



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 3 0 2018

Ms. Regina Sharpe
Owner/Administrator
Thonhof 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's Bureau of Human Services Licensing annual inspection on September 5, 2018 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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 24500 - 09/05/2018 - Deluca, Amy
 PCH Name: POND VIEW MANOR

- 1. REGULATION 55 Pa.Code §2600**
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Staff person A did not have training in 2017 in the required topic instruction on meeting the needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

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.

Although this veteran staff member may have had this training for the 2017 training year, she did not sign the training record. The staff member was trained on this subject as per the inspection requirements during her next work shift, it was documented on the record, and a copy is enclosed for review. The staff was instructed to sign the training record after all training sessions and to ensure she signs for the correct training subject. The Administrator will review the training record more thoroughly to confirm the staff person signs correctly. Also, the Administrator will review the training record signatures periodically to ensure the form is completed correctly. The ANNUAL TRAINING RECORD form was reviewed to see if it can be reformatted for easier reading and provide more room for signatures. The form was redesigned with our new logo and the new format provides for easier reading and more room for signatures. A copy is enclosed for review.

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

R. Sharp MEd.

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

Owner/ Admin
 Regina Sharp MEd Date 10-31-18

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

The above plan of correction is approved as of <u>11.14.18</u> (Date)	Plan of correction implementation status as of <u>11.14.18</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24500 - 09/05/2018 - Deluca, Amy
 PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A did not have training in 2017 in the required topic resident rights.

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.

Although this veteran staff member may have had this training for the 2017 training year, she did not sign the training record. The staff member was trained on this subject as per the inspection requirements during her next work shift, it was documented on the record, and a copy is enclosed for review. The staff was instructed to sign the training record after all training sessions and to ensure she signs for the correct training subject. The Administrator will review the training record more thoroughly to confirm the staff person signs correctly. Also, the Administrator will review the training record signatures periodically to ensure the form is completed correctly. The ANNUAL TRAINING RECORD form was reviewed to see if it can be reformatted for easier reading and provide more room for signatures. The form was redesigned with our new logo and the new format provides for easier reading and more room for signatures. A copy is enclosed for review under previous correction.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

R. Shape MEd

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

*Owner / Admin
 R. Shape MEd*

Date *10-31-18*

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Violation Report: 24500 - 09/05/2018 - Deluca, Amy
 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 homes' current notification letter to the local fire department indicates the home does not accept immobile residents, however, resident #2 has mobility needs and would requires assistance in the event of an emergency evacuation.

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.

An updated letter to our Fire Marshal was written, to the exact requirements provided by our inspector, during the DHS inspection and mailed out that afternoon. This letter will continue to state that we, at Pond View Manor, may accept residents with mobility needs in the future and that assistance may be required during an evacuation. This will ensure that we remain in compliance with the state regulations. The Administrator will review future drafts of this letter to confirm that the wording remains the same. A copy of the letter written to our Fire Marshal, dated Sept. 5, 2018, the day of our inspection, is enclosed for review.

The administrator shall monitor and be responsible for ongoing compliance.
mi
11.14.18

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 (Required on EVERY Page)

R. Sharpe MEd
 Owner / Admin

Date *10-31-18*

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Violation Report: 24500 - 09/05/2018 - Deluca, Amy
 PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 A layer of lint and a pair of men's boxers were found on the floor behind the home's dryer.

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 briefs were immediately removed and placed in the hamper for washing. A sign was posted by the dryer informing all staff to look around the whole dryer before and after every use for fallen articles and debris. Also, all staff were given a training regarding this new procedure. The Administrator will perform unannounced inspections of the dryer area. This was relayed to all staff during their training as well. A copy of the posting and the Record of Training are enclosed for review.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *R. Sharpe* ^{Owner / Admin} _{ME} Date *10-31-18*

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Violation Report: 24500 - 09/05/2018 - Deluca, Amy
 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 has regular blood glucose checks and receives insulin on a sliding scale. On 9/4/2018 the resident's blood glucose was 229, requiring 2 units of insulin according to the sliding scale, however the Medication Administration Record indicates 4 units of insulin were administered.

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 recorded an incorrect Blood Sugar number, based on the glucometer history record. The correct procedure for taking Blood Sugar readings was reviewed with the staff during her next shift. Emphasized was the importance of having the log open and ready to write the glucometer reading down immediately after receiving the results. Review of the proper administration of the sliding scale insulin administration was also reviewed. The Administrator, who is also a Certified Medication Administration Trainer, oversaw the staff's next three Blood Sugar readings, ensuring that she was following the proper procedures and completing the documentation correctly. The Administrator will continue to periodically oversee the procedure to confirm it is being done correctly. A copy of the MAR showing when the Administrator oversaw the procedure is enclosed for review.

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Violation Report: 24500 - 09/05/2018 - Deluca, Amy
 PCH Name: POND VIEW MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Resident #2 is currently receiving hospice services and also has mobility needs and requires assistance during emergency evacuation. The resident's Resident Assessment and Support Plan (RASP) dated 2/20/2018 was not yet updated to reflect the resident's mobility needs and need for hospice services.

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.

Resident #2 's Assessment and Support Plan (RASP) was updated the day of the inspection. A copy was placed in the resident's Master File which is kept in the Office and an additional copy was added to the RASP in the Resident Information Binder where the staff can read the information. The Administrator will complete any future RASP Updates due to status changes, i.e. hospice, in a timely fashion. A copy of the RASP Update is enclosed for review.

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