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

September 3, 2025

[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 07/24/2025 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 III SENIOR LIVING COMMUNITY* **License #**: *23072* **License Expiration**: *05/02/2026*

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**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *44* **Waking Staff**: *33*

Inspection Information

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

Reason: *Complaint, Interim* **Exit Conference Date**: *07/24/2025*

Inspection Dates and Department Representative

07/24/2025 - 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: *6*

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: *2* **Have Physical Disability**: *0*

Inspections / Reviews

07/24/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/22/2025*

08/26/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/03/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/02/2025*

Inspections / Reviews *(continued)*

09/03/2025 POC Submission

Submitted By: [redacted]
Date Submitted: *09/03/2025*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

09/03/2025 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *09/03/2025*
Reviewer: [redacted]
Follow Up Type: *Not Required*

144c1 - Smoking Area Guidelines

1. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 9:16 a.m., the home's designated smoking area on the porch to the right of the entrance contained three chairs with fabric chair cushions attached. The chair cushions did not contain any tags to confirm as a fire resistant product.

Plan of Correction ***Accept [redacted] - 08/26/2025)***

How this happened:
The porch area has outside lawn furniture. A resident's family donated the chair cushion after [redacted] loved one passed away. It was overlooked that the cushions should be fire resistant.

Plan of correction:
On 08/13/2025 All cushions have been removed from the outside porch furniture, except 2, that have the flame resistant label attached.

Moving forward:
Next spring, spring of 2026,the Administrator will replace all cushion with new "flame resistant cushions for the residents comfort. The administrator will now allow any donations of cushions for the porch furniture unless it is clearly labeled.

Licensee's Proposed Overall Completion Date: *08/21/2025*

Implemented [redacted] - 09/03/2025)

183d - Prescription Current

2. 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

On [redacted], [redacted] tablets and [redacted] tablets prescribed for Resident [redacted], were in the home's medication cart; however, both medications were discontinued on [redacted]

Plan of Correction ***Accept [redacted] - 09/03/2025)***

How this happened:
The medications were dc'd by the hospice RN. The procedure was the RN calling the pharmacy to discontinue the medications. The pharmacy failed to remove it from their system, resulting in the pharmacy re-sending the medications listed. The staff, upon checking in the medications, did not catch the discrepancy. Resulting in the medication error. The surveyors came out and rechecked out med carts and found the error.

Plan of correction:
On 07/24/2025 The residents family, [redacted] and the "Care Team" were notified of the error in the mar and cart.

183d Prescription Current (continued)

On 07/25/2025, the Administrator conducted an investigation and enlisted the hospice company, "the Care Team," to investigate where the ball was dropped. The Care Team, along with the RN nurse Anne Lendzinski, have implemented a procedure. Previously the RN would call the pharmacy and order the medication changes.

The new procedure is now the RN will fax all med changes over to the pharmacy. Then the fax and the confirmation sheet is placed in a notebook and the Med Techs are informed to check the mar for any changes. It will also be noted in the report when the carts are passed off.

07/25/2025...The Med Techs were retrained on following the MAR and the importance of proper administration of medications. It was stated that any diversion from this policy has to be approved by myself and the Care Team. Any further errors as such, will result in immediate termination from Walden III.

On 07/24/2025, The Administrator and the RN, [redacted] for the Care Team, destroyed the Medications in question. Attached is the destroy sheet by the Care Team.

Moving forward:
On 07/24 the Administrator will follow up weekly, on various days with the med techs and the RN to ensure our plan of correction remains in place. The Administrator and Assistant Administrator will be spot checking the med techs on the cart for discrepancies.

Licensee's Proposed Overall Completion Date: *09/02/2025*

Implemented [redacted] - 09/03/2025)

185a - Implement Storage Procedures

3. 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] is prescribed [redacted] tablets as needed. On [redacted] at approximately 11:00 a.m., the medication was not available in the home.

Plan of Correction ***Accept [redacted] - 08/26/2025)***

How did this happen:
On 07/24/2025, Resident [redacted] has listed in [redacted] MAR that [redacted] is prescribed [redacted] tablets as needed. The surveyor upon inspection of the cart review, it was discovered the Acetaminophen was not in the cart.

Plan of correction:
07/24/2025 the Administrator called the pharmacy and asked where the medication was and ordered a refill. It arrived within the hour. 07/25/2025 the administrator will continue to conduct audits of medications in the carts and will also double check the PRN "as needed," medications, to ensure they are in the carts.

Moving forward:
07/25/2025 The Administrator will continue the audit of the med carts weekly for expired, missing medications, and discontinued medications.

185a - Implement Storage Procedures *(continued)*

Licensee's Proposed Overall Completion Date: *08/21/2025*

Implemented [redacted] - 09/03/2025)

187a - Medication Record

4. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [redacted] is prescribed [redacted] sublingual tablets. This medication was administered on [redacted] through [redacted]; however, it is not included on resident #'s medication administration record.

Plan of Correction ***Accept ([redacted] - 09/03/2025)***

How did this happen:
On 07/24/2025, the surveyor conducted a cart review and it was discovered that resident [redacted] was prescribed [redacted] sublingual tablets. This medication was missing in error from the MAR. The pharmacy profiles the medication in the MAR. The med techs had administered this medication and failed to verify the medication in MAR.

Plan of correction:
On 07/24/2025, The administrator called the pharmacy and questioned why the medication had not bee profiled in the MAR. The pharmacy said it is a Quick Mar issue. They immediately profiled it. The administrator conducted a training on the importance of matching the medication to the MAR.

Moving forward:
On 07/24/2025 The administrator will be doing weekly rounding of med carts to observe the med tech on their med passes to ensure everyone is following the rules for proper administration of medications.

Licensee's Proposed Overall Completion Date: *09/02/2025*

Implemented [redacted] - 09/03/2025)