

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, 2012 until November 24, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 245000

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

DEC 10 2012

Mr. Carl Sharp, President  
Thanhof, Inc.  
Pond View Manor  
1115 Myrtle Road, P.O. Box 67  
Walnutport, Pennsylvania 18088

Dear Mr. Sharp:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 5, 2012 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 Human Services Licensing so that compliance can be verified.

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

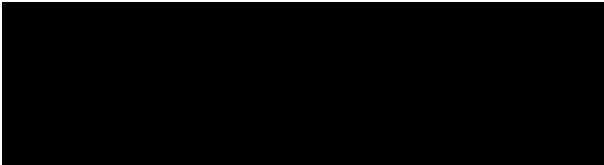
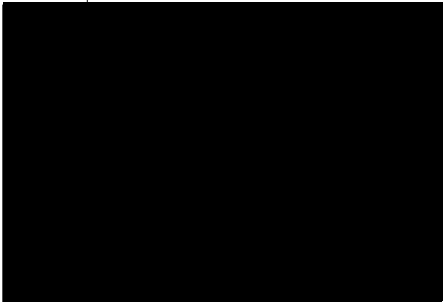
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

<b>PCH Name:</b> POND VIEW MANOR		<b>License Number:</b> 245000
<b>Address:</b> 1115 MYRTLE ROAD P O BOX 67, WALNUTPORT, PA 18088		<b>County:</b> Northampton
<b>Administrator:</b> Regina Sharpe		<b>Region:</b> NORTH
<b>Legal Entity Name:</b> THANHOF INC		
<b>Legal Entity Address:</b> 1115 MYRTLE ROAD P.O. BOX 67, WALNUTPORT, PA 18088		
<b>Certificate(s) of Occupancy</b> SP 09/05/2012 Department of L&I		
<b>Staffing Hours</b>		
<b>Resident Support:</b>	<b>Total Daily Staff:</b> 7	<b>Waking Staff:</b> 5
<b>Type of Inspection:</b> Full	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 09/05/2012: Hummel, Jesse; Patton, Leslie		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 8 <b>Number of Residents Served:</b> 7 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> 	<b>Number of Residents who:</b> 	

Violation Report: 24500 - 09/05/2012 - Hummel, Jeesse  
PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2800  
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
Department Representatives observed two large green garbage cans located next the fence along the home's driveway. Each garbage can was uncovered and contained plastic bags filled with garbage. Garbage cans are required to be covered to prevent the penetration of insects and rodents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The day of the inspection was "trash day" after a holiday. The trash cans had been brought back down the drive way by staff just before their morning shift started. The lids had blown out into the acre-plus open yard area. The lids were not retrieved and put on the trash cans. During the course of the morning routine, staff had placed two small, white grocery bags of trash into one of the cans. The staff did not get the trash can lids since the State Inspectors were there and the staff wanted to get back inside the Manor.

Plan of Correction:

- The trash can lids have been drilled and attached to the trash cans with rope.
- This regulation and violation has been reviewed with all staff again by the Administrator.
- The Manor's policy and procedure regarding trash disposal has been reviewed with all staff by the Administrator.
- The Administrators will continually check to ensure the staff are following these regulations + policies.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

R Sharpe, Administrator

Date 9-21-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

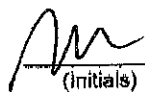
11/14/12  
(Date)

Plan of correction implementation status as of

11/14/12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

  
(Initials)

Violation Report: 24500 - 09/06/2012 - Hummel, Jesse  
 PCH Name: POND VIEW MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**2a. DESCRIPTION OF VIOLATION**  
 The common bathroom located across the hall from the laundry area does not have an operable exhaust fan as required.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

- On Sept. 6, 2012, the day after this inspection, the exhaust fan was replaced by the Administrator/Maintenance staff.
- This regulation and violation has been reviewed with all staff by the Administrator.
- The Manor's policy and procedure regarding any maintenance or safety issue was reviewed with all staff by the Administrator.
- The Administrator will continually check to ensure the staff are following these regulations and policies, as well as, continue the Administrator's review of the Manor's maintenance and safety issues and needs.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *R. Sharpe*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *R. Sharpe, Administrator*      Date *9-21-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 11/14/12 (Date)

The above plan of correction was approved by *AM* (Initials)

Plan of correction implementation status as of 11/14/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24500 - 09/05/2012 - Hummel, Jesse  
PCH Name: POND VIEW MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**2a. DESCRIPTION OF VIOLATION**

