

Department of Human Services
Bureau of Human Service Licensing

December 12, 2021

REGINA SHARPE, ADMINISTRATOR
THANHOF INC
1115 MYRTLE ROAD, P.O. BOX 67
WALNUTPORT, PA, 18088

RE: POND VIEW MANOR
1115 MYRTLE ROAD, P.O. BOX 67
WALNUTPORT, PA, 18088
LICENSE/COC#: 24500

Dear Ms. Regina Sharpe,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *POND VIEW MANOR* License #: *24500* License Expiration:
Address: *1115 MYRTLE ROAD, P.O. BOX 67, WALNUTPORT, PA 18088*
County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: *Regina Sharpe* Phone: *610-760-1932* Email:
pondviewmanor@yahoo.com; lindscott@pa.gov; agraziano@pa.gov

Legal Entity

Name: *THANHOF INC*
Address: *1115 MYRTLE ROAD, P.O. BOX 67, WALNUTPORT, PA, 18088*
Phone: *6107601932* Email: *PONDVIEWMANOR@YAHOO.COM*

Certificate(s) of Occupancy

Type: *Other* Date: *12/13/1996* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/21/2021*

Inspection Dates and Department Representative

09/21/2021 - On-Site: Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *7*

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: *5*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/21/2021 - Full

Lead Inspector: *Ryan Yankowy* Follow-Up Type: *POC Submission* Follow-Up Date: *11/06/2021*

Inspection Dates and Department Representative (*continued*)**09/21/2021 - POC Submission**Reviewer: *Ryan Yankowy*Follow-Up Type: *POC Submission*Follow-Up Date: *11/15/2021***09/21/2021 - POC Submission**Reviewer: *Ryan Yankowy*Follow-Up Type: *Document Submission*Follow-Up Date: *12/07/2021***09/21/2021 - Document Submission**Reviewer: *Anne Graziano*Follow-Up Type: *Not Required*

3c - Post Current License

General Provisions

1. Requirements

2600.

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

Description of Violation

The licensing inspection summaries dated 7/7/21 & 7/7/20 were not posted in a public, conspicuous area of the home.

Plan of Correction

Accept

Copies of the licensing inspection summaries dated 7/7/21 and 7/7/20 were posted on the dining room board the day of the inspection. The Administrators will review this regulation and post any new summaries the day that they are received. The Administrators will check the dining room board on a regular basis to confirm these summaries continue to be posted and replace any that may be missing.

Completion Date: 09/21/2021

Correction

Implemented

Copies of the licensing inspection summaries dated 7/7/21 and 7/7/20 were posted on the dining room board the day of the inspection. The Administrators will review this regulation and post any new summaries the day that they are received. The Administrators will check the dining room board on a regular basis to confirm these summaries continue to be posted and replace any that may be missing.

Completion Date: 09/21/2021

17 - Record Confidentiality

General Requirements

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The privacy coding document was attached to the licensing inspection summary dated 8/29/19 posted on the home's bulletin board. The privacy coding document exposes confidential information of the residents.

Plan of Correction

Accept

The privacy coding page was taken off of the licensing inspection summary dated 8/29/19 the day of the inspection, which was posted on the dining room board. The Administrators will review this regulation and confirm that the privacy coding document was removed prior to posting any new summaries the day that they are received. The Administrators will check the dining room board on a regular basis to confirm these summaries continue to be posted and replace any that may be missing.

Completion Date: 09/21/2021

Correction

Implemented

The privacy coding page was taken off of the licensing inspection summary dated 8/29/19 the day of the inspection, which was posted on the dining room board. The Administrators will review this regulation and confirm that the

General Requirements (continued)

privacy coding document was removed prior to posting any new summaries the day that they are received. The Administrators will check the dining room board on a regular basis to confirm these summaries continue to be posted and replace any that may be missing.

Completion Date: 09/21/2021

81b - Resident Personal Equipment

Physical Site

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The grab assist bar located on Resident #1's bed is not covered and is not securely attached to the bed, posing a possible limb or head entrapment.

Plan of Correction

Accept

The resident was reassessed and the grab assist bar was removed the day of the inspection. If a grab assist bar is needed in the future via a doctor or physical therapist, the Administrators will review the orders and ensure that the device meets state regulations. The Administrators will ensure for proper coverage and attachment of all devices in the future. The Administrators will check the coverage and attachments of devices on a regular basis in the future.

