



Emailing Date: April 29, 2022



Walden Care LLC
325 North Broadway
Wind Gap, Pennsylvania 18091

RE: Walden III Senior Living Community
License #: 230720

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 1, 2022 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive, flowing style.

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *WALDEN III SENIOR LIVING COMMUNITY* License #: *230720* License Expiration:
Address: *325 NORTH BROADWAY, WINDGAP, PA 18091*
County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *610-863-7059* Email: [REDACTED]

Legal Entity

Name: *WALDEN CARE LLC*
Address: *325 NORTH BROADWAY, WINDGAP, PA, 18091*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/28/1994* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *40* Waking Staff: *30*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *03/01/2022*

Inspection Dates and Department Representative

03/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *40*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

03/01/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/25/2022*

Inspections / Reviews (*continued*)

03/22/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/29/2022*

03/30/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/06/2022*

04/13/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The water temperature in the tub room next to Room #139 measured 130.2 degrees Fahrenheit.

Plan of Correction

Do Not Accept*2600.89.b Hot water temperature in areas accessible to the resident may not exceed 120 Fahrenheit.**Violation: On March 1st, 2022, Inspector tested the water temperature in a communal shower room at the sink and found the temp to be 130.2 degrees.**I called Maintenance and immediately had the temperature turned down to 120 F on the hot water heater.**Plan of Correction: Monthly water temp checks will be conducted by the Maintenance staff. If a temp is found to exceed the 120 degrees Fahrenheit, Administrator is to be notified immediately and Maintenance is instructed to adjust temp immediately.***Completion Date:** 03/01/2022**Update:** 03/22/2022*Due to the water temp being 10 degrees over the maximum testing only once per month does not protect residents adequately from hot water burns. Testing should be done daily for at least a month to be sure the problem is corrected and then weekly for a monthly and then monthly for 6 months after that to be sure the problem is corrected.**The logs submitted have to be IN USE please.**AG, 3-22-22*

Plan of Correction

Accept*Water temps will be conducted daily by the Administrator and Maintenance Staff and recorded on the daily. This will ensure that water temps remain at or below the 120 degrees Fahrenheit. Daily water temps will be checked for one month, then we will do weekly water temps checks for one month and followed by monthly. Attached is the temp log. This will ensure water temps are consistent with regulation 2600.89.b. If a temp is found to be exceeding the 120 degrees Fahrenheit, the Administrator is to be notified immediately to be addressed accordingly.***Completion Date:** 03/23/2022**Update:** 03/30/2022*Please submit temperature logs actually IN USE for Step 2.**AG, 3-30-22*

Document Submission

Implemented*Water temp logs submitted from 03/23 thru 04/04 thru email as well*

91 - Telephone Numbers

1. 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.

91 - Telephone Numbers (*continued*)**Description of Violation**

The telephone located next to the variety store did not have the correct personal care home complaint hotline number posted.

The telephone located in Room #138 did not have the emergency numbers posted on or near the phone.

Plan of Correction**Accept**

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.

Violation: The telephone located next to the variety store did not have the correct personal care home complaint hotline number posted. Also, the telephone located in room # 138 (resident personal phone) did not have the emergency numbers posted on or near the phone.

Plan of Correction: Immediately on March 1st, 2022, with the inspector present, I placed the emergency stickers on the respective phones immediately.

Moving forward: Administrator and Housekeeping will conduct monthly checks to ensure the stickers are in place and are legible.

Completion Date: 03/01/2022

Update: 03/22/2022

Document Submission**Implemented**

Previously submitted

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit located in the nursing office did not include a CPR breathing shield and tweezers.

The first aid kit located in the kitchen did not contain protective eyewear.

Plan of Correction**Accept**

2600.96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Violation: The first aid kit located in the nursing office did not include a CPR breathing shield and tweezers. The first aid kit located in the kitchen did not contain protective eye wear.

Plan of Correction: Immediately upon discovering the items missing, Administrator immediately replaced the items in the first aid kits.

96a - First Aid Kit (continued)

Moving forward: Monthly checks will be conducted by the Administrator, Kitchen staff and Nursing staff to ensure all items required are in the first aid kits.