On 8/5/12 at 1:40pm Department Representatives measured the temperature inside the home's main refrigerator and freezer located in the kitchen to determine that resident food is being stored at the proper temperatures. The temperature inside the refrigerator read 53 degrees Fahrenheit. The temperature inside the home's freezer read 19 degrees Fahrenheit.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

- The temperature gauges were checked to be in the appropriate temperatures, on both the refrigerator/freezer and the chest freezer, by the Administrators.
- The units will be checked again by the Administrators to ensure the correct temperatures. If not, the gauges will be adjusted and/or the thermometers will be checked, and replaced if needed.
- The thermometers will be stored in the back of the units, instead of in the doors. This should help with temperature flux, due to the doors being opened on a regular basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

R. Sharpe, Administrator

Date 9-21-12

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11/14/12  
(Date)

Plan of correction implementation status as of

11/14/12  
(Date)

The above plan of correction was approved by

  
(Initials)

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- Not Implemented

Violation Report: 24500 - 09/05/2012 - Hummel, Jesse  
PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600  
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 9/5/12 at 1:40pm Department Representatives observed a package of 4 sausage patties located within the home's main refrigerator. The sausage patties were not in the original packaging and the sausage links were not dated. Department Representatives also observed a ziploc bag containing a half loaf of banana bread located in the home's freezer. The bag containing the banana bread was not dated.

Department Representatives also observed a container of "Sambazari" fruit puree with an expiration date of 4/22/2004 located within the freezer of the home's kitchen.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The sausage, which were in a manufactory's shrink-wrap plastic sealed package, was in the freezer. The majority of the sausage was utilized for breakfast and the outer box was disposed of. The last sealed package was not labeled and dated. The banana bread was in the refrigerator and was utilized for breakfast. It had been labeled and dated when put into the freezer, but had smeared off during thawing. The smeared label and date could clearly be seen on the Ziplock freezer bag in the appropriate, designated label area provided by Ziplock. On Sept. 5, 2012, the sausage, in the manufactory's shrink-wrap plastic sealed package, and the banana bread, were labeled and dated by the staff and overseen by the Administrator. The fruit puree was disposed. The Administrator reviewed this regulation and violation with all staff. The Administrator also reviewed the Manor's policy and procedure regarding labeling + dating all opened food and cleaning out the refrigerator/freezer weekly. Also, reminded staff to re-label and re-date as needed, with a permanent marker.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *R. Shupe*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) R. Shupe - Administrator      Date 9-21-12

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The above plan of correction is approved as of 11/14/12 (Date)      Plan of correction implementation status as of 11/14/12 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 24500 - 09/05/2012 - Hummel, Jesse  
PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must 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.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records for the fire drill conducted on 8/28/12 at 2:15pm indicate that there were 7 residents in the home when the alarm sounded and that the staff evacuated 6 of the 7 residents. Department Representatives determined that the home incorrectly documented the number of residents in the home when the alarm sounded. It was determined that there in fact were only 6 residents in the home when the alarm sounded and that the staff evacuated all 6 residents to the designated meeting place.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Administrator who usually conducts the drills reviewed the form and the definition of "Residents in Home" as it pertains to this specific form with the other Administrator. (meaning: "Residents in Home" at time of fire drill, not "residents residing in home")  
The form was corrected on Sept. 5, 2012, with both Administrators.  
The Administrators will review this form monthly to ensure correctness.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 11/09/2011

Signature of Legal Entity Representative  
(Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) R. Shrage - Administrator

Date 9-21-12

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(Date)

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(Date)

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(Initials)

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Violation Report: 24500 - 09/05/2012 - Hummel, Jesse  
PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600  
2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2. DESCRIPTION OF VIOLATION  
Department Representatives observed the resident records unlocked and accessible located on a shelf outside of the Administrator's office.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The files were located in the locked Administrator's Office for filing and record keeping. They were pulled out for the inspectors that morning. The inspectors requested specific files to be reviewed upstairs in the dining room. The rest of the files ~~were~~ were left there for the inspector's use, but were in an area that was not a common area for residents, staff, or visitors.

On Sept. 5, 2012, All resident files were locked in the bottom of the med cabinet, their normal location, by the staff and confirmed by the Administrator. The Administrator will ensure that all resident files will be locked in the med cabinet, the office, or with designated persons, i.e. state inspectors.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

R. Sharpe - Administrator

Date 9-21-12

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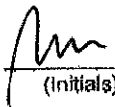
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