Completion Date: 09/21/2021

Correction

Implemented

The resident was reassessed and the grab assist bar was removed the day of the inspection. If a grab assist bar is needed in the future via a doctor or physical therapist, the Administrators will review the orders and ensure that the device meets state regulations. The Administrators will ensure for proper coverage and attachment of all devices in the future. The Administrators will check the coverage and attachments of devices on a regular basis in the future.

Completion Date: 09/21/2021

89d - Contaminant Level

Physical Site

1. Requirements

2600.

89.d. If the water is found to be above maximum contaminant levels, the home shall conduct remediation activity to reduce the level of contaminants to below the maximum contaminant level. During remediation activity, an alternate source of drinking water shall be provided to the residents.

Description of Violation

residents, however an additional water test was not completed showing that the contaminant levels are below the maximum contaminant level.

Plan of Correction

Not Implemented

An alternative source of drinking water has been provided to all residents and staff. A new, high powered

Physical Site (continued)

ultraviolet disinfection system was installed on 10/29/21, to prevent this issue in the future (ASV-C Series). As soon as the system has been fully flushed, an additional water test will be conducted and submitted to the state inspectors. We also added a well extension with a special water cap so no run off water leaks into the water system. We also regraded the ground level around the well cap area which will also help with any drainage issues. The follow-up water test is scheduled for next week and will be submitted to the state regulators as soon as it comes back. The Administrators will regularly inspect the new water treatment system to ensure proper functioning and contact the plumber if there are any concerns.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit the coy of the addition water test results within 30 days from the receipt of this POC return. The Adm will also send in before and after photos regarding the re-grading of the area around the well cap area that is remedying the run off problem to prevent future violations.

*Documentation should be sent in the Portal.
AG, 11-7-21*

Completion Date: 11/30/2021

Plan of Correction

Accept

An alternative source of drinking water has been provided to all residents and staff. A new, high powered ultraviolet disinfection system was installed on 10/29/21, to prevent this issue in the future (ASV-C Series). As soon as the system has been fully flushed, an additional water test will be conducted and submitted to the state inspectors. We also added a well extension with a special water cap so no run off water leaks into the water system. We also regraded the ground level around the well cap area which will also help with any drainage issues. The follow-up water test is scheduled for next week and will be submitted to the state regulators as soon as it comes back. The Administrators will regularly inspect the new water treatment system to ensure proper functioning and contact the plumber if there are any concerns.

****PLEASE NOTE- a picture of the "before re-grading" photo is impossible, due to the request by the state being made AFTER the work was complete.*

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit the coy of the addition water test results within 30 days from the receipt of this POC return. The Adm will also send in before and after photos regarding the re-grading of the area around the well cap area that is remedying the run off problem to prevent future violations.

*Documentation should be sent in the Portal.
AG, 11-7-21*

Completion Date: 11/30/2021

Physical Site (continued)

Correction

Implemented

An alternative source of drinking water has been provided to all residents and staff. A new, high powered ultraviolet disinfection system was installed on 10/29/21, to prevent this issue in the future (ASV-C Series). As soon as the system has been fully flushed, an additional water test will be conducted and submitted to the state inspectors. We also added a well extension with a special water cap so no run off water leaks into the water system. We also regraded the ground level around the well cap area which will also help with any drainage issues. The follow-up water test is scheduled for next week and will be submitted to the state regulators as soon as it comes back. The Administrators will regularly inspect the new water treatment system to ensure proper functioning and contact the plumber if there are any concerns.

***PLEASE NOTE- a picture of the "before re-grading" photo is impossible, due to the request by the state being made AFTER the work was complete.

Completion Date: 11/30/2021

183e - Storing Medications

Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2's novolog mix 70/30 flex pen was not dated the pen was opened. The manufacturer's instructions note the opened flex pen is good for 14 days after opened.

Plan of Correction

Accept

The Administrators reviewed this regulation with all staff within two days of the inspection. The resident's dose usage instructions does not allow for the pen to be in use for more than 7 days. (a 250u pen, 32u per day, 7 days of full dosage). The Administrators will regularly check the insulin pens to ensure that the date open has been listed on the insulin pen's bag which the pharmacy provides.

