

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THANHOF, INC.

LEGAL ENTITY

To operate POND VIEW MANOR

NAME OF FACILITY OR AGENCY

Located at 1115 MYRTLE ROAD, P.O. BOX 67, WALNUTPORT, PA 18088

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 24, 2011 until November 24, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 245000

Robert E. Robinson

ISSUING OFFICER

R. C. [Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 06 2012

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Regina Sharpe, Owner
Thanhof, Inc.
Pond View Manor
1115 Myrtle Road, P.O. Box 67
Walnutport, Pennsylvania 18088

Dear Ms. Sharpe:

As a result of the Department of Public Welfare's licensing inspection on February 3, 2011, February 4, 2011, February 5, 2011, and November 9, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>R. Shapp</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Brazee</i>	DATE 8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hot line 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).	On 7/25/10, an allegation of physical abuse with administrator [redacted] against resident #1, the home did not submit an incident report to the Department.	July 29, 2011 Scheduled 7-8-11	To be completed by June 28, 2011 July 29, 2011 The home's administrators shall submit a completed incident report to the Department by 8/11/11 regarding staff person #A physical abuse against resident #1 that occurred on 7/25/10. The administrators will review the Department's incident reporting regulations under regulation 2600.16 and the Abuse reporting guidelines required by regulation 2600.15 as it relates to the Older Adults Protective Services Law (OAPSA). Additionally, a review of the Older Adults Protective Services Law for the administrators and staff of the home shall be arranged and held at Pond View Manor by Protective Services staff from the Northampton County Area Agency on Aging no later than 8/10/11 Documentation of the in-service training is to be forwarded to ARL by 8/20/11 . The administrators will be responsible for compliance with this Directed Plan of Correction and for future compliance of this regulation.	July 29, 2011 Alleged Steps have been taken to correct violation; full compliance to be verified. Date: Initials: [initials]

PAGE 02

POND VIEW MANOR

6107600856

16:59

07/08/2011

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PAGE 25

POND VIEW MANOR

6107600856

07/08/2011 16:59

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Abbott</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Quene Grayson</i>	DATE 8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION	
		DATE COMPLIANCE VERIFIED BY	DATE COMPLIANCE VERIFIED BY
15a The home shall immediately report suspected abuse of a resident served in the home 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.	On 7/25/10, an allegation of abuse with administrator A against resident #4, the home did not report the allegation to the local area agency on aging; the State Department of Aging; or the State Department of aging.	7-15-11 7-15-11 28 soon 28 possible or July 29, 2011 conducted plan of correction. The record of training is included in this report.	To be completed by June 20, 2011 July 29, 2011 The administrators and staff of the home will be required to arrange an in-service training on the Older Adult's Protective Services Act (OAPSA) conducted by the Northampton County Area Agency on Aging by 8-15-11 . Documentation of the completed training is to be forwarded to ARL by 8-15-11 . In addition, the administrators and staff of the home are to review and complete the on-line Protective Services training found on the Department Of Aging's web site and shall provide ARL by 8-15-11 with documentation from the Aging web site that each person has completed the on-line Protective Services Training. The administrators will be responsible for compliance with this Directed Plan of Correction and for future compliance of this regulation. Also, an in-house training was based on a previously submitted Steps have been taken to correct violation; full compliance is not verified. Date: <i>8-8-11</i> Initials (DPW): <i>DPW</i>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PAGE 27

POND VIEW MANOR

6107500855

16:59

07/08/2011

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
15c The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.	On 7/25/10, an allegation of abuse with administrator A against resident #4, the home did not submit a plan of supervision to the Department. Administrator [redacted] continued to work in the home and has access to resident #4.	Scheduled July 8, 2011 conducted plan of correction included	To be completed by June 29, 2011 Going forward, the administrators of the home shall submit to ARL an immediate plan of supervision or notification of the suspension of any staff person who is alleged to have abused a resident of the home or if there is any incident of suspected abuse of any resident being care for in the home by any person(s) employed by the home. The administrators shall review and become familiar with what constitutes abuse of a care dependent person as defined in the Older Adult's Protective Services Act (OAPSA). The staff of the home shall also be in-serviced on what constitutes abuse as defined under the OAPSA. Documentation of the in-service is to be forwarded to ARL by 08/07/11 . The administrators will be responsible for compliance with this Directed Plan of Correction and for future compliance of this regulation Also, an in-house training was based on a previously submitted record of training	July 29, 2011 Steps have been taken to correct violation; full compliance is not verified. Date: _____ Initials (D/P): _____

