



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 05 2014

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
License #: 329360

Dear Mr. Stem:

As a result of the Department of Public Welfare's licensing inspection on July 8, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Your regular license for the period August 27, 2014 to August 27, 2015 was issued on May 16, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

JH

Enclosure
License Inspection Summary

Violation Report: 32936 - 07/08/2014 - Hummel, Jesse
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION
 Exit doors leading from room 107 and 109 do not have signs indicating these doors are Exits.

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 exit signs were placed before the end of the inspection on July 8th, 2014. The administrator will observe on his routine inspections that for all exits signs are intact.


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 ADMINISTRATOR Date 7-26-14

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The above plan of correction is approved as of 7/28/14
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 7/28/14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

Violation Report: 32936 - 07/08/2014 - Hummel, Jesse
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the home on 12/20/13. There were two completed medical evaluations in the resident's chart, one was completed on 5/1/13 and the second was completed on 4/23/14. Neither medical evaluation was completed either 60 days prior to or 30 days after admission to the home and therefore, a medical evaluation was not completed in a timely manner.

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 administrator will review with the resident care coordinator that all resident admissions, including transfer, from another PCH will have their DME updated as stated in the DPW regulations. It will be the responsibility of the administrator to ensure that all DME's are completed per the DPW regulations


Reason for violation: using old regulations information.

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	Date 7-28-14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/28/14</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>7/28/14</u> (Date) <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
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