



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **BLUE MOUNTAIN PERSONAL CARE HOME, LLC**
LEGAL ENTITY

To operate **POND VIEW MANOR**
NAME OF FACILITY OR AGENCY

Located at **1115 MYRTLE ROAD, WALNUTPORT, PA 18088**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **8**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **August 15, 2024** until **August 15, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **232570**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Emailing Date: August 13, 2024

[REDACTED]
Blue Mountain Personal Care Home, LLC
[REDACTED]

RE: Pond View Manor
1115 Myrtle Road
Walnutport, Pennsylvania 18088
License #: 232570

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 16, 2024, July 18, 2024, July 29, 2024 and August 7, 2024 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) or 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive style with a large initial 'J'.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

August 9, 2024

[REDACTED]
BLUE MOUNTAIN PERSONAL CARE HOME, LLC
[REDACTED]

RE: POND VIEW MANOR
1115 Myrtle Road
Walnutport, PA, 18088
LICENSE/COC#: 23257

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/16/2024, 07/18/2024, 07/29/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *POND VIEW MANOR* License #: *23257* License Expiration:

Address: *1115 Myrtle Road , Walnutport, PA 18088*

County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *BLUE MOUNTAIN PERSONAL CARE HOME, LLC*

Address: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:

Reason: *New, Change Legal Entity* Exit Conference Date: *07/30/2024*

Inspection Dates and Department Representative

07/16/2024 - On-Site: [REDACTED]

07/18/2024 - Off-Site: [REDACTED]

07/29/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *6*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *3*

Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/16/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/09/2024*

Inspections / Reviews (*continued*)

08/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

08/09/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

Baby monitors were noted in Room #1 and in the kitchen area of the home. Audio monitoring of the residents is strictly prohibited.

Plan of Correction

Accept [REDACTED] - 08/07/2024)

The two pieces of the baby monitor system located in Room #1 and in the kitchen (which were from two different monitoring systems and were inoperable together) were immediately removed by the Administrator while the inspectors were there on 7-16-24. The staff that were on duty at the time of the inspection were told immediately by the Administrator not to utilize audio monitors in the home. All monitor components were locked in the Administrator's office on 7-16-24 to be sorted and donated by 7-22-2024, which was completed. The Administrator reviewed regulation 2600.42.s with staff. All staff, except one staff on extended personal leave, were trained on this regulation and the proper way to monitor residents in their room and around the house. These staff members signed a Record of Training to that effect and was completed by 7-22-2024. (RECORD OF TRAINING FORM ATTACHED) To maintain long term compliance with this regulation, the Administrator [REDACTED] will continue to review this regulation during new employee orientation in their initial training period and during the Direct Care Staff Annual Training, where both documents will be signed by the staff person at appropriate times/dates. (FORMS ATTACHED) The Administrators will also continue to monitor the house for compliance during regular walk throughs and shifts and will remove any monitor/listening devices in private areas immediately. The Administrators are responsible to maintain compliance with this regulation from here forward.

Licensee's Proposed Overall Completion Date: 07/31/2024

Bypass Document Submission

Implemented [REDACTED] - 08/08/2024)

Update: 08/08/2024

Onsite POC Verification 8/7/24 RY MB

132a - Monthly Fire Drill

2. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Staff and resident interviews indicate that the home is not completing fire drills consistently every month.

Plan of Correction

Accept [REDACTED] - 08/07/2024)

I respectfully disagree with this citation. However, to comply with this citation and to continue to comply with this regulation, we will do the following. The Administrator [REDACTED] conducted an unannounced fire drill on the day of the inspection, 7-16-24, as the inspectors suggested we do. And, since our monthly fire drill still had to be conducted for this month, it was perfect timing since it was within our regulatory time period for regular monthly fire drills. The Administrator documented the required drill information on the Monthly Fire Drill & Inspection Log - 2024. The Administrator also had all staff who participated in the drill write their initials by that drill information on the Log right after the drill was completed, as well. (Monthly Fire Drill & Inspection Log - 2024 is attached). For long term compliance with this regulation, the Administrator will continue to have the staff participating in the fire drills initial the Monthly Fire Drill & Inspection Log - 2024, on a monthly basis. This will ensure that the staff can recall their

