

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

November 10, 2025

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

RE: POND VIEW MANOR
1115 MYRTLE ROAD
WALNUTPORT, PA, 18088
LICENSE/COC#: 23257

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/04/2025 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: 08/15/2025 |
| Address: 1115 MYRTLE ROAD, WALNUTPORT, PA 18088 | | |
| County: NORTHAMPTON | Region: NORTHEAST | |

| Administrator | | |
|------------------|-------------------|-------------------|
| Name: [REDACTED] | Phone: [REDACTED] | Email: [REDACTED] |

| Legal Entity | | |
|---|-------------------|--|
| Name: BLUE MOUNTAIN PERSONAL CARE HOME, LLC | | |
| Address: [REDACTED] | | |
| Phone: [REDACTED] | Email: [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: Full | Notice: Unannounced | BHA Docket #: |
| Reason: Renewal | Exit Conference Date: 09/04/2025 | |

| Inspection Dates and Department Representative | |
|--|------------|
| 09/04/2025 - On-Site: | [REDACTED] |

| Resident Demographic Data as of Inspection Dates | | | |
|--|---|-----------|-------------------|
| General Information | | | |
| License Capacity: 8 | Residents Served: 6 | | |
| Secured Dementia Care Unit | | | |
| In Home: No | Area: | Capacity: | Residents Served: |
| Hospice | | | |
| Current Residents: 6 | | | |
| Number of Residents Who: | | | |
| Receive Supplemental Security Income: 1 | Are 60 Years of Age or Older: 6 | | |
| Diagnosed with Mental Illness: 2 | Diagnosed with Intellectual Disability: 2 | | |
| Have Mobility Need: 0 | Have Physical Disability: 0 | | |

| Inspections / Reviews | | |
|-----------------------------|--------------------------------|----------------------------|
| 09/04/2025 Full | | |
| Lead Inspector: [REDACTED] | Follow-Up Type: POC Submission | Follow-Up Date: 09/26/2025 |
| 09/29/2025 - POC Submission | | |
| Submitted By: [REDACTED] | Date Submitted: 09/23/2025 | |
| Reviewer: [REDACTED] | Follow-Up Type: POC Submission | Follow-Up Date: 10/03/2025 |

Inspections / Reviews *(continued)*

11/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/03/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/13/2025

11/06/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/10/2025

11/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

89c - Testing Non-Public Water

1. Requirements

2600.

89.c. A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels. A public water system is a system that provides water to the public for human consumption, which has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year.

Description of Violation

The home has not had a coliform water test on [REDACTED] and [REDACTED]. The home did not have a coliform water test as required at least every 3months. The home is not connected to a public water source.

Plan of Correction

Accept ([REDACTED] - 09/29/2025)

In response to the violation on 09/04/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/18/2025 by the owner to immediate action was taken by adding the water test deadlines onto our in office public calendar. Ensuring we do not miss another water test.

Effective 09/18/2025 the Administrator will perform a water test by 09/30/2025 to maintain ongoing compliance with the water testing. Any deficiencies in scheduling this will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/18/2025

Implemented ([REDACTED] - 11/10/2025)

123a - Exit Doors

2. Requirements

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Description of Violation

At 9:30A.M., the rear exit door has a removable manual lock with a 3 digit code that must be entered to open the door.

Plan of Correction

Accept ([REDACTED] - 09/29/2025)

In response to the violation on 09/04/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/18/2025 by the Owner to Remove the offending locks leaving only motion sensor alarms.

Licensee's Proposed Overall Completion Date: 09/23/2025

Implemented ([REDACTED] - 11/06/2025)

132a - Monthly Fire Drill

3. Requirements

2600.

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

132a - Monthly Fire Drill (continued)

Description of Violation

An unannounced fire drill was not held during the month of October 2024.

Plan of Correction

Accept [redacted] - 10/08/2025)

In response to the violation on 09/04/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/18/2025 by the Administrator to maintain proper logging of fire drills and results utilizing a State approved form.

The administrator [redacted] shall review the fire drill records and the home's policy for conducting monthly unannounced fire drills. The administrator has created a plan and a privately held schedule with the Owner Jason Williams for the unannounced monthly fire drills for the next 12 months. The planned dates of the upcoming drills shall be kept confidential from residents and other staff of the home.

Effective 09/18/25 the Administrator will perform unannounced fire drills through each resulting month to maintain ongoing compliance with 2600.132a unannounced quarterly fire drills. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented ([redacted] - 11/06/2025)

132c - Fire Drill Records

4. 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 record for the drills conducted on [redacted] and [redacted] do not indicate the time of day the drill occurred.

Plan of Correction

Accept [redacted] 10/08/2025)

In response to the violation on 09/04/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/18/2025 by the Administrator to maintain proper logging of fire drills and results utilizing the State od PA approved form DPW10/10

Administrator [redacted] is responsible for conducting and recording fire drills and will be educating the owner [redacted] as well in the required documentation of the drill. The home will use the Department's model fire drill log to record fire drill information. The log will be completed in its entirety. The administrator Anna will review the fire drill log monthly to ensure compliance.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented ([redacted] - 11/06/2025)

132d - Evacuation

5. Requirements

2600.

