



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 12 2017

Mr. Travis 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' annual licensing inspection on June 20, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

<b>PCH Name:</b> EAGLE RIDGE PERSONAL CARE HOME		<b>License Number:</b> 32936
<b>Address:</b> 2997 RENOVO ROAD, MILL HALL, PA 17751		<b>County:</b> Clinton
<b>Administrator:</b> Travis Stem		<b>Region:</b> NORTHEAST
<b>Legal Entity Name:</b> EAGLE RIDGE PERSONAL CARE HOME LLC		
<b>Legal Entity Address:</b> PO BOX 8969, MILESBURG, PA 16853		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 09/27/1994 PA Department of L&I	C-3 SP 08/11/1993 PA Department of L&I	
<b>Staffing Hours</b>		
<b>Resident Support:</b> 1	<b>Total Daily Staff:</b> 19	<b>Waking Staff:</b> 14
<b>Type of Inspection:</b> Full	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
06/20/2017: Yellenic, Cindy; Harvey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 27 <b>Number of Residents Served:</b> 17 <b>Secured Dementia Care Unit In Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, If Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 1 <b>Number of Hospice Residents in past year:</b> 8	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 1 <b>Are 60 Years of Age or Older:</b> 17 <b>Have Mental Illness:</b> 2 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 1 <b>Have a Physical Disability:</b> 0	

Violation Report: 32936 - 06/20/2017 - Yellenic, Cindy  
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code 52600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The facility has not posted the Influenza Awareness Act poster in a public and conspicuous place in the facility as required by the Influenza Awareness Act.

The facility has an oil fired furnace located in the home's boiler room next to room #109, the home does not have a carbon monoxide detector installed more than 15 feet from the boiler.

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.

Influenza poster was in the office. Violation was fixed during survey, poster is now posted in common area for everyone to see.

Also fixed during survey was the carbon monoxide detector was installed more than 15 feet from boiler.

Continued monitoring compliance with regulations with be monitored by administrator.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/22/2016
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Travis L Stem*

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

Date: 7/12/2017

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

The above plan of correction is approved as of 7/13/17  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

Plan of correction implementation status as of 7/13/17  
 (Date)

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

Violation Report: 32936 - 06/20/2017 - Yellenic, Cindy  
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code 52600  
 2600.121 (a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

Resident bedroom #109 has an exterior emergency exit, on 6/20/2017 at approximately 9:35am the door that leads out of the resident's room to the exterior of the building did not open freely, the door dragged against the concrete sidewalk.

Exit #22 located on the second floor did not open freely, the door required a good amount of pressure to open it.

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.

**Both exterior doors were cut down to open and close easily during inspection.**

*The administrator shall monitor and assure ongoing compliance.*

*M 7/13/17*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Travis L Stem*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Travis L. Stem</i>	Date: <i>7/12/2017</i>
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The above plan of correction is approved as of <u><i>7/13/17</i></u> (Date)	Plan of correction implementation status as of <u><i>7/13/17</i></u> (Date)
The above plan of correction was approved by <u><i>M</i></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