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

October 28, 2026

[redacted]
GAP VIEW PERSONAL CARE INC
[redacted]

RE: GAP VIEW PERSONAL CARE
306 WEST MAIN STREET
PEN ARGYL, PA, 18072
LICENSE/COC#: 23125

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/22/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *GAP VIEW PERSONAL CARE* **License #**: *23125* **License Expiration**: *11/10/2026*

Address: *306 WEST MAIN STREET, PEN ARGYL, PA 18072*

County: *NORTHAMPTON* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *GAP VIEW PERSONAL CARE INC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I 1* **Date**: *08/18/2022* **Issued By**: *Pen Argyl Borough*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *17* **Waking Staff**: *13*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *09/22/2026*

Inspection Dates and Department Representative

09/22/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* **Residents Served**: *17*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *4* **Are 60 Years of Age or Older**: *15*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *1*

Inspections / Reviews

09/22/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *10/16/2026*

Inspections / Reviews *(continued)*

10/19/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/26/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/26/2026*

10/28/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/26/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

144c1 - Smoking Area Guidelines

1. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 9:23 a.m. in the smoking area located on the back patio, there were 2 folding field chairs that did not have tags indicating that they are fire resistant.
At 10:30 a.m. In the manager's office located in the basement there were over 10 cigarettes discarded by the back door.

Plan of Correction ***Accept [redacted] - 10/19/2026)***

Violation Description: Based on observations on 09/22/2026, the home failed to implement proper safeguards to prevent smoking-related fire hazards inside and outside the home, as evidenced by the following:

• Back Patio Smoking Area (9:23 a.m.): Two (2) folding field chairs were in use that lacked manufacturer tags or documentation indicating they are fire-resistant.

*Plan of correction: ** On 09/22/2026, the Administrator immediately removed the folding chairs from the premises, spoke with the owner, and explained why they are not allowed. The resident was agreeable to remove them from the patio.*

• On 09/22/2026, the surveyor found outside the Manager's Office / Basement (10:30 a.m.): Over 10 discarded cigarettes were found accumulated on the ground macadam by the back door, indicating a failure to utilize fireproof receptacles or ashtrays and safely execute extinguishing procedures.

Plan of correction:
On 09/22/2026, the Administrator had the person who was responsible for the cigarette butts clean the area. A fireproof smoking receptacle was put in place for the cigarette butts to be securely and safely disposed of.

Moving forward:
On 09/23/2026, the Administrator conducted an unannounced audit of the facility. This included the rear patio and the front balcony. The Administrator removed all personal furniture and lawn furniture. Staff memo training covered the smoking issue on 09/23/2026.
The administrator will randomly conduct audits of these areas.

Licensee's Proposed Overall Completion Date: *10/15/2026*

Implemented [redacted] - 10/28/2026)

162d - Past Menus

2. Requirements

2600.
162.d. Past menus of meals that were served, including changes, shall be kept for at least 1 month.

162d Past Menus *(continued)*

Description of Violation

The home's menu for the month of September 2026 was posted. However, the dinner menu was smudged not legible on dates [redacted]

Plan of Correction ***Accept*** [redacted] ***- 10/19/2026)***

Plan of correction:
On 09/22/2026: The Assistant Administrator immediately cross referenced the master kitchen files and purchase logs to reconstruct the dinner menus for September 2, 9, and 16, 2026. The Assistant Administrator printed a clean, legible copy and hung it on the board, then placed a copy in the historical archive binder to replace the smudged document.

Moving forward:
On 09/23/2026: All archived physical menus will now be stored in clear, heavy duty plastic sheet protectors to eliminate any future smudging or moisture damage. Additionally, the Administrator will save a backup digital copy (PDF format) of each month's finalized menu onto the facility's secure server. The Administrator held mandatory training on menu legibility and the 1 month retention rule.

Moving forward:
The Assistant Administrator will perform weekly audits of the menu posting boards and archival binders using a new Menu Compliance Checklist.

Licensee's Proposed Overall Completion Date: *10/15/2026*

Implemented [redacted] ***- 10/28/2026)***

162e - Menu Changes

3. Requirements

2600.
162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On [redacted] *scrambled eggs were listed on the menu for the breakfast meal. Egg bake was served instead. No notice was provided to the residents in advance of the meal.*

Plan of Correction ***Accept*** [redacted] ***- 10/19/2026)***

Violation Description: Based on an interview and record review on October 15, 2026, the home failed to post menu changes in a conspicuous, public place accessible to residents before the meal. Specifically, on September 22, 2026, the menu listed scrambled eggs for breakfast, but staff served an egg bake instead, without any advance written notice or menu change provided to residents.

Plan of correction:
On 09/22/2026, the description was posted correctly. Egg bake is scrambled eggs with peppers, onions, and potatoes, baked until done. The Assistant Administrator will follow up with the cook to ensure that if the menu states scrambled eggs, the cook will prepare scrambled eggs. The Assistant Administrator immediately reviewed the

162e Menu Changes (continued)

kitchen staff on 09/22/2026 to identify the breakdown that led to the unannounced substitution of egg bake for scrambled eggs. A standardized Menu Change Notification Form was immediately created and placed at the primary kitchen prep station for mandatory use during any future ingredient or meal deviations.
Moving forward:
The facility has implemented a strict Menu Substitution Protocol. If a menu change becomes necessary due to supply chain issues or kitchen operations, the Lead Cook must immediately complete a Menu Change Notification Form and post it on the main dining room dry erase board in the front dining room at least 60 minutes before meal service. Additionally, all dietary staff participated in menu retraining on regulatory requirements for posting menu changes in advance and ensuring substitutions maintain equivalent nutritional adequacy.

Licensee's Proposed Overall Completion Date: *10/15/2026*

Implemented [redacted] - 10/28/2026)