

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

LEGAL ENTITY

To operate EAGLE RIDGE PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 2997 RENOVO ROAD, MILL HALL, PA 17751

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 27
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

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

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 27, 2012 until August 27, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 329360

Robert E. Robinson

ISSUING OFFICER

[Signature]

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.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 27 2012

Mr. Travis L. Stem, Administrator
Eagle Ridge Personal Care Home, LLC
255 Davidson Road
Bellefonte, Pennsylvania 16833

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

Dear Mr. Stem:

As a result of the Department of Public Welfare's licensing inspection on July 19, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.



Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a long horizontal flourish extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: EAGLE RIDGE PERSONAL CARE HOME		License Number: 329361
Address: 2997 RENOVO ROAD, MILL HALL, PA 17751		County: Clinton
Administrator: Krista Thompson		Region: NORTH
Legal Entity Name: EAGLE RIDGE PERSONAL CARE HOME LLC		
Legal Entity Address: 255 DAVIDSON ROAD, BELLEFONTE, PA 16823		
Certificate(s) of Occupancy C-2 LP 09/27/1994 Comm of PA L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 23	Working Staff: 17
Type of Inspection: Full	BHA Docket Number: n/a	Notice: Unannounced
Reason(s) for Inspection(s) Provisional		
On-Site Inspections Dates and Department Representatives On-Site 07/19/2012: Bloch, Betty; Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: n/a		Random Indicators: n/a
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 27 Number of Residents Served: 19 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 32936 - 07/19/2012 - Bloch, Betty
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(e) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 7/1/12, the home did not have resident #1's prescribed medication Triaminolone 0.1% available for the 8:00 pm administration time. The order indicated to apply a thin layer topically twice daily to the affected area. The home did not submit an incident report to the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Incident report submitted to DPW on day of inspection for this incident:

All medication tech. have been retrained by [redacted] certified Medication Trainers so all the applicable DPW regulations and our policies. I will attach a copy of the Inservice Document. I have assigned the co-administrator [redacted] the responsibility of reviewing the MAR's weekly to ensure ongoing compliance with documentation regulations. All staff received as part of their training instructions on the reporting requirements for omissions of medications & any other medication errors.

* The administrator will monitor for ongoing compliance.

MM 8/15/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) TRAVIS L. STEM Date 8.7.12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of: 8/15/12
 (Date)

Plan of correction implementation status as of 8/15/12
 (Date)

- Fully Implemented
- * Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by: M
 (Initials)

Violation Report: 32936 - 07/19/2012 - Bloch, Betty
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2800
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

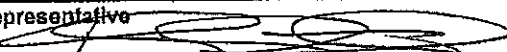
Department Representatives measured the following hot water temperatures to be over 120 degrees Fahrenheit:
 The hot water temperature measured 122.7 degrees Fahrenheit at the sink located in the bathroom of resident room 209.
 The hot water temperature measured 124.4 degrees Fahrenheit at the sink located in the common bathroom adjacent to resident bedroom 210.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The maintenance supervisor will be responsible to monitor hot water temperatures 5 days/week and record. Temperatures over 120° will have immediate action taken by staff to adjust temperature down and re-check water in one hour. If it is noted that we have a trend of repeated temperatures exceeding the recommended level the plumber will be called in to replace hot water heater or install a in-line regulator. To date since the inspection all temp taken have been below 120°. I will attach our record for your review. We also purchased a new thermometer (digital) for the most accurate monitoring, as was recommended.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **TRAVIS L. STEM** Date **8.7.12**

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The above plan of correction is approved as of <u>8/15/12</u> (Date)	Plan of correction implementation status as of <u>8/15/12</u> (Date)
The above plan of correction was approved by <u>AM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32938 - 07/19/2012 - Bloch, Betty
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME


1. REGULATION 55 Pa.Code §2600
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION
 Department Representative observed the toilet located in resident room 207 does not have a grab bar, hand rail or assist bar for the resident's use.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The toilet in room 207 had a grab bar installed on 7/20/2012. Attached you will find a copy of the receipt of purchase.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) TRAVIS L. STEM Date: 8.7.12

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The above plan of correction was approved by <u>Am</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32936 - 07/19/2012 - Bloch, Betty
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 7/19/12 at 2:30 pm, the Department Representative observed that the "Narcotic Count Sheet" for the 3:15 pm - 11:45 pm shift for 7/19/12 was signed by staff person A, prior to completing the narcotic count with the on-coming staff person. Staff person B, who is the co-administrator, stated the home's verbal policy and procedure is have the off-going staff person and the on-coming staff person complete the narcotic count together and when completed, the off-going and on-coming staff person sign the "Narcotic Count Sheet" to verify the counts were completed. The written policy states, "Schedule 2 medications will be monitored by having the outgoing and oncoming team leaders sign the count form every shift."

