

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

March 19, 2024

[REDACTED], ADMINISTRATOR/OWNER
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/21/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: POND VIEW MANOR License #: 24500 License Expiration: 11/24/2024
 Address: 1115 MYRTLE ROAD, P.O. BOX 67, WALNUTPORT, PA 18088
 County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: THANHOF INC
 Address: 1115 MYRTLE ROAD, P.O. BOX 67, WALNUTPORT, PA, 18088
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP Date: 12/13/1996 Issued By: L & I

Staffing Hours

Resident Support Staff: 4 Total Daily Staff: 11 Waking Staff: 8

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/21/2024

Inspection Dates and Department Representative

02/21/2024 - On-Site: [REDACTED]

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: 2 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/21/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/09/2024

03/08/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/18/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/14/2024

Inspections / Reviews *(continued)*

03/14/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/19/2024

03/19/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident #1 has a bed enabler bar with an opening approximately 8 inches by 12 inches. The bed enabler was not covered nor secured to the bed frame, to reduce the risk of injury.

Resident #2 has a bed enabler bar with an opening approximately 8 inches by 10 inches. The bed enabler was not covered nor secured to the bed frame, to reduce the risk of injury.

Plan of Correction

Accept [redacted] - 03/14/2024)

Violation was fully corrected 2/23/2024

Administrators [redacted] are responsible to fix violation

Pillow case tightly over the bed enabler, bed enablers securely to the bed frames using plastic zip ties.

All staff PCA personal care aides are to ensure daily bed enablers are covered and secured while housekeeping tasks are being performed by the PCA daily.

PCA will report to Administrators immediately if bed enablers are not secured or covered to be corrected.

[redacted] (Administrators) will add checking bed enablers on their daily walk through of the house on their scheduled shifts.

All Staff (PCA) have been trained by the Administrators on 2/21/2024, 2/22/2024, 2/23/2024 on all aspects surrounding bed enablers. All aspects include the safety, risks, how they need to be covered and secured at all times, when they will be checked, who is reasonable for checking them,

when to report (immediately) and whom to report to Administrators ([redacted]) if there are any issues

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented [redacted] - 03/19/2024)

183f - Discontinued Medications

2. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The medication cart was stocked with One Touch Ultra test strips that had an expiration date of 9/30/2023.

Plan of Correction

Accept [redacted] - 03/13/2024)

Regina [redacted] (Administrators) are responsible to correct this violation.

On 2/21/2024 [redacted] reordered new test strips.

It has been added to the chore list every Tuesday all Personal Care Aides whom are Med Tech Trained are to audit med cart for expired meds. This took effect on 2/21/2024 by [redacted] after inspection, and again 2/27/2024 and has continued weekly on Tuesdays. Check List has been made and utilized.

183f Discontinued Medications (continued)

The Administrators [redacted] will also audit med cart weekly on their scheduled shift and sign checklist.

[redacted] has reviewed re trained Med Tech staff 2/21/2024/, 2/22/2024, 2/23/2024 on expired meds, how to reorder meds, when med cart is to be audit and signing off checklist when task is completed. They will report to Administrators if any issues may occur.

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented ([redacted] - 03/19/2024)

185a - Implement Storage Procedures

3. Requirements

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 glucometer for resident #3 had a blood glucose reading of [redacted] on [redacted] This was incorrectly documented on the Medication Administration Record as [redacted] for the corresponding date.

Plan of Correction

Accept ([redacted] - 03/13/2024)

[redacted] Administrators corrected violation on 2/21/2024 documenting the correct numbers on blood sugar log.

On 2/21/2024, 2/22/2024, and 2/23/2024 All Staff whom are certified in Diabetes include how to use glucose monitor have been re trained by [redacted] on how to be mindful when documenting readings and to double check documation.

The Administrators [redacted] will review glucose monitor and compare to blood sugar log weekly on their scheduled shift.

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented ([redacted] - 03/19/2024)

187a - Medication Record

4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #4 has a prescribers order to receive [redacted] tab daily. The Medication Administration Record indicates that the resident receives [redacted].

Plan of Correction

Accept ([redacted] - 03/13/2024)

The Administrators [redacted] reviewed MAR with Med Tech staff who wrote the incorrect information on 2/21/2024 [redacted] reviewed with all certified Med Techs 2/21/2024, 2/22/2024, 2/23/2024 proper documentation in MAR.

Melinda Barbee called Health Direct Pharmacy to ensure labels are delivered with meds on 2/21/2024

[redacted] Administors will review MAR weekly on their scheduled shift

187a Medication Record (continued)

Licensee's Proposed Overall Completion Date: 03/12/2024

Implemented [REDACTED] - 03/19/2024)

227d - Support Plan Medical/Dental

5. 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 #2 uses an enabler bar for turning and repositioning while in bed, however the resident's support plan does not identify the risks associated with its use.

Plan of Correction

Accept [REDACTED] - 03/13/2024)

The Administrators [REDACTED] are responsible for Support plans. Support plans have been updated on 03/05/2024

RASP's will be written to include identifying the risks associated with bed enablers use. The Administrator will add into the RASP the risks associated with bed enablers if they are utilized for other residents in the future.

Proposed Overall Completion Date: 03/17/2024

Licensee's Proposed Overall Completion Date: 03/17/2024

Implemented [REDACTED] 03/19/2024)