

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

October 14, 2026

[REDACTED], OWNER/PARTNER
BLUE MOUNTAIN PERSONAL CARE HOME LLC
[REDACTED]
[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 08/19/2026 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: POND VIEW MANOR

License #: 23257

License Expiration: 08/15/2026

Address: 1115 MYRTLE ROAD, WALNUTPORT, PA 18088

County: NORTHAMPTON

Region: NORTHEAST

Administrator

Name:

Phone:

Email:

Legal Entity

Name: BLUE MOUNTAIN PERSONAL CARE HOME LLC

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: Other

Date: 12/13/1996

Issued By: L & I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 8

Waking Staff: 6

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 08/19/2026

Inspection Dates and Department Representative

08/19/2026 - On-Site:

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: 7

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 1

Have Physical Disability: 0

Inspections / Reviews

08/19/2026 Full

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 09/07/2026

09/11/2026 - POC Submission

Submitted By:

Date Submitted: 10/06/2026

Reviewer:

Follow-Up Type: POC Submission

Follow-Up Date: 09/18/2026

Inspections / Reviews (*continued*)

09/15/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/21/2026

10/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A was hired on [REDACTED] and a Criminal Background Check was not requested until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/11/2026)

In response to the violation on 08/19/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 09/08/2026 by the Administrator to ensure that no employee has a start date prior to acquiring a standard criminal background check.

Effective 08/19/2026 the Administrator will perform an audit of all new employee files prior to start date, through and to the actual start date to maintain ongoing compliance with Criminal background checks. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/09/2026

Implemented ([REDACTED] - 10/02/2026)

65f Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Staff Person B did not receive training in Instruction on meeting the needs of the residents; Infection control; Personal care service needs of the resident; Safe management techniques, and Care for residents with Mental Illness or Intellectual Disability during the 2025 training year.

Plan of Correction

Accept ([REDACTED] - 09/15/2026)

In response to the violation on 08/19/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/20/2026 by the Administrator with the help and assistance from [REDACTED] surveyor from the state

65f - Training Topics (continued)

To enhance the currently compliant operations, on 09/09/2026 the employees at the supervision of the Administrator Will be trained on the following training modules. 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration. 5. Personal care service needs of the resident. 6. Safe management techniques. 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home, with a completion date of 09/09/2026.

Going forward the Administrator will be conducting monthly audits of the employee training files to ensure continued compliance. The audit findings will be recorded in the homes training log and in each employees file.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 10/06/2026)

65g - Annual Training Content**3. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

5. Falls and accident prevention.

Description of Violation

Staff Person B did not receive training in Falls and Accident Prevention during the 2025 training year.

Plan of Correction

Accept () - 09/15/2026)

In response to the violation on 08/19/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/20/2026 by the Administrator to enhance the currently compliant operations, on 09/09/2026 the Administrator will ensure all employees are trained in Falls and Accident Prevention each year, with a completion date of 09/09/2026.

Going forward the Administrator will be conducting monthly audits of the employee training files to ensure continued compliance. The audit findings will be recorded in the homes training log and in each employees file.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 10/06/2026)

66a - Staff Training Plan**4. Requirements**

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2026.

66a Staff Training Plan (continued)**Plan of Correction****Accept () - 09/15/2026)**

In response to the violation on 08/19/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/09/2026 by the Administrator to make a current staff training plan. please see attached plan which will be monitored and audited at the end of each month by the Administrator and the Owner.

Proposed Overall Completion Date: 09/14/2026

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 10/06/2026)**91 - Telephone Numbers****5. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by any of the communal landline telephones.

Plan of Correction**Accept () - 09/15/2026)**

Attached photos show the pertinent phone numbers lists added by 9/14/26 to the location of the 3 phones that were missing them. We added phones to the home a few months ago without even thinking about adding the phone lists and we apologize for the error. Going forward to maintain compliance the owner and Administrator will add the phones and pertinent emergency number list to our already occurring monthly self inspection walk throughs.

Proposed Overall Completion Date: 09/14/2026

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 10/14/2026)**125a - Combustible Storage****6. Requirements**

2600.

- 125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:39 a.m., a dryer sheet was found located behind the dryer approximately 2 inches from the dryer's exhaust vent.

Plan of Correction**Accept () - 09/15/2026)**

In response to the violation on 08/19/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken to remove objects and on 09/02/2026 by the Administrator to ensure regular daily inspections of the dryer area for flammable debris.