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Block	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Shay</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann Hayes</i>	DATE 8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	There is no record of financial transactions including deposits and withdrawals listed in the financial management records of resident #1 from 4/27/06 until 9/1/10.		<p>Effective Immediately (By June 30, 2011) and Ongoing Thereafter: by July 29, 2011</p> <p>The home will use the Department's model form to keep a record of all financial transactions with residents.</p> <p>The home will develop and maintain a system for tracking financial record keeping and maintain financial records via use of the above standardized forms.</p> <p>These records will be maintained by the home.</p> <p><i>As submitted previously, does not offer any financial services to the residents. Hence, Per Ann G./DPW, PUM does not have to utilize these forms. after 7-5-11. ay.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: _____ Initials (DPW): <i>DPW</i></p>

PAGE 28

POND VIEW MANOR

6107600855

07/08/2011 16:59

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8-8-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	The record of resident #1 did not contain a written receipt from resident #1 for transactions from the date of admission on 4/27/06 until date of discharge on 11/28/10.		<p>No later than June 1, 2011 and ongoing thereafter. July 29, 2011</p> <p>The administrator will ensure that all residents sign for cash disbursements, or will indicate refusal or inability to sign. Signatures or notations will be dated and the signatures will be completed at the time of the disbursement.</p> <p>These records will be maintained by the home.</p> <p>As submitted previously, PVM does not offer any financial services to the residents. Hence, Per Ann G. / DPW, PVM does not have to utilize these DPW forms.</p> <p><i>[Signature]</i> 7-5-11</p>	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p>Date: <i>[Signature]</i> Initials: <i>[Signature]</i></p>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Attorneys</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann Gregory</i>	DATE 8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	Resident #1 has not received a quarterly account of financial transactions from the date of admission on 4/27/06 until date of discharge on 11/28/10.		Beginning June 20, 2011 and ongoing thereafter: July 29, 2011 The administrator will give the resident and the resident's designated person an itemized account of financial transactions made on the resident's behalf on a quarterly basis. If no transactions were made, the administrator will give the resident/designated person a statement of monies held with the notice "no transactions made." A copy of the itemized account will be kept in each resident's record, even if the resident declines to review the account. As submitted previously, PVM does not offer any financial services to the residents. Hence, Per Ann 61. /DPW, PVM does not have to utilize these DPW funds. <i>after 7-5-11</i>	Steps have been taken to correct violation; full compliance is not verified. Date: <i>8-8-11</i> Initials: <i>DPW</i>

PAGE 30

POND VIEW MANOR

610/600855

84:55

01/08/2011 10:02/00/11

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Atlay</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Giegio</i>	DATE 8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
2069 A copy of the itemized account shall be kept in the resident's record.	There is no copy of the quarterly financial accounting in the record of resident #1 from 4/27/06 until date of discharge on 11/28/10.		Beginning June 28, 2011 and ongoing thereafter: <u>July 29, 2011</u> Copies of the itemized accounts will be kept in each resident's record. <i>As submitted previously, PVM does not offer any financial services to the residents. Hence, Per Ann 6. DPW PVM does not have to utilize these DTW forms.</i>	<i>Steps have been taken to correct violation; full compliance to get verification</i>

