



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 18 2015

Ms. Regina Sharpe, Administrator/Owner  
Thanhof Inc.  
1115 Myrtle Road, P.O. Box 67  
Walnutport, Pennsylvania 18088


RE: Pond View Manor  
License #: 245000

Dear Ms. Sharpe:

As a result of the Department of Human Services' annual licensing inspection on September 16, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

  
Matthew J. Jones  
Director <sup>3H</sup>

Enclosure  
License Inspection Summary

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

PCH Name: POND VIEW MANOR		License Number: 24500
Address: 1115 MYRTLE ROAD BOX 67, WALNUTPORT, PA 18088		County: Northampton
Administrator: REGINA SHARPE		Region: NORTHEAST
Legal Entity Name: THANHOF INC		
Legal Entity Address: 1115 MYRTLE ROAD, WALNUTPORT, PA 18088		
Certificate(s) of Occupancy SP 09/05/2012 LABOR AND INDUSTRY		
Staffing Hours Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Ind - 49 Indicators	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 09/18/2015: Dumas, Gerald		
Off-Site Inspection Dates and Inspectors, if Applicable 09/22/2015: Dumas, Gerald		
Other Details Partial or Full Triggers: 187a, 132c		Random Indicators: 130a,251a,25c3,42c,42v
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 8 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 1 Are 80 Years of Age or Older: 6 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 24500 - 09/16/2015 - Dumas, Gerald  
PCH Name: POND VIEW MANOR

**1. REGULATION 55 Pa.Code §2800**  
2800.132(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**  
In a review of the home's Monthly Fire Drill & Inspection log, a fire drill was conducted on 1/15/15 at "10:12." The entry did not specify if the drill was conducted in the a.m. or p.m.

**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 current Fire Drill Log has the "am" and "pm" printed on the months where the sleep hours drill must be preformed. This was added to assist in the documentation and inspection process to clarify when the required sleep hours drill was preformed since one should be in the night hours, and the other in the morning hours. Instructions for the sleep hours drill is printed on the top of the log explaining the "am" and "pm" indicators to be used for the sleep hours drill.

The instructions do not indicate that the "am" and "pm" indicators should be utilized during the other drills since they would be during day/awake hours. These hours are thus explained in the instructions at the top of the page.

Hence, the Administrator did not add an "am" identifier on a non-sleep hours fire drill.

The Administrator will hand write these indicators in the current Fire Drill Log for the last two months of this year.

The Fire Drill Log will be amended for future use to include an area where the "am" and "pm" can be circled. This should help ensure that the Administrator can communicate the exact time, in writing, to the licensing inspectors, without having to refer to the instructions at the top of the page.

The Administrator will be responsible to check the Fire Drill Log to confirm the proper indicator has been circled at time of the fire drill.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Regina Shope*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Regina Shope - Owner*      Date *10-29-15*

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

The above plan of correction is approved as of 11-2-15  
(Date)

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

Plan of correction implementation status as of 11-2-15  
(Date)

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

Violation Report: 24500 - 09/16/2015 - Dumas, Gerald  
PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2800  
2800.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The home's Fire Drill & Inspection Log -2015 indicated that the two overnight drills on 10/16/14 and 4/13/15 were both conducted at the same time - 8:45 p.m.

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 Fire Drill Log is annually completed. Once the new year starts, the previous Fire Drill Log is filed into a binder amassing all the pertinent documentation for that particular year. As the new year starts, so does a new Fire Drill Log, in a binder for that inspection year. When completing the required sleep hours fire drill, the Administrator assesses the timing regarding schedule, weather, and the amount of residents in the home prior to determining when to do the drill. The Administrator has not referred back to the previous year's records to check the specific time of the drills, since one must be in the "am" hours and one in the "pm" hours.

That the two overnight drills, separated by 6 months and a change of year, where conducted at the same time of night, is a happenstance. Over our twenty years of owning and administrating a personal care home, this has never been brought to our attention nor has it deliberately occurred.

