



**pennsylvania**

DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: September 24, 2014

Mr. Travis L. Stem, Administrator  
Eagle Ridge Personal Care Home LLC  
255 Davidson Road  
Belleville, 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 29, 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.

Sincerely,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 32936 - 07/29/2014 - Novak, Ryan  
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION  
 On 7/5/14 Resident #1 was out of the facility. Direct care staff member A popped out Resident #1's Hydrocodone out of the original container and gave it to the resident at least 2 hours prior to the medication being administered.

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 and/or resident coordinator will continue our weekly MAR observations to ensure compliance with documentation standards. We will reeducate all medication trained staff on Leave of absence procedures.


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)	Date
TRAVIS L. STEM ADMINISTRATOR	8.20.14

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

The above plan of correction is approved as of <u>8/26/14</u> (Date)	Plan of correction implementation status as of <u>9/23/14</u> (Date)
The above plan of correction was approved by  (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

  
 August 20, 2014

Violation Report: 32936 - 07/29/2014 - Novak, Ryan  
 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

Resident #1's 12 units of Novolog at 12:00pm on 7/3/14 was not initialed as administered on the medication administration record.

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.*

Resident self administers his insulin while at day programming. Resident returned from day program and gave his insulin and blood sugar results to the staff member. The staff member should have recorded a "V" in the MAR box. The staff person responsible was counseled on the correct procedure. The administrator and/or resident coordinator will review with entire medication trained staff the procedure on documentation of medications while a resident is out of the building. *To be completed by Aug 29, 2014.*

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 8.20.14

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

The above plan of correction is approved as of


9-18-14  
 (Date)

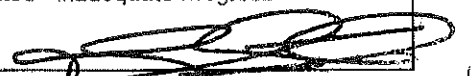
Plan of correction implementation status as of

9-23-14  
 (Date)

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

The above plan of correction was approved by

  
 (Initials)

  
 Aug 20, 2014

Violation Report: 32936 - 07/29/2014 - Novak, Ryan  
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1's PRN Hydrocodone APAP 7.5/325mg was initaled as given on the following dates on the medication administration record:  
 7/1/14 at 7:35am and 3:00pm  
 7/2/14 at 8:30am and 2:30pm  
 7/3/14 at 7:45am and 2:45pm  
 7/5/14 at 8:15am  
 7/7/14 at 2:45pm  
 7/9/14 at 7:45am and 2:00pm  
 7/11/14 at 7:50am and 2:50pm  
 7/14/14 at 7:30am and 3:00pm  
 7/16/14 at 8:00am and 2:00pm  
 7/17/14 at 3:00pm  
 7/19/14 at 8:10am and 2:30pm

Direct Care staff member did not administer these medications to Resident #1.

**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.

Administrator and Resident care coordinator will continue to monitor weekly all medication records for documentation errors, omissions, trends, etc. This violation was detected by closely monitoring narcotic use and resident response. We will add to our weekly MAR a random interview with residents receiving narcotics to ensure they are requesting and receiving documented administrations. We will continue to work with police on this case and will make DPW aware of any further developments.

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) <b>TRAVIS L. STEM Administrator</b>	Date <b>8.20.14</b>
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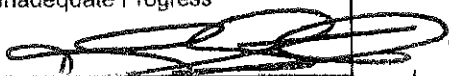
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 Aug 20, 2014