PAGE 31

POND VIEW MANOR

9988009/019

6510 11/08/2011

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011 • 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Alkay</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chris Krajac</i>	DATE 8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION	
		DATE COMPLIANCE VERIFIED BY	DATE COMPLIANCE VERIFIED BY
25c1 Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure. A contract to the contrary is not valid. A personal needs allowance is the amount that a resident shall be permitted to keep for his personal use.	The record of resident #3 indicates that the resident shall retain a minimum personal needs allowance of \$60.00 which does not correctly reflect the recent increase of \$25.00 to \$85.00 a month on January, 2009. Resident #3's most current contract, dated 12/1/08, did not list the current minimum PNA amount of \$85 per month. It was handwritten on the front page as "petty cash".	By June 20, 2011 and ongoing thereafter: <i>July 29, 2011</i> The home will use the Department's model contract for all newly-admitted residents, or will use a contract that contains all of the elements required by this Chapter at a minimum. <i>The contract language that was submitted previously was approved, per Ann</i>	<i>8-8-11</i> Steps have been taken to correct violation; full compliance is not verifiable Date: <i>8-8-11</i> Initials: <i>DPW</i>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3-27-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION	
		DATE COMPLIANCE VERIFIED BY	(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)
25c13 (13) Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).	The current PCH complaint hotline number was not in resident #3's most current contract, dated 12/1/08, or in an addendum to it. The one listed was 1800-254-5164; the current number is 1877-401-8835.	3-27-11	The correct telephone number was posted correctly when it was published. The contract has been updated and, as stated previously, mailed to resident's designated person for signatures. The updated contract will be utilized for any additional residents. Any contracts that do not have these updates, will be reissued. See attached documentation.
			QRT 04-12-11

PAGE 33
POND VIEW MANOR
5107600855
07/08/2011 16:59

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25c2 (2) A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.	The homes contract does not include a five dollar fee for each additional weekly shower. A written statement from resident #5's case worker at NHS Human Services indicates that resident #5 pays five dollars per week for an extra shower.		To be completed by June 30, 2011. July 29, 2011 The administrators will notify each resident and their designated persons with a prior 30 day notification of any changes made in the home's fee schedule and contract and copies of the written notifications will be maintained in the respective resident records. Any fee schedule and contract change will be effective 30 days from the date of the 30 day written notification. The current fee schedule used by the home shall be amended to note that any resident who is a recipient of and their only income is SSI benefits will not be charged the additional \$5.00 fee for any additional showers/bathing. The administrator shall not charge any SSI resident for any personal care services in excess of that resident's current monthly income reduced by the resident's current personal needs allowance. PUM's new fee schedule was submitted previously and approved. [Redacted] 30-day notice with signature will be faxed to DPW per Ann G. /DPW with this report.	Steps have been taken to correct violation; full compliance is not verified. <i>[Signature]</i> Date: 8-8-11 Initials: (DPW)

PAGE 34

POND VIEW MANOR

6107600856

16:59

07/08/2011

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
		<i>Anne L. [Signature]</i>	8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION	
		DATE COMPLIANCE VERIFIED BY	DATE COMPLIANCE VERIFIED BY
27a If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.	Administrato [redacted] stated the home charges SSI recipients a 5 dollar fee for additional weekly shower. Attachment #2 (Third Party Contribution) of the most current contract for resident #3, dated 12/1/08, indicated that the resident had an additional fee of \$401 per month, over and above the room and board charges listed on page 1(#2) of this contract. This was also stated on page 1(#3) of the contract. The attachment stated that this additional fee would be utilized for the resident's expenses which included "room and board and other expenses". This resident is a recipient of SSI.	7-5-11 * Ann G. to review with Bob and get back to me [Signature]	By June 26, 2011 and ongoing thereafter: July 24, 2011 The home will accept the allowable rate under the Supplemental Security Income program for the resident's room, board and personal care charges, once the \$85 in personal needs allowance is deducted for the resident's personal use. The contract will clearly specify these amounts in writing.

Steps have been taken to correct violation; full compliance to not verified.
Date [Signature] Initials (DPR)

PAGE 36

POND VIEW MANOR

6107600856

07/08/2011 16:59

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PAGE 37

POND VIEW MANOR

5107500855

16:59

07/08/2011

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
		<i>Chris Rogian</i>	8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
27d2 The administrator shall provide each resident who is a recipient of SSI, at no charge beyond the amount determined in subsection (a), the following items or services as needed: (2) Laundry services for personal laundry, bed linens and towels, but not including dry cleaning or other specialized services.	The home is charging an additional fee of \$5.00 per load for laundry in excess of 14 pounds per week, as indicated on page 2(#6) and on page 10(Attachment #3) of resident #3's most current contract, dated 12/1/08. Laundry service cannot be charged to SSI recipients. <i>Violation withdrawn not an SSI resident</i>	7-5-11 * Ann G. to review with Bob and get back to me	By June 20, 2011 and ongoing thereafter: <i>July 29, 2011</i> The home will accept the allowable rate under the Supplemental Security Income program for the resident's room, board and personal care charges. Laundry is to be included in the services provided to the SSI resident.	<i>Violation withdrawn</i> <i>AG</i> 8-8-11

