routine room checks starting 6/15/2026. Documentation will be kept. Ensure deficiencies are corrected immediately upon identification and discussed at the quality management meeting on 6/10/2026. Documentation will be kept.

Licensee's Proposed Overall Completion Date: *06/29/2026*

Implemented ([redacted] - 07/31/2026)

183b - Meds and Syringes Locked

8. 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

At 11:05 a.m., Nystatin Powder was unlocked, unattended, and accessible in resident #1's bedroom.

REPEATED VIOLATION - 12/11/25 et al.

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

In response to the violation on 5/18/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on with the Nystatin Powder for resident #1 was immediately secured in a locked medication storage area on 5/18/2026. Staff responsible were counseled on proper medication storage requirements.
All staff will be re-educated on the requirement that all prescription medications, OTC medications, CAM, and syringes must be kept locked at all times, including in resident rooms on 6/29/2026 by admin/designee. Documentation will be kept.
RCC will review all resident rooms and medication storage areas starting 6/152/2026 and have completed by 6/29/2026 to ensure compliance. Documentation will be kept.
The Administrator or designee will conduct weekly audits for 4 weeks, then monthly audits for 3 months to ensure

183b - Meds and Syringes Locked (continued)

medications remain properly secured.
Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally during quality management meeting for continuous improvement purposes. Quality management meeting was held on 6/10/2026 covering this POC. Documentation was kept

Licensee's Proposed Overall Completion Date: *06/29/2026*

Implemented ([redacted] - 07/31/2026)

183d - Prescription Current

9. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Fluticasone Spray 50mcg, prescribed for resident #1, was in the home's medication cart; however, the medication was discontinued on 2/25/26.

Plan of Correction ***Accept ([redacted] - 07/06/2026)***

In response to the violation on 5/18/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on the discontinued Fluticasone Spray for resident #1. Medication was immediately removed from the medication cart and properly disposed of in accordance with facility policy on 5/18/2026 by RCC.
By 6/15/2026 all medication carts and storage areas were reviewed to ensure no discontinued medications remain in the facility by RCC. Documentation will be kept.
Staff will be re-educated on the requirement that only current medications for residents may be kept in the home on 6/29/2026 by admin/designee. Documentation will be kept.
The Administrator or designee will conduct weekly medication cart audits for 4 weeks, followed by monthly audits for 3 months. starting 6/15/2026. Any discontinued medications found will be removed immediately, and staff will receive additional education as needed. 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. Quality management meeting was held on 6/10/2026 covering this POC. Documentation was kept

Licensee's Proposed Overall Completion Date: *06/29/2026*

Implemented ([redacted] - 07/31/2026)

187c - Refusal of Medication

10. 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 #6 refused [redacted] medication administrations on the following dates and times:
Duloxetine 60mg at 8am on 5/4/26 – 5/11/26 & 5/13/26 – 5/18/26
Escitalopram 10mg at 8am on 5/4/26 – 5/11/26 & 5/13/26 – 5/18/26
Losartan Potassium 50mg at 8am on 5/4/26 – 5/11/26 & 5/13/26 – 5/18/26

187c Refusal of Medication (continued)

Tamsulosin 0.4mg at 8am on 5/4/26 5/11/26 & 5/13/26 5/18/26
Vitamin D3 25mcg at 8am on 5/4/26 5/11/26 & 5/13/26 5/18/26
The home did not document reporting these refusals to the prescriber.

Plan of Correction ***Accept (- 07/06/2026)***

In response to the violation on 5/18/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken with the prescribing physician for resident #6 being notified of all documented medication refusals on 5/18/2026 by RCC.
A review of resident #6's current medication regimen was completed by RCC and any new orders or instructions from the prescriber were implemented on 5/18/2026.
All medication administration staff will be re educated on requirements for:
Documenting all medication refusals in the resident record and MAR.
Reporting refusals to the prescriber within 24 hours unless otherwise directed. Training will be 6/29/2026 by Admin/designee. Documentation will be kept.
A refusal form has been implemented to monitor patterns and ensure timely reporting starting 6/15/2026 by RCC.

The Administrator or designee will conduct weekly MAR audits for 4 weeks, then monthly audits for 3 months, focusing on documentation and timely reporting of refusals. Any identified deficiencies will result in immediate corrective action and additional staff education.
Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally during quality management meeting for continuous improvement purposes. Quality management meeting was held on 6/10/2026 covering this POC. Documentation was kept

Licensee's Proposed Overall Completion Date: *06/29/2026*

Implemented (- 07/31/2026)

187d - Follow Prescriber's Orders

11. Requirements

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

Description of Violation

Resident #1 was prescribed Admelog SoloStar 100 units/ml, give three times daily according to the following scale:
<70 Call MD
70 149 0 units
150 200 2 units
201 250 4 units
251 300 6 units
301 350 8 units
351 400 10 units
>400 12 units and call MD.

On 5/13/26, at 12:00 p.m., the resident's blood glucose reading was 275 and the resident should have been administered 6 units; however, the resident was administered 11 units.

187d Follow Prescriber's Orders (continued)

On 5/16/26, at 12:00 p.m., the resident's blood glucose reading was 288 and the resident should have been administered 6 units; however, the resident was administered 10 units.

REPEATED VIOLATION 6/12/25 et al.

Plan of Correction ***Accept (- 07/06/2026)***

In response to the violation on 5/18/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken with Resident #1 current insulin orders were reviewed and verified for accuracy on 5/18/2026 by RCC.
Staff involved were immediately counseled and re educated on proper insulin administration and following sliding scale orders 5/18/2026 by RCC.
All medication administration staff will be re educated on: Strict adherence to prescriber orders, especially insulin sliding scales. Proper calculation and verification of insulin doses prior to administration. Training is on 6/29/2026 by admin /designee. Documentation will be kept.
A double check system has been implemented for insulin administration to ensure accuracy and will be monitored by RCC weekly staring 6/15/2026.
Medication Administration Records (MARs) were reviewed and clarified to ensure sliding scale instructions are clearly visible and easily understood by RCC on 5/19 2026.
Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally during quality management meeting for continuous improvement purposes . Quality management meeting was held on 6/10/2026 covering this POC. Documentation was kept

Licensee's Proposed Overall Completion Date: *06/29/2026*

Implemented (- 07/31/2026)

225c - Additional Assessment

12. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #2 had an enabler bar attached to bed for repositioning and transferring. However, resident #2's assessment, dated 6/28/25, did not include:
- *The specific need for the device*
- *The intended use*
- *Any risks associated with the device*
- *The resident's ability to use the device safely for the intended purpose*
- *Identification of the specific device to be used*
- *If a cover is required to meet FDA guidelines*

Plan of Correction ***Accept (- 07/06/2026)***

In response to the violation on 5/18/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate

225c Additional Assessment (continued)

action was taken by removal of the device. by maintenance director. Resident was offered a different, safer device and the resident declined.
Nursing staff have been re educated on regulatory requirements for assessments involving assistive devices by Admin/designee on 6/29/2026. Documentation will be kept.

The Administrator or designee will conduct weekly audits of assessments for 4 weeks, then monthly audits for 3 months to ensure completeness and compliance starting 6/15/2026. 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. Quality management meeting was held on 6/10/2026 covering this POC. Documentation was kept.

Licensee's Proposed Overall Completion Date: *06/29/2026*

Implemented (- 07/31/2026)