132a - Monthly Fire Drill (continued)

participation, as well as, assist the Administrator to rotate staff participation. The Administrator also conducted a staff training on regulation 2600.132a which was completed on 7-22-2024. (The Record of Training is attached) The Administrator will also utilize more creative ways to assist the residents to remember that they participated in a fire drill (i.e. a person dressed as fire/flames/fire colors, moving around, saying "I am a fire, stay back", or something to that effect). The Administrator can also provide special snacks on the day of the fire drills, such as cupcakes with flame or fire engine design on them, to celebrate another completed fire drill. Moving forward, the Administrator will also mark on the office wall calendar the words "fire drill" as a visual reminder to complete a monthly fire drill every month. (See attached pictures of calendar pages.) The Administrator will ensure that logs are completed accurately with all required information on a monthly basis. The Administrator will be responsible to ensure this regulation is adhered to for all future fire drills.

Licensee's Proposed Overall Completion Date: 08/06/2024

Bypass Document Submission

Implemented [REDACTED] - 08/09/2024)

Update: 08/09/2024

Reviewed additional documentation 8/9/24 [REDACTED]

132c - Fire Drill Records

3. Requirements

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.

Description of Violation

The fire drill logs for 2024 indicate monthly fire drills are being conducted. Staff and resident interviews indicate that the home is not completing fire drills consistently every month. The fire drill logs are incorrectly documented.

Plan of Correction

Accept [REDACTED] - 08/07/2024)

I respectfully disagree with this citation. However, to comply with this citation and to continue to comply with this regulation, we will do the following. The Administrator [REDACTED] conducted an unannounced fire drill the day of the inspection, 7-16-24, as the inspectors suggested we do. And, since our monthly fire drill still had to be conducted for this month, it was perfect timing since it was within our regulatory time period for regular monthly fire drills. The Administrator documented the required drill information on the Monthly Fire Drill & Inspection Log - 2024, as required by 2600 regulations shortly after the drill was completed. The Administrator also had all staff who participated in the drill write their initials by that drill information on the Log as well. (Please see attached Monthly Fire Drill & Inspection Log - 2024). For long term compliance with this regulation, the Administrator will continue to have the staff participating in the fire drills initial the Monthly Fire Drill & Inspection Log - 2024. This will ensure that the staff can recall their participation, as well as, assist the Administrator to rotate staff participation. The Administrator also conducted a staff training on regulation 2600.132a which was completed on 7-22-2024. (Please see the attached copy of The Record of Training) The Administrator will also utilize more creative ways to assist the residents to remember that they participated in a fire drill (i.e. a person dressed as fire/flames/fire colors, moving around, saying "I am a fire, stay back", or something to that effect). The Administrator can also provide special snacks on the day of the fire drills, such as cupcakes with flame or fire engine design on them, to celebrate another completed fire drill. Moving forward, the Administrator will also mark on the office wall calendar the words "fire drill" as a visual reminder to complete a monthly fire drill every month. (See attached pictures of calendar pages.) The Administrator will ensure that logs are completed accurately with all required information on a monthly basis. The

132c - Fire Drill Records (continued)

Administrator will be responsible to ensure this regulation is adhered to for all future fire drills.

Licensee's Proposed Overall Completion Date: 08/06/2024

Bypass Document Submission

Implemented [redacted] - 08/08/2024)

Update: 08/08/2024

Onsite POC Verification 8/7/24 RY MB

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The fire drill logs indicate a sleeping hours fire drill was conducted on 4/24/24 at 10:10 pm. Interviews with staff and residents indicate that a sleeping hours fire drill was not conducted.

Plan of Correction

Accept [redacted] - 08/07/2024)