125a Combustible Storage (continued)

To enhance the currently compliant operations, on 08/26/26 the administrator will institute a new job duty including the cleaning and clearing of the dryer area at the end of each week. with a completion date of 08/26/2026

Proposed Overall Completion Date: 09/14/2026

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 10/02/2026)

132c - Fire Drill Records**7. 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 2/19/26; 3/10/26; 4/6/26; 5/29/26; and 7/6/26 did not include a a.m. or p.m. time determination.

Repeated violation: 9/4/25.

Plan of Correction

Accept () - 09/15/2026)

A written fire drill record must including 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. utilizing the state form 132c our Administrator is responsible for the implementation and tracking of this information and form. Due to the repeated offense the owner will also be auditing form 132c Monthly to ensure continued compliance. Specifically making sure the range of day is recorded as in AM or PM which appears to have been a repeated issue.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 10/14/2026)

132d - Evacuation**8. Requirements**

2600.

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 had an evacuation time of 2 minutes 35 seconds on 12/11/25.

132d - Evacuation (continued)

Repeated violation: 9/4/25.

Plan of Correction**Accepted () - 09/15/2026)**

In response to the violation on 08/19/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/09/2026 by the Administrator to ensure the residents evacuate in a correct and timely manner.

To enhance the currently compliant operations, on 08/20/2026 the Administrator will hold additional training for all staff and ensure more effective evacuation times along with a review of proper evacuation routes. with a completion date of 09/09/2026.

In addition the Administrator will be holding quarterly Fire drill evacuation trainings involving all staff members, stressing the importance of compliant evacuation times. These drills will be used to identify possibly issues with existing routes and routines. Results are to be recorded in our fire drill log by the Administrator and monitored quarterly as well by the owner.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 10/14/2026)**132e - Fire Drill Sleeping Hours****9. Requirements**

2600.

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

Description of Violation

The last fire drill conducted during sleeping hours was on 12/11/25 at 10:45 p.m.

Repeated violation: 9/4/25.

Plan of Correction**Directed () - 09/15/2026)**

In response to the violation on 08/19/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/09/2026 by the Administrator to keep a better record of AM vs PM timelines on the form 132c form for fire drills. Although we did conduct the fire drills the proper time of day using the AM/PM terms was missed. This will be corrected immediately and going forward.

To be clear, Pond view Manor had conducted a fire drill within the required 6 month period of time, however the written record on Form 132c had no record of whether the drill was conducted during the AM or PM hours. As a result we need to ensure proper recording of the information as we already have been conducting the overnight/sleeping drills at the proper times.

The Administrator does keep track of the need for overnight fire drills by reviewing the 132c form monthly as a reminder of the required overnight/sleeping drill deadline of one every six months.

Proposed Overall Completion Date: 09/14/2026

Directed: In addition to the above plan of correction, the home will conduct a fire drill completed during

132e - Fire Drill Sleeping Hours (continued)

sleeping hours at minimum of once every 6 months.

Directed Completion Date: 09/21/2026

Implemented () - 10/06/2026)

227g -Support Plan Signatures**10. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1 participated in the development of their support plan on (). However, the resident did not sign the support plan and there was no indication that they refused.

Plan of Correction

Accept () - 09/11/2026)

In response to the violation on 08/19/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/08/2026 by the the Administrator to Have the resident sign the Support Plan in question.

Effective 09/08/2026 the Administrator will perform annual audits of Audit all development and support plans, through 08/01/2027 to maintain ongoing compliance with ensuring individuals, who participate in the development of the support plan, sign and date the support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/09/2026

Implemented () - 10/06/2026)

251c - Standardized Forms**11. Requirements**

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

The home is utilizing electronic documents without an approved waiver from the department.

Plan of Correction

Directed () - 09/15/2026)

In response to the violation on 08/19/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/08/2026 by the Administrator to ensure compliance with the State of PA in regards to regularly inspecting the forms used, provided by the State of Pa making sure they are both valid and currently compliant.

To enhance the currently compliant operations, on 09/08/2026 the administrator will Audit the forms in use with a completion date of 09/10/2026

251c Standardized Forms (continued)

Effective 09/08/2026 the the Administrator will perform annual audits of Audit the forms in use for compliancy, to maintain ongoing compliance with using standardized forms to record information in the resident's record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 09/14/2026

Directed: In addition to the above plan of correction, the home will only use forms approved by the department.

Directed Completion Date: 09/21/2026

Implemented ([REDACTED] - 10/02/2026)