132d Evacuation (continued)

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home has a maximum safe evacuation time specified in writing within the past year by a fire safety expert of 2 minutes 30 seconds. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

- the time to evacuate was listed as 4 minutes.
- the time to evacuate was documented as 3 minutes.
- the time to evacuate was documented as 2 minutes 45 seconds.
- the time to evacuate was documented as 2 minutes 59 seconds.

Plan of Correction

Accept [redacted] - 10/08/2025)

In response to the violation on 09/04/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/18/2025 by the Administrator to Ensure more efficient evacuation times the Administrator is reviewing the approved evacuation routes with staff and residents along with keeping proper time records on the DPW10/10 sheet.

The home will hold additional training for all staff on the home's evacuation procedures to ensure that all staff are aware of their role in an evacuation. Documentation of training will be kept by the home. Residents will also be educated on the importance of evacuating quickly to the outside or a common area within a fire safe area.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented [redacted] - 11/06/2025)

132e - Fire Drill Sleeping Hours

6. Requirements

2600. 132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The fire drill conducted during sleeping hours was on [redacted] at 8:30 P.M.. The previous sleeping hours fire drill was conducted on [redacted] at 10:10 P.M.. The drill should have occurred by October of 2025.

Plan of Correction

Accept [redacted] - 09/29/2025)

In response to the violation on 09/04/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/18/2025 by the Owner to []

132e - Fire Drill Sleeping Hours (continued)

Effective back to October 2024 the Administrator will perform bi-annually overnight fire drills to maintain ongoing compliance with holding a fire drill during sleeping hours once every 6 months. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement. As a side note having taken over the home in the middle of August 2024 the staff and I were under the impression the overnight fire drills of the prior owner (with a different license number) were no longer applicable to our license and that we had until the end of the year to do an overnight drill. Quite franky we misunderstood the timing and the rules but since have corrected our scheduled drills. Going forward there should be no issues regarding this matter.

Licensee's Proposed Overall Completion Date: 09/23/2025

Implemented [redacted] - 11/06/2025)

132h - Designated Meeting Place

7. 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

During the fire drill on [redacted] at 8:05 P.M., only 6 of the 7 residents in the home evacuated to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction

Accept [redacted] - 10/08/2025)

In response to the violation on 09/04/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/18/2025 by the Administrator to ensure all residents are evacuated to the designated meeting place away from the building the Administrator and staff will impress upon the residents the importance of all residents participate in the drills. This will be monitored by the Administrator and tracked properly on PA state form DPW 10/10 regarding fire drills.

Effective 09/18/2025 the Administrator will perform monthly inspections through the use of the States DPW 10/10 form to maintain ongoing compliance with ensuring residents can evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement. The Administrator [redacted] will educate all residents and staff of the designated meeting place away from the building and/or the fire safe area within the building. Education will also be provided to all staff and residents that fire drill participation is mandatory, failure to participate in a fire drill can lead to a 30-day notice of discharge being issued.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented [redacted] - 11/06/2025)

132i - Testing Fire Alarm

8. Requirements

2600.

132.i. A fire alarm or smoke detector shall be set off during each fire drill.

132i - Testing Fire Alarm (continued)

Description of Violation

Based on staff interviews and administrator admission, during several fire drills during the prior 12 months, the fire alarm was not sounded. In its place, staff a simulation was set off from the administrator's phone.

Plan of Correction

Accept [redacted] 10/08/2025)

In response to the violation on 09/04/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/18/2025 by the administrator to ensure the fire alarms are tested and used in the fire drills by using the fire alarms during the drills and testing the alarms monthly while properly documenting the results of the fire alarm drill tests on the PA state fire drill for DPW10/10.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

The administrator [redacted] and any staff involved in conducting fire drills will have training that includes a review of the fire drill regulations and additional information regarding Fire Drills and Evacuation within the Regulatory Compliance Guide for Chapter 2600 regulations. This Training will be held quarterly or as we add new employees to stress the importance of the fire drills.

Licensee's Proposed Overall Completion Date: 10/03/2025

Implemented [redacted] 11/06/2025)

227d - Support Plan Medical/Dental

9. 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 [redacted] utilizes hand rails on the side of their bed but their Support Plan dated [redacted] does not indicate any risks associated with the device, the Resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept [redacted] - 09/29/2025)

In response to the violation on 09/04/2025 by the Pennsylvania Bureau of Human Service Licensing and to enhance the currently compliant operations, on 09/18/2025 the Administrator will have Resident [redacted] Resident Assessment Support Plan (RASP) updated to reflect the proper use of the hand rails mentioned in the violation. In addition the Administrator will inspect all other Residents and their respective RASP's to ensure proper use of additional devices if present, with a completion date of 09/30/2025.

Licensee's Proposed Overall Completion Date: 09/30/2025

227d - Support Plan Medical/Dental (*continued*)

Implemented [REDACTED] - 11/06/2025)