Completion Date: 09/23/2021

Correction

Implemented

The Administrators reviewed this regulation with all staff within two days of the inspection. The resident's dose usage instructions does not allow for the pen to be in use for more than 7 days. (a 250u pen, 32u per day, 7 days of full dosage). The Administrators will regularly check the insulin pens to ensure that the date open has been listed on the insulin pen's bag which the pharmacy provides.

Completion Date: 09/23/2021

187c - Refusal of Medication

Medications

1. Requirements

Medications (continued)

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident’s record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #3 refused torsemide 10mg on 9/2, 9/4 & 9/7/21. The prescriber was not notified regarding the refusals

Plan of Correction

Accept

This resident occasionally refuses this medication, a water pill. This has been discussed with the resident's PCP via telemedicine visits. However, even though verbal acknowledgement was provided by the PCP, the PCP nor the Administrator did not document the doctor's permission for this action. The Administrator will request a written statement from the PCP verifying that the PCP has knowledge of the resident's refusal and the PCP's instructions of when it is refused in the future. The Administrators will review this regulation regularly with staff members to ensure that the refusal of medication form is utilized when needed and/or the physician is notified as required.

Completion Date: 11/30/2021

Correction

Implemented

This resident occasionally refuses this medication, a water pill. This has been discussed with the resident's PCP via telemedicine visits. However, even though verbal acknowledgement was provided by the PCP, the PCP nor the Administrator did not document the doctor's permission for this action. The Administrator will request a written statement from the PCP verifying that the PCP has knowledge of the resident's refusal and the PCP's instructions of when it is refused in the future. The Administrators will review this regulation regularly with staff members to ensure that the refusal of medication form is utilized when needed and/or the physician is notified as required. Copies of med refusal procedure, med refusal form, and a SIGNED med refusal form regarding resident VT are all attached.

Completion Date: 11/30/2021

190b - Insulin Injections

Medications

1. Requirements

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.

Description of Violation

Direct care staff member A has not passed a Department approved diabetes education course. The staff member has administered insulin without being trained to do so.

Medications (continued)

Plan of Correction

Accept

The staff member in question is a diabetic and has been trained by her PCP and a nurse to administer her own insulin for numerous years. The staff was also enrolled into a Diabetic Update class via the DHS/Northampton Community College on 10/13/21. The staff member did not administer insulin until the staff passed the required training, which the staff did. The Administrators will ensure that any new staff will receive and pass a Diabetic Update class prior to administering insulin. A copy of the Record of Training and the staff's training certificate will be attached once plan has been approved.

Completion Date: 10/13/2021

Correction

Implemented

The staff member in question is a diabetic and has been trained by her PCP and a nurse to administer her own insulin for numerous years. The staff was also enrolled into a Diabetic Update class via the DHS/Northampton Community College on 10/13/21. The staff member did not administer insulin until the staff passed the required training, which the staff did. The Administrators will ensure that any new staff will receive and pass a Diabetic Update class prior to administering insulin. A copy of the Record of Training and the staff's training certificate will be attached once plan has been approved. COPIES of the training sign in sheet and the staff's training certificate are attached.

Completion Date: 10/13/2021

227d - Support Plan Medical/Dental

Services

1. Requirements

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 utilizes a grab assist bar on the residents bed. The residents RASP dated 3/13/21 does not indicate the use of the bar or how the home will maintain it.

Plan of Correction

Accept

The resident was reassessed and the grab assist bar was removed the day of the inspection. If a grab assist bar is needed in the future via a doctor or physical therapist, the Administrators will review the orders and ensure that the device meets state regulations. The Administrators will ensure for proper coverage and attachment of all devices in the future. The Administrators will update the resident's RASP if and when a resident needs an assistant device. The Administrators will check the coverage and attachments of devices on a regular basis in the future.

Completion Date: 09/21/2021

Services (continued)

Correction

Implemented

The resident was reassessed and the grab assist bar was removed the day of the inspection. If a grab assist bar is needed in the future via a doctor or physical therapist, the Administrators will review the orders and ensure that the device meets state regulations. The Administrators will ensure for proper coverage and attachment of all devices in the future. The Administrators will update the resident's RASP if and when a resident needs an assistant device. The Administrators will check the coverage and attachments of devices on a regular basis in the future.

