



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 28 2017

Ms. Regina Sharpe
Owner/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' (Department) annual licensing inspection on September 6, 2017 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.

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 that reads "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 C-3 SP 12/13/1996 PA DEPT OF L&I		
		REGINA SHARPE
Staffing Hours		
Resident Support: 0	Total Daily Staff: 6	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/06/2017: Yellenic, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 6 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 60 Years of Age or Older: 5 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 24500 - 09/06/2017 - Yellenic, Cindy
 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 9-6-17 the home's most recent Licensing Inspection Summary, dated 9-8-16, was not posted in a conspicuous and public place in the home.

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 posted on the dining room bulletin board. The Administrator copied the most recent inspection summary again and reposted it during the inspection on 9/6/2017. The Administrator will include a visual check during monthly fire drill days to ensure 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 is no longer posted in designated area.

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/08/2016

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 10-6-17

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

The above plan of correction is approved as of 12/7/17
 (Date)

Plan of correction implementation status as of 12/7/17
 (Date)

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

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

Violation Report: 24500 - 09/06/2017 - Yellenic, Cindy
PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION

Resident #1 was discharged on [redacted] 2017. The home did an account balance statement on April 6, 2017 but did not reimburse the resident until 5-4-17, more than 30 days past the date of discharge.

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 referenced resident had passed away in the hospital. She had no available surviving relative to send an account balance statement. It took awhile to locate her Power of Attorney who was a retired lawyer. Once that was done, and he established a relationship with a law office in this area, a summary letter was sent. Pond View Manor did not owe the resident any funds. In future admissions, the Administrator will confirm that the designated Power of Attorney is aware of the residents new residence and that they are still active in their role. If the resident does not have a power of attorney in place, the Administrator currently reiterates the importance of that role and encourages the resident and/or family to establish one. And, the Administrator will continue to do so.

The administrator shall monitor for ongoing compliance.

m
12/7/17

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 Shape Owens / Adm

Date *11-6-17*

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(Date)

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(Date)

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(Initials)

Violation Report: 24500 - 09/06/2017 - Yellenic, Cindy
 PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's notification to the local fire department did not include the total capacity of the home.

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 notification to the fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency was copied and placed in the inspection file for the current year. This notification included the total capacity of the home. In future, the Administrator will notify the fire department annually but will also include a letter for the fire department representative to sign and return to Pond View Manor. This letter will indicate that the fire department has received the information. Copies of the letter and the information will be kept in the inspection file. See copy of 2017 letters enclosed.

- The home will notify the local fire department as required by this regulation. Documentation of notification will be kept by the home.
- The administrator shall be responsible for ongoing compliance. m 12/7/17

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 - Owner/Adm

Date

11-6-17

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Violation Report: 24500 - 09/06/2017 - Yellenic, Cindy
 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

On 9-6-17 the fire drill log did not have a fire drill for August 2017 recorded. Through interviews with residents, they were not able to confirm that a fire drill was held during the month of August.

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 for August was performed several days prior to the Administrator leaving for vacation, on Aug. 10, 2017. The documentation was completed when the missing information was noticed. In the future, the Administrator will have the log in hand and opened to the current year so that the information can be recorded immediately. See copy of 2017 Fire Drill Log.

The administrator shall monitor and be responsible for ongoing compliance.

m
12/7/17

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
R. Shaper Owens/Adm			11-6-17

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Violation Report: 24500 - 09/06/2017 - Yellenic, Cindy
 PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #2's current annual medical evaluation was completed on 4-6-17 and the previous medical evaluation was completed on 3-1-16. Residents shall have a medical evaluation at least annually.
 Resident #3's current annual medical evaluation was completed on 6-16-17 and the previous medical evaluation was completed on 1-22-16. Residents shall have a medical evaluation at least annually.

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 will keep an updated list of Documentation of Medical Evaluation due dates posted in the office. A letter to the family/Designated Person will also be utilized to remind them of the due date and state regulation. The Administrator is also researching a computer-formatted program, called Tablupro, to assist with deadline notifications. See copy of family/Designated Person notification letter for DME appointment enclosed.

The administrator shall monitor and be responsible for ongoing compliance -

[Signature]
 12/7/17

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 11-6-17

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Violation Report: 24500 - 09/06/2017 - Yellenic, Cindy
 PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.182(b) - 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.
 (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 as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 On 9/06/17, the medication administration training, presented to the Licensing Representative for Staff Person A, was not signed and dated by the medication administration trainer that Staff Person A was recertified.

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 training documentation for Staff Person A was found in the correct location in the staff's employee file and faxed to the state the day after the inspection. This is the completed Student Certification Form. The staff does not need to sign the current training documentation until it is complete, in this case, May 2018. The Administrator will show the state inspectors, and assist where needed, to utilize the Employee Records Checklist which acts as an index for each employee's file. See copy of current documentation enclosed.