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PAGE 38

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRILE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>R. Shaye</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Carne Graziano</i>	DATE 8-8-11

POND VIEW MANOR

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	On February 3, 2011 administrator [redacted] stated in writing along with the Pond View Manor time sheets, that former direct care staff person A started working at the home on 5/24/10, but did not receive first day orientation until 7/14/10.	July 29, 11	To be completed by June 30, 2011 July 29, 2011 In addition to the plan of correction submitted via fax dated 4/18/11 to ARL from the administrator regarding this violation; the administrators will develop an employee hire checklist which includes all the training and time lines for training. This checklist will be utilized by the administrators for all future employee hires to ensure compliance with the staff training requirement of this regulation. A copy of the checklist is to be forwarded to the ARL Regional Office by 06/27/2011 . The administrators will be responsible for compliance with this regulation as per their plan of correction and this Directed Plan of Correction. The "Employee Records Checklist" is being submitted with this plan of correction and has been utilized since prior to 8-12-2010.	Steps have been taken to correct violation; full compliance is not verified. Date: [initials] Initials (Date)

6107600856

07/08/2011 16:59

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PAGE 41

POND VIEW MANOR

6107600856

07/08/2011 16:59

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION	
		DATE COMPLIANCE VERIFIED BY	DATE COMPLIANCE VERIFIED BY
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102). (4) Reporting of reportable incidents	On February 3, 2011 administrator [redacted] stated in writing along with the Pond View Manor time sheets, that former direct care staff person A started working at the home on 5/24/10, but did not receive the following training within 40 scheduled working hours until 7/14/10: (1) Resident Rights (2) Emergency Medical Plan (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (4) Reporting of reportable incidents and conditions	July 29, 11	To be completed by June 20, 2011 July 29, 11 In addition to the plan of correction submitted via fax dated 4/18/11 to ARL from the administrator regarding this violation; the administrators will develop an employee hire checklist which includes all the training and time lines for training. This checklist will be utilized by the administrators for all future employee hires to ensure compliance with the staff training requirement of this regulation. A copy of the checklist is to be forwarded to the ARL Regional Office by 06/20/2011 . The administrators will be responsible to ensure compliance with this regulation as per their plan of correction and this Directed Plan of Correction. The "Employee Records Checklist" is being submitted with this plan of correction (see 65a) and has been utilized since prior to 8-12-2010.

Steps have been taken to correct violation; full compliance is not verified.
Date _____
Initials (DPR) _____

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600.

41

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8-8-11

		PLAN OF CORRECTION	
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) DATE COMPLIANCE VERIFIED BY
and conditions.			

PAGE 14
POND VIEW MANOR
000000/010
00:01 1107/00/11

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PAGE 43

POND VIEW MANOR

6107600856

07/08/2011 16:59

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>R. Shupe</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Donna [Signature]</i>	DATE 8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION	
		DATE COMPLIANCE VERIFIED BY	DATE COMPLIANCE VERIFIED BY
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	On February 3, 2011 administrator [redacted] stated in writing along with the Pond View Manor time sheets, that former direct care staff person B started working at the home on 5/24/10, but did not complete the Department - approved direct care training course and pass the online competency test until 7/31/10. Direct care staff person B performed unsupervised care between 5/24/10 and 7/31/10.	July 24, 11	To be completed by June 20, 2011 July 29, 11 In addition to the plan of correction submitted via fax dated 4/18/11 to ARL from the administrator regarding this violation; the administrators will develop an employee hire checklist which includes all the training and time lines for training. This checklist will be utilized by the administrators for all future employee hires to ensure compliance with the staff training requirement of this regulation. A copy of the checklist is to be forwarded to the ARL Regional Office by 06/22/2011 . The administrators will be responsible to ensure compliance with this regulation as per their plan of correction and this Directed Plan of Correction. The "Employee Reads Checklist" is being submitted with this plan of correction and has been utilized since prior to 8-12-2010. (Sec 65a.)

Steps have been taken to correct violation; full compliance is not verified.
Date: _____
Initials (DPW): _____

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

43

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Alhany</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Wagner</i>	DATE 8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION	
		DATE COMPLIANCE VERIFIED BY	DATE COMPLIANCE VERIFIED BY
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual			

44 PAGE

POND VIEW MANOR

610/6000/119

65:55

07/08/2011 11:02/00/00

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

PAGE 45

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Schaw</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Gray</i>	DATE 8-8-11

POND VIEW MANOR

REGULATION 55 Pa. Code §2600	VIOLATION	PLAN OF CORRECTION	
		DATE COMPLIANCE VERIFIED BY	DATE COMPLIANCE VERIFIED BY
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.			

6107600856

07/08/2011 16:59

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011 2-4-11 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>R. Shaw</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann... Gray...</i>	DATE 8-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION		DATE COMPLIANCE VERIFIED BY
		(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)		
(xii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

PAGE 40
POND VIEW MANOR
09/08/09/019
RC:PT T102/00/10



VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011 . 2-4-11. 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>R. Shays</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann G. Igo</i>	DATE 8-8-11

REGULATION 55 Pa. Code §2600	VIOLATION	PLAN OF CORRECTION	
		DATE COMPLIANCE VERIFIED BY	DATE COMPLIANCE VERIFIED BY
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	Review of the MARs indicated that Staff person B administered PRN medications to residents #'s 2 and 3 on 8/14/10 and 8/18/10, and on 8/14/10. This staff person signed her name on the back of these residents MAR pages. Staff person B is not a medical professional and has not completed the Department's medication administration training. <i>Violator withdrawn wrong date cited by BB</i>	By June 29, 2011 and ongoing thereafter: The home will maintain all records related to employee medication training in the home. These records will be made available to department representatives upon request. The home will ensure that only properly trained staff will administer medication upon successful completion of department required training. <i>According to Ann G. IDPW, this violation was confirmed withdrawn on the first plan of correction (dated 3-27-11) and will be taken off 2nd withdrawn again.</i>	<i>Violation Withdrawn 8-8-11</i>

PAGE 47
MARIANN O'MALLEY
JASON HARVEY
BETTY BLOCH
ANN G. IDPW
REG. 9/11/09
REG. 9/11/09
REG. 9/11/09

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8-08-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.				

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

PAGE 45

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>S. Sharp</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann G</i>	DATE 8-8-11

POND VIEW MANOR

6107600856

15:59

07/08/2011

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The 7/22/10 - 8/18/10 for resident #2 did not include the medication Tussin DM, which the medication administration record indicated administration times on 8/14/10 at 9am, 3:30pm, and 7:50pm and on 8/18/10 at 12:30 (time of day not documented) and at 4:30 (time of day not documented) by direct care staff person B.		By June 30, 2011 and ongoing thereafter: <i>July 29, 2011</i> The home will amend residents' MARs to ensure that all of the required information is captured. The administrator will conduct daily reviews of the home Medication Administration Record in order to determine that documentation is completed as required. <i>for one month, when Regina Sharpe is in the home.</i> <i>Per Ann G -</i> <i>"Random Spot Checks"</i> <i>(Start July 5 for one month.)</i>	<i>Steps have been taken to correct violation; full compliance to get verified.</i> <i>Initials (Date)</i>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PAGE 50

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>R. Khan</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Onen...</i>	DATE 8-8-11

POND VIEW MANOR

6107600856

07/08/2011 16:59

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION	
		DATE COMPLIANCE VERIFIED BY	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PAGE 01

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Shan</i>	DATE 7-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>David J. Logan</i>	DATE 8-8-11

POND VIEW MANOR

09080009/0119

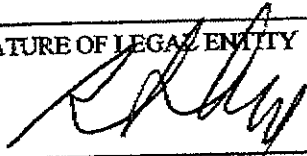
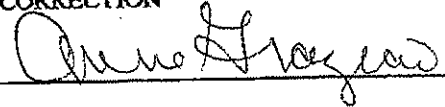
05:01