I respectfully disagree with this citation. However, to comply with this citation and to continue to comply with this regulation, we will do the following. The Administrator ([redacted]) conducted an additional unannounced fire drill during sleeping hours on 7-31-24. Due to a Hospice resident, Regulations 2600.29b were also followed. A physician letter (2600b1), a letter from the resident's ([redacted]) (2600.29b2), the St. Luke's Hospice license, and a statement from Pond View Manor (2600.29b3) are all attached. Regarding Reg. 2600.29b4-5, the Administrator went immediately upon setting off the alarm to begin the fire drill to the Hospice resident's room and notified the resident of the fire drill. The Administrator informed the staff who came to evacuate the resident that this was a fire drill and this resident was not to be evacuated. A reasonable simulation to evacuate the hospice resident was conducted by the Administrator and reviewed with the staff on shift after the fire drill was completed. The Administrator documented the drill information as required by 2600 regulations on the Monthly Fire Drill & Inspection Log - 2024, MARKED "ADDITIONAL DRILLS". The Administrator also had all staff who participated in the drill write their initials by that drill information on the Log as well. (Monthly Fire Drill & Inspection Log - 2024- ADDITIONAL DRILLS is attached). To further enhance the training efforts at Pond View Manor, the Administrator also conducted another unannounced fire drill during sleeping hours on 8-5-24. The staff who participated initialed the Monthly Fire Drill & Inspection Log - 2024 ADDITIONAL DRILLS. The Administrator completed the Log with the required information per regulations. (See Monthly Fire Drill & Inspection Log - 2024 ADDITIONAL DRILLS #2 which is attached.) For long term compliance with this regulation, the Administrator will continue to have the staff participating in the fire drills initial the Monthly Fire Drill & Inspection Log - 2024. This will ensure that the staff can recall their participation, as well as, assist the Administrator to rotate staff participation. Moving forward, the Administrator will also mark on the office wall calendar the words "fire drill" as a visual reminder to complete a monthly fire drill every month. (See attached pictures of calendar pages.) The Administrator will ensure that logs are completed accurately with all required information on a monthly basis. The Administrator will be responsible to ensure this regulation is adhered to for all future fire drills.

Licensee's Proposed Overall Completion Date: 08/06/2024

Bypass Document Submission

Implemented [redacted] - 08/08/2024)

Update: 08/08/2024

Onsite POC Verification 8/7/24 RY MB

132h - Designated Meeting Place

5. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The fire drill log indicates a fire drill was conducted on 6/30/24 at 9am. 6 residents were in the home at the time the alarm went off but only 5 residents were evacuated. An interview with the homes Administrator indicated that Resident #1 was not evacuated because the Administrator did not feel as if Resident #1 was well enough to participate.

Plan of Correction

Accepted [redacted] - 08/07/2024)

I respectfully disagree with this citation. To clarify the situation, the resident in question was in the process of becoming a hospice patient. To have this resident participate in the fire drill would have caused her undo harm and pain. This resident is now a Hospice patient. However, to comply with this citation and to continue to comply with this regulation, we have done the following. The Administrator has spoken with the [redacted] and discussed the regulation requirement several times and finally on Sunday, July 28, 2024, when the resident entered Hospice care. The Administrator also sent a letter explaining our House Rules and the Regulation 2600.132h to the resident's [redacted] dated July 26, 2024. (please see attached letter). To comply with this regulation long term, the Administrator will review the health conditions of the residents and if any are unable to participate in a fire drill for any reason, will contact the [redacted]. The Administrator will notify them of the regulation and House Rules. The Administrator will inform them of the options of having the resident participate in all required fire drills or receive a 30 day notice to evict. The Administrator also re-educated the residents on Aug. 5, 2024 regarding the fire evacuation procedure, including where the designated gathering spot is and that all residents are required to participate in all fire drills. (Please see the RECORD OF TRAINING attached.) The Administrator will ensure that logs are completed accurately with all required information on a monthly basis. The Administrator [redacted] [redacted] be responsible to ensure that this regulation is in compliance in the future.

Licensee's Proposed Overall Completion Date: 08/06/2024

Bypass Document Submission

Implemented [redacted] - 08/09/2024)

Update: 08/09/2024

Reviewed additional documentation 8/9/24

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

August 9, 2024

[REDACTED]
BLUE MOUNTAIN PERSONAL CARE HOME, LLC
[REDACTED]

RE: POND VIEW MANOR
1115 Myrtle Road
Walnutport, PA, 18088
LICENSE/COC#: 23257

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/07/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: POND VIEW MANOR License #: 23257 License Expiration:
Address: 1115 Myrtle Road , Walnutport, PA 18088
County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: BLUE MOUNTAIN PERSONAL CARE HOME, LLC
Address: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 5 Waking Staff: 4

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Interim Exit Conference Date: 08/07/2024

Inspection Dates and Department Representative

08/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: 5

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 3
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

08/07/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/18/2024

08/09/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/09/2024
Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

08/09/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/09/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

29a SOPb5ii - Hospice Care: Fire Drill Simulation

1. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 5. If the provisions of paragraph (4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following:
 - ii. Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

Description of Violation

Resident #1 was receiving hospice services and did not evacuate during the fire drill conducted on 7/31/24 at 9:10pm. The Administrator who conducted the fire drill, activated the fire alarms and immediately went to Resident #1's room. When staff arrived at the room the Administrator told the staff it was a fire drill and Resident #1 would not be evacuated. The Administrator then went into Resident #1's room, got a blanket as the mode of transportation to reasonably simulate Resident #1's evacuation. The Administrator simulated the residents evacuation to the outside of the residents room and not to the outside of the building.

