



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 10 2017

Ms. Regina Sharpe, Principal/Administrator  
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 8, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

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 P O BOX 67, WALNUTPORT, PA 18088  |   | County: Northampton   |
| Administrator: Regina Sharpe  |   | Region: NORTHEAST   |
| Legal Entity Name: THANHOF INC  |   |   |
| Legal Entity Address: 1115 MYRTLE ROAD P.O. BOX 67, WALNUTPORT, PA 18088  |   |   |
| Certificate(s) of Occupancy<br>Other<br>12/13/1998<br>PA Dept of L&I  |   |   |
| Staffing Hours<br>Resident Support: 0   |   | Total Daily Staff: 8<br>Waking Staff: 8   |
| Type of Inspection: Full  |   | BHA Docket Number:<br>Notice: Unannounced   |
| Reason(s) for Inspection(s)<br>Renewal  |   |   |
| On-Site Inspections Dates and Department Representatives On-Site<br>09/08/2016: Foulkes, Kimberli   |   |   |
| Off-Site Inspection Dates and Inspectors, if Applicable   |   | <p><b>RECEIVED</b></p> <p>NOV 25 2016</p> <p>SCRANTON FIELD OFFICE<br/>Human Services Licensing</p> |
| Other Details<br>Partial or Full Triggers: Random Indicators:   |   |   |
| <b>Resident Demographic Data as of Inspection Dates</b>   |   |   |
| Licensed Capacity: 8<br>Number of Residents Served: 8<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 0<br>Number of Hospice Residents In past year: 0 | Number of Residents who:<br>Receive Supplemental Security Income: 1<br>Are 80 Years of Age or Older: 7<br>Have Mental Illness: 0<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 0<br>Have a Physical Disability: 32 |   |

Violation Report: 24500 - 09/08/2016 - Foulkes, Kimberli  
PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 9/8/16 the home's current licensing inspection summary was not posted in a conspicuous and public place in the home. The last posting had a date of 2013.

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 licensing inspection summary is usually reposted on the dining room bulletin board. The Administrator copied the most recent inspection summary again and reposted it during the inspection on 9/8/2016. The Administrator will include a visual check during monthly fire drill days that the most recent inspection summary is posted in the designated area. The staff will be instructed to notify the Administrator if they note the summary not posted in designated area.

*The administrator shall monitor for ongoing compliance.*

*[Signature]*  
*12/3/16*

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) *R. Sharpe*

Date *11-22-16*

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

The above plan of correction is approved as of 12/3/16  
(Date)

Plan of correction implementation status as of 12/3/16  
(Date)

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

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

Violation Report: 24500 - 09/08/2016 - Foulkes, Kimberli  
PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 9/8/16, staff person A, stated that resident #1's glucometer was used to test resident #2's blood glucose levels on 9/7/16.

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.

Each resident received a new glucometer. The Administrator had a new glucometer for each resident the day of inspection. The new glucometers were the backup glucometers the Administrator had in case current meters were not functioning. Additional backup meters have been ordered. Each resident's doctor was instructed, per Dept. of Human Services via Administrator, to provide a statement of health for the resident. One doctor has returned the pre-written statement to Pond View Manor and a copy of it was given to the inspector during the inspection. The second doctor, who originally declined to provide a signed statement, has agreed to sign and return the statement now after a personal conversation with the Administrator, but it has not been received as of this date. The doctor's office was called on 11-25-16 to follow up again and was informed that if it would be faxed again, the doctor will get it on the following Monday, 11-28-16. When this statement is received, it will be faxed to the DHS. The day of inspection, diabetic and insulin procedures were reviewed with the staff who used the meter, even though the staff member is a licensed phlebotomist and has been trained in diabetic sanitary conditions. All staff were informed of this situation and diabetic sanitary conditions were reviewed. The Administrator has also observed the diabetic procedures of the staff on a periodic schedule and reviewed procedures where and when needed. Copy of doctors' statements enclosed

*The administrator shall monitor and assume ongoing compliance*

*12/3/16*

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)

*R. Shope*

Date *11-25-16*

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The above plan of correction is approved as of 12/3/16  
(Date)

Plan of correction implementation status as of 12/3/16  
(Date)

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

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

Violation Report: 24500 - 09/08/2016 - Foulkes, Kimberil  
PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
The carpeting area in the foyer is ripped out and planning to be replaced. There is approximately a 1/2" lip where the tile meets the wooden flooring and where the carpet meets the wooden flooring. This poses a tripping hazard to residents.

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.

A large mat was placed on the transition area at time of inspection. Even though mats and rugs are usually considered to be more of a tripping hazard, it was placed as instructed per the DHS inspector. The scheduled new carpet installation was completed shortly after the inspection. Improvements to our home will continue to occur, however, the Administrator will also continue to be mindful of timelines and informing contractors of required timelines of project completion.

The administrator shall monitor all floors, walls, ceilings, windows, doors & other surfaces and ensure they are in good repair & free of hazards.

The administrator shall monitor for ongoing compliance - *[Signature]*  
12/3/16

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) *R. Shaver*      Date *11-25-16*

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>12/3/16</u><br>(Date)              | Plan of correction implementation status as of <u>12/3/16</u><br>(Date)   |
| The above plan of correction was approved by <u><i>[Signature]</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 24500 - 09/08/2016 - Foulkes, Kimberli  
PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.89(c) - A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.

2a. DESCRIPTION OF VIOLATION

The home had results for coliform water tests on 9/30/15 and 3/30/16. The home did not have results for a coliform water test in 12/2015. The home is not connected to a public water source.

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 water inspection company was called during the inspection. They faxed a copy of the report to our facility and a copy was provided to the inspector. The Administrator will review water inspection records and be more mindful of filling the results. If missing any results, the Administrator will notify the water inspection company and request additional copies of results. Additional copy is enclosed.

The administrator shall monitor and assume ongoing compliance.

12/3/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

R. Sherrill

Date 11-25-16

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The above plan of correction is approved as of

12/3/16  
(Date)

Plan of correction implementation status as of

12/3/16  
(Date)

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

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

Violation Report: 24500 - 09/08/2016 - Foulkes, Kimberli  
PCM Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600  
2600.89(e) - The home shall keep documentation of the laboratory certification, in addition to the results and corrections made to ensure safe water for drinking.

2a. DESCRIPTION OF VIOLATION  
On 9/30/16 the home's total coliform was 17. The home does not have documentation of the corrections made to ensure safe water for drinking.

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 was provided instructions for the corrections by the water inspection company. The Administrator completed the corrections, but did not document the actual corrected actions. The Administrator documented the corrective actions on the certification and will continue to document on certifications if any further actions would be needed. These updated certifications will be filed in the current water inspection file for future review. Copy of certification with the corrective actions documented is enclosed.

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)

Date 11/25/16

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12/3/16  
(Date)

Plan of correction implementation status as of

12/3/16  
(Date)

The above plan of correction was approved by

  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented