



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 29 2013

Mr. Travis L. Stem, Administrator
Eagle Ridge Personal Care Home LLC
255 Davidson Road
Bellefonte, Pennsylvania 16823

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 11, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code 2600 must be maintained.

Your regular license for the period August 27, 2013 to August 27, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosure
Licensing Inspection Summary

Violation Report: 32936 - 07/11/2013 - Harvey, Jason
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill log indicates that the two most recent sleeping-hour fire drills took place 8/25/2012 and 3/1/2013. The home did not conduct a sleeping-hour fire drill every 6 months as specified by the regulation.

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.

I have planned the fire drills for the remainder of this year to reflect various times of the day and week including a planned fire drill between the hours of 11 p.m. and 7 a.m. at a minimum of every six months. I conducted a night fire drill in July and will repeat in December.

* The administrator will assure that all fire drills are unannounced as per regulation 2600.132(a).
 The administrator shall conduct a sleeping hour fire drill once every 6 months.

8/14/13

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) Date

TRAVIS L. STEM ADMINISTRATOR 8-5-13

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

The above plan of correction is approved as of <u>8/14/13</u> (Date)	Plan of correction implementation status as of <u>8/14/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</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 - 07/11/2013 - Harvey, Jason
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.144(c)(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.

2a. DESCRIPTION OF VIOLATION

A white cotton towel was located on the bench of the picnic table and the trash can contained paper, plastic bag and a cigarette cellophane in the home's designated smoking area.

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 smoking area did not have a sealed ceiling, resulting in a wet picnic table. Since the inspection our maintenance department installed a tin roofing above the smoking area. This will provide staff, residents and visitors with a dry smoking area. All staff have been addressed in our post survey staff meeting on the importance of not taking flammable materials to the smoking area. I will continue to monitor the compliance of this standard.

* The administrator shall assume ongoing compliance.

M
8/14/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Administrator Date 8-5-13

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The above plan of correction was approved by <u>M</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: 32936 - 07/11/2013 - Harvey, Jason
 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 narcotic count sheet section of the medication administration record for resident #1 stated "Lorazepam 0.5 mg tablet take one tablet by mouth 3 times daily". The pharmacy's medication administration record stated "take one tablet orally 2 times as needed".

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 for resident number 1 was replaced immediately during the survey to reflect the correct physician order for the lorazepam. I will continue to monitor narcotic control sheets on a weekly basis to ensure accuracy.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/19/2012		
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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 Administrator Date 8-5-13

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 (Date)

Plan of correction implementation status as of 8/14/13
 (Date)

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

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

Violation Report: 32936 - 07/11/2013 - Harvey, Jason
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident #2 was completed on 5/15/13, prior to the resident being admitted to the home on 5/24/13.

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 initial assesment done on resident number 2 had a typographical error on the date. The date of the assesment was May 25, 2013 not May 15, 2013. The error was corrected at the time of the survey. Post survey all assesments have been reviewed, and dates fall within the 15 day assesment period. Our QA chart review will include review of the RASP for all appropriate dates.

** The administrator shall be responsible for monitoring and ongoing compliance*


m
8/14/13

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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) <i>Travis L. Stem Administrator</i>	Date <i>8.5.13</i>
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