- The administrator shall monitor and be responsible for ongoing compliance. M 12/7/17

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 11-6-17

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Violation Report: 24500 - 09/06/2017 - Yellenic, Cindy
 PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 The home's first aid kit contained a tube of Triple Anti-Biotic Ointment that had an expiration of 4/2017.

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 expired tube of Triple Antibiotic was disposed of during the inspection. The remaining two tubes of Triple Antibiotic were not expired and remained in the First Aid Kit. The Administrator will ask the staff to watch the expiration dates on the Triple Antibiotic tubes. Also, during the day of the monthly fire drills, the Administrator or staff will review the First Aid Kit for supplies and expiration dates.

The administrator shall monitor and be responsible for ongoing compliance -

M 12/7/17

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 11-10-17

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Fully Implemented
 Partially Implemented - Adequate Progress
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 Not Implemented

Violation Report: 24500 - 09/06/2017 - Yellenic, Cindy
 PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #2 has a physician's order for a blood glucose (BG) test to be administered 1 x day. On 8/25/17 the BG #121 was recorded on a treatment sheet as 125, and on 9/1/17 the BG #119 was recorded on a treatment sheet as 115.

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 staff has participated in Proper Insulin Technique and Diabetes Update training. The Blood Sugar Log procedure was reviewed with the staff as well. The staff was instructed to have the Blood Sugar Log open to the exact page for the individual resident so that they can document immediately. They were also shown how the Glucometer can show the history of the blood sugars taken to assist in any questionable readings. The Administrator observed the staff for several days to confirm the correct documentation of blood sugar readings. The Administrator will sporadically check the blood sugar logs with the corresponding glucometers to ensure accuracy.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *R. Sharpe Owens/Adm* Date *11-6-17*

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Violation Report: 24500 - 09/06/2017 - Yellenic, Cindy
 PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Staff A, B, C, D, and E's last diabetic certification by a Certified Diabetic Educator expired on 8-25-17.

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.

All staff participated in Proper Insulin Technique and Diabetes Update training. The specific time requirement for recertification was discussed with the instructor. Tentative plans were made to schedule the next training "within the last 12 months" parameter required by the state. The Administrator will also continue to utilize the training log as a reminder of training due dates. See Certificate of Trainings enclosed

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 12/7/17

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 Owens / Adm* Date *11-6-17*

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Violation Report: 24500 - 09/06/2017 - Yellenic, Cindy
 PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form in the record of Resident #3, date of admission [redacted]-15, was dated [redacted]-14.

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.

This resident has two preadmission forms and are both placed in her resident file. A copy of this form was faxed to the state the day after the inspection. This resident's admission was postponed due to her [redacted] passing. Both forms are in the proper area in her file. The Administrator will try to be more conscientious when filing multiple forms. See preadmission form dated [redacted] 2015, enclosed.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
12/7/17

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

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Violation Report: 24500 - 09/06/2017 - Yellenic, Cindy
 PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #3's most recent Resident Assessment and Support Plan (RASP) is dated 6-20-17. The resident's previous RASP was dated 1-23-16.

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.

Since it is the DME that must be completed prior to the annual RASP, measures have been taken to improve the process so the RASPs will be completed on time. The Administrator will keep an updated list of Documentation of Medical Evaluation due dates posted in the office. A letter to the family/Designated Person will also be utilized to remind them of the due date and state regulation. The Administrator is also researching a computer-formatted program, called Tablupro, to assist with deadline notifications. See copy of family/Designated Person notification letter for DME appointment enclosed.

The administrator shall monitor and be responsible for ongoing compliance.

M
 12/7/17

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

R. Shupe Dames/Adm 11-6-17

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Violation Report: 24500 - 09/06/2017 - Yellenic, Cindy
 PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
 The home submitted a reportable incident on 3-14-17. The incident was not completed on the current Departments stadardized form.

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.

During the inspection, the current Reportable Incident form was copied and placed in the Information Book where the staff can utilize them when needed. All outdated forms where recycled. The Administrator will ask the Dept. of Human Services to notify our home via the U.S. Postal Service of any future changes in documentation. The Administrator will also attend regional trainings to gain knowledge regarding any alterations to the aforementioned documentation or other regulations. Updated forms will be utilized as soon as we become aware of changes.

The administrator shall monitor the Department's web-site weekly for any and all updates which will include changes or updates in documentation.

link: <http://www.dhs.pa.gov/provider/longtermcareservices/>

The home shall use standardized forms to record information in residents records. The administrator shall be responsible for ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):	shall be responsible for ongoing compliance
Signature of Legal Entity Representative (Required on EVERY Page)		<i>[Signature]</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 11-6-17 <i>[Signature]</i>
R Sharpe, Owner/Prm		12/7/17

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