Completion Date: 03/01/2022

Document Submission

Implemented

Previously submitted

127a - Portable Space Heaters**1. Requirements**

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

A portable space heater was located in the bathroom of Room #102, space heaters are strictly prohibited.

Plan of Correction

Accept

2600.127.a. Portable space heaters are prohibited.

Violation: A portable space heater was located in the bathroom of room # 102, space heaters are strictly prohibited.

Plan of Correction: With the inspector present, Administrator immediately removed the heater from residents room, Med Tech called the family and had it removed from the property.

Moving forward: Monthly sweeps and room checks will be conducted with the housekeeping staff to ensure no portable space heaters are found in the building or resident rooms.

Completion Date: 03/01/2022

Update: 03/22/2022

Document Submission

Implemented

Previously submitted

132b - Safety Inspection/Fire Drill**1. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The homes most recent supervised fire drill and fire safety inspection was completed on 9/23/19.

Plan of Correction

Accept

2600.132.b.

A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Violation: The homes most recent supervised fire drill and fire safety inspection was completed on 9/23/19.

132b - Safety Inspection/Fire Drill (continued)

Plan of Correction: The last supervised fire drill with surrounding companies was conducted on 09/23/19. Then in 2020 the pandemic hit and we were closed to outsiders (except EMS, Police and necessary emergent personnel) coming in the facility. When we were reinstated for supervised drills, the Administrator reached out to [REDACTED], former fire chief. It was discovered that the Wind Gap and Bushkill Fire Companies were inundated with a Covid 19 outbreak throughout December and January. They were therefore unable to participate in the supervised fire drill.

Moving forward: A supervised fire drill is scheduled for April 11th at 630 in the evening. Proper documentation will be emailed to [REDACTED]

Completion Date: 03/16/2022

Update: 03/22/2022

Document Submission

Implemented

Previously submitted

132d - Evacuation**1. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drills conducted in December 2021, January 2022 and February 2022 exceeded 2.5 minutes for evacuation. The home does not have a current letter from a fire safety expert designating a safe evacuation time based on the physical construction of the home.

Plan of Correction

Accept

2600.132. d.

Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Violation: The fire drills conducted in December 2021, January 2022 and February 2022 exceeded 2.5 minutes for evacuation. The home does not have a current letter from a fire safety expert designating a safe evacuation time based on the physical construction of the home.

Plan of Correction: Wind Gap Fire Company was unable to come out in December thru January due to their fire personnel out with Covid 19. Administrator reached out to fire chief, [REDACTED], who advised me to call the new Chief [REDACTED]. Chief [REDACTED] and his Deputy Chief [REDACTED] came out on March 16th, 2022, to inspect and issue the fire letter.

Moving forward: April 11th is our yearly fire drill with surrounding fire companies. Monthly drills will continue.

Completion Date: 03/16/2022

Update: 03/22/2022

Annual Fire Drills should be unannounced. It is ok to announce the month of the supervised drill. Going

132d - Evacuation (continued)

forward please be more general in your information about fire drill announcements.

AG, 3-22-22

Document Submission

Implemented

Previously submitted

183b - Meds and Syringes Locked**1. 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

A bottle of Ocuville was located in Resident #1's room. The resident has not been assessed to have unlocked medications in the residents room.

Plan of Correction

Accept

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.

Violation: A bottle of Ocuville was located in Resident #1's room. The resident has not been assessed to have unlocked medications in the residents room.

Plan of Correction: Resident #1 DME was changed by Dr [REDACTED], to reflect, resident #1 is able to self administer [REDACTED] medications in [REDACTED] room. When resident #1 leaves [REDACTED] room, they lock the door. (attached corrected copy of DME)

Moving forward: Any resident with medications in [REDACTED] room and/or possession will have a lock box to lock medications in and will be instructed to do so. Monthly room sweeps will be conducted by the Med Tech staff to ensure all medications are locked in lock boxes. Med Tech Supervisor will check the respective DME's reflect resident's ability to self administer.

Completion Date: 03/03/2022

Update: 03/22/2022

Document Submission

Implemented

Previously submitted