In addition, the staff members participating in the fire drill should have simulated Resident #1's evacuation not the person conducting the fire drill who knows in advance the fire drill is being conducted.

Plan of Correction

Accept [redacted] - 08/09/2024)

The Administrator read and misinterpreted the regulation regarding who should actually perform the simulation. The Administrator reviewed the regulation with Licensing on 8-7-24. The Administrator acknowledges that [redacted] should have let the staff perform the simulation and also that the resident simulation should have gone to the outside of the building. Going forward, the Administrator will call the State Licensing Dept. to clarify and review any regulations regarding having a Hospice resident. The Administrator will provide some item (i.e. a sack of potatoes) for the staff to utilize during the hospice evacuation simulation. The Administrator also provided training on this regulation to staff. (See attached 29a training Record). The Administrator is responsible to ensure that this regulation is adhered to in the future. Also see attached Fire Drill Logs.

Licensee's Proposed Overall Completion Date: 08/08/2024

Update: 08/09/2024

Reviewed training with staff, educated Administrator on SOP on 8/7/24.

Bypass Document Submission

Implemented ([redacted]) - 08/09/2024)

132a - Monthly Fire Drill

2. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The Administrator conducted the fire drill on 7/31/24 at 9:10pm. During this fire drill the Administrator also participated in the fire drill while implementing the 55. PA Code Chapter 2600 Hospice Care and Services Statement of Policy.

132a - Monthly Fire Drill (continued)

Plan of Correction

Accept [REDACTED] 08/09/2024)

The Administrator read and misinterpreted the regulation regarding who should actually perform the simulation. The Administrator reviewed the regulation with Licensing on 8-7-24. The Administrator acknowledges that [REDACTED] should have let the staff perform the simulation and also that the resident simulation should have gone to the outside of the building. Going forward, the Administrator will call the State Licensing Dept. to clarify and review any regulations regarding having a Hospice resident. The Administrator will provide some item (i.e. a sack of potatoes) for the staff to utilize during the hospice evacuation simulation. The Administrator also provided training on this regulation to staff. (See attached 132a training Record). The Administrator is responsible to ensure that this regulation is adhered to in the future. Also see attached Fire Drill Logs.

The Administrator conducted an unannounced fire drill on 8/8/24. The Administrator did not participate in the fire drill since they were conducting it. Moving forward, all fire drills will be unannounced.

Licensee's Proposed Overall Completion Date: 08/08/2024

Update: 08/09/2024

Reviewed training, fire drill logs

Bypass Document Submission

Implemented [REDACTED] - 08/09/2024)

132h - Designated Meeting Place

3. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The residents did not evacuate to the outside of the home during the fire drill conducted on 8/5/24 at 11:56pm. The residents stood inside the home near the exit doors.

Plan of Correction

Accept [REDACTED] - 08/09/2024)

The Administrator conducting the fire drill allowed the residents to stand inside the home near the exit doors due to poor weather conditions. The Administrator misinterpreted the regulation regarding where the residents are allowed to stand, even with inclement weather, during a fire drill. The Administrator reviewed the regulation with Licensing on 8-7-24. The Administrator acknowledges that she should have had the residents exit the building during all fire drills. Going forward, the Administrator will call the State Licensing Dept. to clarify any questions and to review any regulations regarding having a fire drill. The Administrator also provided training on this regulation to staff. (See attached 132h training Record). The Administrator is responsible to ensure that this regulation is adhered to in the future. Also see attached Fire Drill Logs.

The Administrator conducted an unannounced fire drill on 8-8-24. All residents were evacuated to the outside of the building. Moving forward, all residents will be evacuated during fire drills.

Licensee's Proposed Overall Completion Date: 08/08/2024

Update: 08/09/2024

Reviewed training, fire drill logs

Bypass Document Submission

Implemented [REDACTED] - 08/09/2024)