In the future, the Administrator will endeavor to check the previous year's Fire Drill times to ensure that the timing does not correspond with times that are at least a year in the rear. The Administrator will review the Fire Drill Log to ensure that the fire drill times are diverse and varied.

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Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Regina Sharp, Owner

Date 10-29-15

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Violation Report: 24500 - 09/16/2015 - Dumas, Gerald  
PCH Name: POND VIEW MANOR

1. REGULATION 56 Pa.Code §2600  
2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

The home's Blood Sugar Levels sheet for resident # 1 on 9/8/15 at 8:00 a.m. indicated the recorded blood glucose level for resident # 1 as 110 however, the number could not be located in the resident's glucometer for this date and time.

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.

Blood sugar levels should be taken and documented per doctor's orders. Pond View Manor's staff has shown this in every checked level. On only one incident, the glucometer did not retain the reading. Upon conferring with the staff who took the blood sugar level, the staff verified doing so at the prescribed time, via the doctor, and documented the reading, as required. The glucometer has functioned correctly for all other blood sugar readings before and after this one reading.

The glucometer has been cleaned and checked for any obvious issues. It appears in good working order. Staff will occasionally check the history in the glucometer to confirm the readings correspond to the documented data. The staff will then document and date in the resident's notes that this history check was completed. An extra glucometer will be ordered and kept sealed and secure. It will be used if a glucometer is malfunctioning and then be utilized by only the resident who needed a replacement glucometer. The manufacturer will also be called in the next month to report this malfunction and to inquire if there is any after-market studies indication other malfunctions. An additional training will also be conducted in the next month to all staff regarding this regulation and the functioning of the glucometers.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Regina Shape, Owner

Date 10-29-15

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Violation Report: 24500 - 09/16/2015 - Dumas, Gerald  
PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa. Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 1 is prescribed to have a blood glucose reading on Mondays, Wednesdays and Fridays at 8:00 a.m. On Sunday 9/6/15 at 8 a.m. resident # 1's documented blood sugar reading was 110 however resident # 1's glucometer did not indicate a reading for Sunday 9/6/15 at 8 a.m. Additionally, resident # 1's glucometer and Blood Sugar Level Sheet indicated that a blood glucose level reading was not conducted on Friday 9/11/15 at 8:00 a.m..

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.

Some of the information in this violation is inaccurate.

First Sentence: The resident is prescribed to have a blood glucose reading on Wednesdays, Fridays, and SUNDAYS at 8 am. (Not Mondays, Wednesdays and Fridays at 8 am.) *OKed*

Second Sentence: This sentence is a restatement of the previous violation listed in this report. It has been addressed on the previous page with a Plan of Correction being provided.

Third Sentence: On Friday 9/11/2015 at 8 am a blood glucose level for this resident was not documented on the Blood Level Log or retained in the glucometer. The staff has stated that she recalls doing the blood sugar reading, however it was not documented.

The Administrator will review the procedures for blood sugar administration and documentation with all staff, and then note the training in the staff's personnel file. This will be completed by Dec. 1, 2015. The Administrator will observe the staff on an impromptu interval to ensure proper documentation. The Administrator will also review the orders with the doctor to confirm that they continue to meet the resident's needs.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

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

*Regina Shupe, Owner*

Date

*10-29-15*

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Violation Report: 24500 - 09/16/2015 - Dumas, Gerald  
PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600  
2600.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

2a. DESCRIPTION OF VIOLATION  
Interviews with several residents indicated that activities are not offered based on the resident's interests and interaction with each other.

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.

Our home is a very agile and active one. Many of the residents are often out in the community participating in activities with other groups or family members. A few residents prefer to remain in the house participating in more individual and serene activities. These are the residents that were interviewed for this report.

Besides interacting with the residents nearly daily, addressing their needs and desires, the Administrator will seek individual input regarding additional specific desired activities during Resident Meetings. Resident Meetings are conducted quarterly. The residents will be encouraged more to participate in the activities already provided. A variety of activities will continue to be posted on the bulletin board. Any resident suggestions for activities will be considered seriously and thoroughly by the Administrator.

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

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

Date 10-24-15

Regina Shores, Owner

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