01/02/00/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
228d A home may not require a resident to leave the home prior to 30 days following the resident's receipt of a written notice from the home regarding the intended closure of the home, except when the Department determines that removal of the resident at an earlier time is necessary for the protection of the health, safety and well-being of the resident.	On 11/1/2010 issued resident #1 a 30 day notice. The home discharged the resident to staff person B's home on 11/28/10 without providing assistance in relocating the resident to another residence that can meet the needs of the resident.		To be completed by June 20, 2011 <i>July 29, 2011</i> In addition to the plan of correction submitted via fax dated 4/18/11 to ARL from the administrator regarding this violation; the administrators will develop a resident termination checklist which includes information and written documentation on what efforts were made by the administrators to assist residents with relocation to either another personal care home or to any other appropriate residential setting capable of meeting the residents care needs. The administrators will be responsible to ensure compliance with their plan of correction and this Directed Plan of Correction. <i>The updated 30 day notice and "Resident Relocation Efforts" form are submitted with this plan of correction.</i>	<i>Steps have been taken to correct violation; full compliance has been verified.</i> Date _____ Initials (Print) _____

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PAGE 54

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011, 2-4-11, 2-5-11		REGIONAL REPRESENTATIVE Jason Harvey, Mariann O'Malley, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-31-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-8-11

POND VIEW MANOR

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION	
		DATE COMPLIANCE VERIFIED BY	DATE COMPLIANCE VERIFIED BY
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The most current medical evaluation for resident #3, dated 12/21/10, indicated the resident required oral prompting to move from one location to another in the event of an emergency. The most current assessment for this resident, dated 12/22/10, did not address this need. RECEIVED APR 04 2011 SCRANTON FIELD OFFICE Adult Residential Licensing	3-31-11	Since this was marked in error on the doctor office's part, it has been faxed back to the doctor for corrections. Also, the original has been mailed to him, so that he can correct, then mail back to PUM for our records. The Administrator will review the Med. Evls more carefully in the future for these details. Ad 4-12-11

6107600856

07/08/2011 16:59

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">MS. REGINA SHARPE, OWNER (MM)</p>			
SIGNATURE OF LEGAL ENTITY <i>R. Sharpe</i>	DATE 11-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. M. [Signature]</i>	DATE 12/4/11


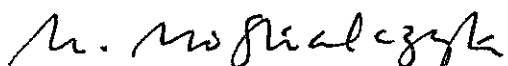
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	The common bathroom located on the first floor across from the laundry room does not have a door that locks to ensure resident privacy while toileting.	Dec 5, 2011 <i>Due</i>	The bathroom locks will be changed to those with locking mechanisms. This will be completed by owner, and completed by Dec 5, '11. Furthermore, the Administrator will review regulations during Quality Review meetings to ensure that they are in compliance with Reg. 42s. The staff will be instructed regarding this regulation during the next staff meeting.	MM 12/4/11

RECEIVED

DEC 01 2011

SCRANTON FIELD OFFICE
Adult Residential Licensing



VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/14/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY <i>Doe</i>	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
121a Stairways, hallways, doorways, passage ways and egress routes from rooms and from the building shall be unlocked and unobstructed.	On 11/9/11, at 9:15 am, Department Representatives observed the secondary means of egress from the second floor of the home obstructed by a chain at the top of the stairs as well as the bottom of the stairs. The chains were screwed to the wall as well as the handrail of the stairs obstructing passage down the stairs in the event of an emergency.	11-9-11; neater, typed & framed signs by Dec. 5, 11	At the time of this inspection, the signs were unhooked and replaced with paper signs put onto the posts on the top & bottom of stairs. This method of signage has been acceptable for 17 years of business, however, the Administrators will replace the old signs with acceptable signs now. (neater than the handwritten signs put up at the inspection) and will review and confirm their existence during QVM walk	MM 12/14/11



through inspections regularly.

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/1/11

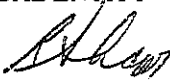
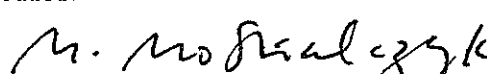
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY <i>Due</i>	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)		DATE COMPLIANCE VERIFIED BY
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff, persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The homes fire drill record does not indicate the exit route used during the fire drills held on 7/12/11 and 8/18/11.	Dec 5, '11	The information was recalled and documented by the Administrator. The form will be simplified, due to the limited space to write in, which will make completing the form easier. The Administrator will fix the corrected form and an updated, simplified form to DPW. The Administrator documenting the fire drill will read each section and complete thoroughly in the future.	Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____	

