



pennsylvania
DEPARTMENT OF HUMAN SERVICES

December 11, 2019

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 August 29, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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.

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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: POND VIEW MANOR

License Number: 24500

Address: 1115 MYRTLE ROAD, P.O. BOX 67,, WALNUTPORT, PA 18088

County: NORTHAMPTON

Region: NORTHEAST

Administrator

Name: Regina Sharpe

Phone: 6107601932

Email: PONDVIEWMANOR@YAHOO.COM

Legal Entity

Name: THANHOF INC

Address: 1115 MYRTLE ROAD, P.O. BOX 67, WALNUTPORT, PA, 18088

Certificate(s) of Occupancy

Type: C-3 SP

Date: 12/13/1996

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 4

Waking Staff: 3

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

08/29/2019 - On-Site: Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8

Residents Served: 4

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1

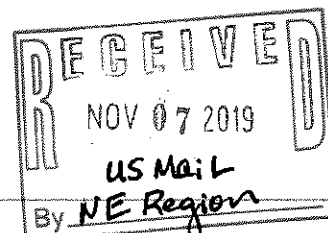
Are 60 Years of Age or Older: 3

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0



08/29/2019

1 of 3

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation dated 2/11/2019 did not include the resident's temperature.

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, the DME was faxed to the PCP and the needed information was requested (resident's temperature on the day of appointment) . It was faxed back to our office at Pond View Manor with the temperature documented. The updated form was placed in the resident's file. The Administrator will continue to highlight all areas where the doctor's office needs to complete on the DME. The Administrator will also review the forms more carefully when they are received. In addition, the Administrator will have an office assistant review the form to ensure completion of form prior to filing into the resident's file. Any missing information will be requested for completion by the doctor's office at that point and then filed and processed. See attached fax page and updated DME form.

Let

Alan M. E.
Signature

Redeje MEd - Owner 11-4-19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 11-18-19
(Date)

Plan of correction implementation status as of 11-18-19
(Date)

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

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

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

The home did not properly maintain the Blood Sugar Reading Record of the indicated resident due to staff incorrectly transcribing the blood glucose test results in the individual glucometer:

On 8/26/2019, resident #2's blood sugar reading was 194 but was incorrectly transcribed as 197

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, the issue was reviewed with the staff member noted. The Administrator reviewed the incident with the staff member and explained the importance of proper documentation. A complete diabetic procedure review was presented to all staff. The diabetic administration and proper documentation was reviewed with all staff members. The importance of double checking the monitor reading to the written documentation was emphasized. Staff was shown how to utilize the glucose monitor's memory to confirm all readings. All staff who had this review training signed the RECORD OF TRAINING. The Administrator will continue to sporadically monitor the staff's administration and documentation of diabetic related issues. The Administration will also check the glucose monitor's memory to ensure proper and accurate documentation of diabetic readings. See attached RECORD OF TRAINING.

Legal Entity Representative

Signature *R Sharpe MEd*

Printed Name and Title *R Sharpe MEd - Owner* Date *11-4-19*

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