On 6/6/12 at 8:00 am, the staff person who administered the PRN medication Flander's Buttocks Ointment to resident #2 did not complete the "PRN Medication Notes" form which is used in conjunction with the resident's medication administration record. Staff person C, who is the co-administrator, stated the home's verbal policy and procedure is to document the "PRN Medication Notes" form after administering any PRN medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The narcotic count sheet was revised as recommended by the inspector to clearly indicate on-coming and out-going staff / shift. As part of my over all retraining on medications I reviewed this new document and the policy concerning counting together & signing at the same time. I will include this area in my weekly review of medication documentation system. * The administrator to monitor for ongoing compliance. The prn documentation requirements were included in my teaching. Additionally I have mandated staff call anyone who has not done the documentation correctly to return to facility to complete the MAR.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

TRAVIS L. STEM

Date

8.7.12

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 (Date)

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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 32936 - 07/19/2012 - Bloch, Betty
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in 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.

2a. DESCRIPTION OF VIOLATION

The prescription label on resident #3's medication did not match the most current physician's order (dated 2/22/12), as indicated below:

The pharmacy label states, "Potassium CL 20meq SA TAB (dispensable). Take one-half tablet by mouth twice a day";
 The physician's order dated 2/22/12 states, "Potassium Chloride 10 meq PO TBCE one tablet two times daily".

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This specific incident involved a VA medication. We have contacted our pharmacy, they will now package VA medications and label. This label will comply with the pharmacy generated MAR. I have also included in my training a review of the medication administration process and the 4 check procedure prior to documentation + administration verifying the label and MAR match. The weekly QA will include a random review of a sampling of 10% or minimum of 2 residents medications to verify MAR + label matches.

The administrator to monitor for ongoing compliance:

M 8/15/12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/08/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **TRAVIS L. STEM**

Date **8.7.12**

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Violation Report: 32936 - 07/19/2012 - Bloch, Betty
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The July 2012 medication administration record for resident #4 was not initialed by the staff person who administered the 8:00 pm doses of Gabapentin 100mg 2 capsules and Zolpidam 5mg 1 tablet and the 10:00 pm doses of Benzotropine Mes 0.5mg 1 tablet and Resperidal 1mg 1 1/2 tablets on 7/13/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The employee who did not complete the documentation phase of the administration was called in to complete this particular MAR documentation + was monitored with 2 additional administrations prior to her next scheduled pass to verify her understanding of the check's to be made prior to documentation. As previously mentioned in the weekly QA all records will be checked for compliance with policies + procedures on administration + documentation.

Repeat Violation: No Date(s) of Previous Violation(s):

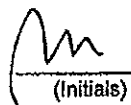
Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **TRAVIS L. STEM** Date **8.7.12**

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Violation Report: 32936 - 07/19/2012 - Bloch, Betty
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 The home did not have resident #1's prescribed medication Triaminoalone 0.1% on-hand to apply topically at 8:00 pm on 7/1/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All staff who administered medications were included in a review of the re-ordering medication procedure. All staff were reminded that an omission is an error and that timely re-ordering can prevent unnecessary omissions of prescribed treatments. The pharmacy is open 6 days a week and on call for emergency. Staff are instructed to request a refill prior to the last available dose. In the event a staff person is presented with a situation where medication is not available & the pharmacy can not be reached, as in this situation 8pm on Saturday evening, the procedure for reporting an error was reviewed, contact DPW via faxed incident report, call doctor, notify resident & family & contact supervisor to prevent another incident.

*The administrator will assure that all Rx Medications are on hand at the facility.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]* 8/15/12

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) TRAVIS L. STEM Date 8.7.12

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Violation Report: 32936 - 07/19/2012 - Bloch, Betty
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 The home did not report to resident #1's prescriber or to the resident's designated person that the home did not have resident #1's prescribed medication Triaminolone 0.1% on-hand to apply topically at 8:00 pm on 7/1/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Medication error procedure for reporting was reviewed with all trained medication staff. The weekly QA will look for all documentation requirements and correct follow up.

* The administrator/Designee responsible for ongoing Compliance. *mm*
 8/15/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TRAVIS L. STEM* Date *8.7.12*

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Plan of correction implementation status as of *8/15/12*
 (Date)

The above plan of correction was approved by *mm*
 (Initials)

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- Not Implemented