Completion Date: 09/21/2021

PRIVACY CODING DOCUMENT

Facility Information

Name: *POND VIEW MANOR*

License #: *24500*

License Expiration Date: *11/24/2022*

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

Inspection

Date: *09/21/2021*

Type: *Full*

Staff Privacy Coding

Designation

Staff Members Name

Job Title

Date Hired

Staff Member A

Renee Hughes

Resident Privacy Coding

Designation

Resident's Name

Resident 1

Nancy Perry

Resident 2

James Hartzell

Resident 3

Violet Traugher

**RENEWAL APPLICATION FOR EXISTING CERTIFICATE OF COMPLIANCE
APPLICATION IS MADE HEREWITH TO RENEW THE CERTIFICATE OF COMPLIANCE TO OPERATE
THE FACILITY/AGENCY TO PROVIDE THE SERVICE SPECIFIED**

TYPE OR USE PEN, SIGN AND RETURN			
IDENTIFICATION			
1 NAME OF AGENCY/FACILITY POND VIEW MANOR		TELEPHONE NUMBER (610) 760-1932	
FACILITY ADDRESS 1115 MYRTLE ROAD, P.O. BOX 67, WALNUTPORT 18088		E-MAIL FOR FACILITY (NOT the WEB site URL) PONDVIEWMANOR@YAHOO.COM	3. COUNTY 190829
2 NAME OF LEGAL ENTITY THANHOF INC		TELEPHONE NUMBER	
MAILING ADDRESS (CORRESPONDENCE TO BE DELIVERED TO) 1115 MYRTLE ROAD, P.O. BOX 67 WALNUTPORT PA 18088		E-MAIL FOR LEGAL ENTITY (NOT the WEB site URL) PONDVIEWMANOR@YAHOO.COM	4. DATE CERTIFICATE EXPIRES 11/24/2021
6 NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE Regina Sharpe, MEd.		5. CERTIFICATE NUMBER 245000	
7 TYPE OF SERVICE PROVIDED PERSONAL CARE HOMES		FEIN OR SSN 23-29 06580	
8 REQUESTED/LICENSED CAPACITY (PERSONAL CARE HOMES AND ASSISTED LIVING FACILITIES)		CH # 4131 \$ 15.00	
9. TYPE OF OPERATION <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT	10. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER		
11 PRIOR LICENSE STATUS Has the agency/facility (Item 1) or Legal Entity (Item 2), or the Person Responsible (Operator) (Item 6), or the person signing the application ever been denied a Certificate or License, had a Certificate of Compliance or License revoked, or had a Certificate of Compliance or License non-renewed in Pennsylvania or any other state? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			
12 PLEASE ANSWER THE FOLLOWING IF YES EXPLAIN ON SEPARATE SHEET: HAS THE LEGAL ENTITY, OWNER, OR OPERATOR EVER: A BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B BEEN CONVICTED OF A CRIME INVOLVING CHILD ABUSE, CHILD NEGLECT MORAL TURPITUDE OR PHYSICAL VIOLENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C BEEN NAMED A PERPETRATOR IN AN INDICATED OR FOUNDED REPORT OF CHILD ABUSE IN ACCORDANCE WITH THE CHILD PROTECTIVE SERVICE LAW (11 P.S. 2201-2225) OR THE CARE-DEPENDENT SERVICES ACT (18 PA.C.S. 2713)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
13 CURRENT STATUS OF LEGAL ENTITY OWNER OR OPERATOR IS THE LEGAL ENTITY, OWNER, DR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES (IF YES, EXPLAIN ON SEPARATE SHEET) <input checked="" type="checkbox"/> NO			

DECLARATION

Any false information or statement knowingly given in this application is punishable under section 4904 of the PA Crimes Code.

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI of the Civil Rights Act of 1964; the Age Discrimination Act of 1967; the Rehabilitation Act of 1973; and the PA Human Relations Act of 1955; and I hereby declare that the information given in this application is true to the best of my knowledge.

RECEIVED

AUG 02 2021

Human Services Licensing

Regina Sharpe	<i>Regina Sharpe</i>
NAME (Type or Print)	SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE (Where the legal entity is a corporation the signature must be of a corporate officer)
Owner / Admin.	7-28-21
TITLE	DATE