



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 11 2015

Mr. Travis L. Stem, Administrator
Eagle Ridge Personal Care Home LLC
P.O. Box 8969
Milesburg, Pennsylvania 16853

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 Human Services' licensing inspection on July 8, 2015 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, 2015 to August 27, 2016 was issued on May 7, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 32936 - 07/08/2015 - Yellenic, Cindy
 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
 An exit sign is not posted from the home's living room on the second floor. It could not be determined what direction to evacuate in the event of an emergency.

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.

Exit signs have been placed in the areas that the inspector has requested.

The administrator shall monitor and assure ongoing compliance
 M
 7/27/15

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/08/2014

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of 7/27/15
 (Date)

Plan of correction implementation status as of 7/27/15
 (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 - 07/08/2015 - Yellenic, Cindy
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1 has a prescription for Systane 0.6% eyedrops. The current bottle in use expired 6/2015.

Resident #2 has the following prescriptions:

- Preparation H, the current tube in use expired 10/2005,
- Flunisolide 0.025%, the current bottle in use expired 6/2015

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.

During our weekly MAR review we will be looking more carefully at the manufacturers expiration date along with continuing to check the labels for the right resident, right dose, right medication, right route and right time for the prescription. The administrator will continue to monitor that the MAR reviews are being done correctly.

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
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