

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **EAGLE RIDGE PERSONAL CARE HOME LLC**

To operate **EAGLE RIDGE PERSONAL CARE HOME**

Located at **2997 RENOVO ROAD, MILL HALL, PA 17751**

|  |  |
|--|--|
| <small>ADDRESS OF SATELLITE SITE</small> | <small>ADDRESS OF SATELLITE SITE</small> |
| <small>ADDRESS OF SATELLITE SITE</small> | <small>ADDRESS OF SATELLITE SITE</small> |
| <small>ADDRESS OF SATELLITE SITE</small> | <small>ADDRESS OF SATELLITE SITE</small> |

To provide **Personal Care Homes**

The total number of persons which may be cared for at one time may not exceed **27** or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

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

**55 Pa.Code Chapter 2600: Personal Care Homes**

and shall remain in effect from **March 28,** **2012** until **September 28,** **2012**, unless sooner revoked for non-compliance with applicable laws and regulations.

No: 329361

*Robert E. Robinson*  
ISSUING OFFICER

*RC King*  
DIRECTOR

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.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 27 2012

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Lisa A. Stem, President  
Eagle Ridge personal Care Home, LLC  
255 Davidson Road  
Bellefonte, Pennsylvania 16823

RE: Eagle Ridge Personal Care Home, LLC  
2997 Renovo Road  
Mill Hall, Pennsylvania 17751

Dear Ms. Stem:

As a result of the Department of Public Welfare's licensing inspection on March 8, 2012 of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related 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.

During the inspection, violations on the enclosed Violation Report were found. All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

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

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a small mark.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

|  |                          |   |                        |
|--|--------------------------|---|------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME<br>EAGLE RIDGE PERSONAL CARE HOME, 2997 RENOV ROAD MILL HALL, PA 17734  |                          | CURRENT LICENSE NUMBER<br>329360  |                        |
| INSPECTION DATES (Include all dates of the inspection)<br>03/08/2012   |                          | REGIONAL REPRESENTATIVE<br>GERALD DUMAS, BETTY BLOCH                    |                        |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)<br><i>Lisa A. Stem Administrator</i> |                          |   |                        |
| SIGNATURE OF LEGAL ENTITY<br><i>Lisa A. Stem</i>   | DATE<br><i>3/19/2012</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br><i>GB Brangini</i> | DATE<br><i>3/22/12</i> |

| REGULATION<br>55 Pa.Code §2600  | VIOLATION  | DATE COMPLIANCE VERIFIED BY   | PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | DATE COMPLIANCE VERIFIED BY  |
|---|--|---|--|--|
| 186c<br>Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change. | <p>The prescription labels on resident # 1's medications did not match the most current physician's orders (dated 2/22/12), as indicated below:</p> <p>Hydrocodone 7.5/Acetaminophen 650mg tablet: The label on the bottle stated, "Take 1 tablet by mouth every 6 hours as needed for pain"; the most current physician's order stated, "Hydrocodone-Acetaminophen 7.5/650mg take one tablet BID"</p> <p>Klor-Con M10 tab APA: The label on the bottle stated, "Take one tablet by mouth every day"; the most current physician's order stated, "Potassium Chloride 10meq take 1 tablet BID"</p> <div style="text-align: center; font-weight: bold; font-size: 1.2em; margin: 10px 0;">RECEIVED</div> <p style="text-align: center;">MAR 21 2012</p> <p style="text-align: center;">SCRANTON FIELD OFFICE<br/>Adult Residential Licensing</p> | <i>Within 2 weeks of legal takeover, which is scheduled for March 28th or issuance of a license</i> | <p>Once the entity Oak Ridge PCH is legally EagleRidge PCH, LLC all staff whose job descriptions states assisting residents with medications will be re-trained with the DPW approved Medication Administration Course. This will be the responsibility myself, Lisa Stem Owner/Administrator. The current Administrator, [REDACTED] will be staying on as administrator and will provide the medication assistance until the staff complete the medication course re-training. The administrator will comply with the monitoring and oversight of all medication tech's per policy. Please see attached policy on Medication Labeling.</p> <p style="text-align: right;"><i>L. Stem</i></p> | <p>Steps have been taken to correct violation; full compliance is not verifiable<br/><i>3/22/12 G.B.</i></p> <p>Date <i>3/22/12</i> Initials (DPW) <i>G.B.</i></p> |

VIOLATION REPORT  
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

|   |                          |  |                        |
|---|--------------------------|--|------------------------|
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| INSPECTION DATES (Include all dates of the inspection)<br>03/08/2012  |                          | REGIONAL REPRESENTATIVE<br>GERALD DUMAS, BETTY BLOCH                     |                        |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)<br><i>Lisa A Stem Administrator</i> |                          |  |                        |
| SIGNATURE OF LEGAL ENTITY<br><i>System</i>  | DATE<br><i>3/19/2012</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION<br><i>Bob Bignardi</i> | DATE<br><i>3/22/12</i> |

| REGULATION<br>55 Pa.Code §2600   | VIOLATION  | DATE COMPLIANCE VERIFIED BY  | PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | DATE COMPLIANCE VERIFIED BY   |
|--|--|--|--|---|
| 187c<br>If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber. | Staff person A who is the administrator, stated resident # 2's physician was not notified when the resident refused the 9am dose of Furosemide 40mg on 3/3/12. | <i>Verification of staff re-training in correct procedure will occur within 2 weeks of takeover legally.</i> | Residents have the right to refuse any medication. Staff must comply with the regulation to notify the physician of the refusal, unless otherwise directed by the physician. In this situation the physician was not notified. All staff will be re-trained on the policy regarding notification. The administrator will be responsible for the monitoring of the resident's medication administrator records and staff compliance.<br><i>System</i> | <i>Steps have been taken to correct violation; full compliance is not verifiable</i><br><i>3/22/12</i><br>Date <i>SS</i> Initials (DPW) |

**RECEIVED**

MAR 21 2012

SCRANTON FIELD OFFICE  
Adult Residential Licensing