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/4/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY <i>Due</i>	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY																																																																	
	<table style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="text-align: left;">Mont</th> <th style="text-align: left;">Date</th> <th style="text-align: left;">Time</th> <th style="text-align: left;">Evac. Time</th> <th style="text-align: left;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/15/2011</td><td>01:30 PM</td><td>34 seconds</td><td>No</td></tr> <tr><td>Feb</td><td>02/24/2011</td><td>02:30 PM</td><td>1 minute 30 se</td><td>No</td></tr> <tr><td>Mar</td><td>03/30/2011</td><td>11:04 AM</td><td>45 seconds</td><td>No</td></tr> <tr><td>Apr</td><td>04/18/2011</td><td>07:15 AM</td><td>1 minute 45 se</td><td>No</td></tr> <tr><td>May</td><td>05/17/2011</td><td>01:35 PM</td><td>35 seconds</td><td>No</td></tr> <tr><td>Jun</td><td>06/21/2011</td><td>09:30 AM</td><td>50 seconds</td><td>No</td></tr> <tr><td>Jul</td><td>07/12/2011</td><td>06:30 PM</td><td>30 seconds</td><td>No</td></tr> <tr><td>Aug</td><td>08/18/2011</td><td>12:30 PM</td><td>1 minute 50 se</td><td>No</td></tr> <tr><td>Sep</td><td>09/07/2011</td><td>03:20 PM</td><td>1 minute 5 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/02/2011</td><td>10:24 AM</td><td>2 minutes 23 s</td><td>Yes</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/15/2011	01:30 PM	34 seconds	No	Feb	02/24/2011	02:30 PM	1 minute 30 se	No	Mar	03/30/2011	11:04 AM	45 seconds	No	Apr	04/18/2011	07:15 AM	1 minute 45 se	No	May	05/17/2011	01:35 PM	35 seconds	No	Jun	06/21/2011	09:30 AM	50 seconds	No	Jul	07/12/2011	06:30 PM	30 seconds	No	Aug	08/18/2011	12:30 PM	1 minute 50 se	No	Sep	09/07/2011	03:20 PM	1 minute 5 sec	No	Oct	10/02/2011	10:24 AM	2 minutes 23 s	Yes	Nov				No	Dec				No		<p style="font-size: large; font-family: cursive;">Cont from previous page.</p>	
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan	01/15/2011	01:30 PM	34 seconds	No																																																																	
Feb	02/24/2011	02:30 PM	1 minute 30 se	No																																																																	
Mar	03/30/2011	11:04 AM	45 seconds	No																																																																	
Apr	04/18/2011	07:15 AM	1 minute 45 se	No																																																																	
May	05/17/2011	01:35 PM	35 seconds	No																																																																	
Jun	06/21/2011	09:30 AM	50 seconds	No																																																																	
Jul	07/12/2011	06:30 PM	30 seconds	No																																																																	
Aug	08/18/2011	12:30 PM	1 minute 50 se	No																																																																	
Sep	09/07/2011	03:20 PM	1 minute 5 sec	No																																																																	
Oct	10/02/2011	10:24 AM	2 minutes 23 s	Yes																																																																	
Nov				No																																																																	
Dec				No																																																																	



VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES. (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-24-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY <i>Dee</i>	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	The medical evaluations completed for resident #1 dated 12/22/10 and 4/15/11 do not include the residents medical history or medication regimen. The medical evaluations state "see attached." The attached sheets are not signed or dated by the physician that completed the medical evaluation.	<i>Dec 5, 11</i>	The Administrator who updates the documents will review each Med. Eval to ensure that the Doctor completes the form as DPW regulates. Copies of the said regulation can and will be distributed to individual Doctors if requested. Also, the Administrator will have another staff review the forms for completeness, which can also be utilized as training/information gathering for that staff.	<i>12/14/11</i>

Steps have been taken to correct violation; full compliance is not verifiable
 Date: *12/14/11*
 Initials (DPW): *MM*

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME POND VIEW MANOR, 1115 MYRTLE ROAD P O BOX 67 WALNUTPORT, PA 18088		CURRENT LICENSE NUMBER 245000	
INSPECTION DATES (Include all dates of the inspection) 11/09/2011		REGIONAL REPRESENTATIVE James Jesse Hummel, Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/4/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">DEC 01 2011</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>		<div style="font-size: 1.5em; font-family: cursive;">- Cont. from previous page.</div>	