



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 10 2018

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

RE: Eagle Ridge Personal Care Home  
2997 Renovo Road  
Mill Hall, Pennsylvania 17751  
License # 227130

Dear Mr. Stem:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 16, 2018 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 22713 - 05/16/2018 - Novak, Ryan  
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2500**

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**2a. DESCRIPTION OF VIOLATION**

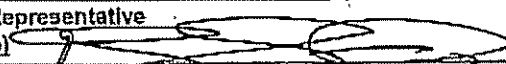
It has been determined through resident and staff interviews that in inclement weather the residents do not evacuate outside during the fire drills, they congregate near the exits.

**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.*


During each fire drill, residents will be evacuated to the designated meeting place located away from the building in the upper and lower parking lots (regardless of weather). Staff will be re-educated in this area. Administration will monitor accordingly to ensure the appropriate procedures are being utilized.

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. STEIN Administrator	Date 6.1.18
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>7-2-18</u> (Date)	Plan of correction implementation status as of <u>7-2-18</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

Violation Report: 22713 - 05/16/2018 - Novak, Ryan  
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 has an order for blood glucose readings daily. On 5/14/18 108 was noted on the MAR, a reading of 102 was noted in the glucometer.

**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.*

Direct Care Staff will be retrained on Diabetic Care policies and procedures. ~~A double-check system will be implemented and used by staff administering medications. Blood glucose readings.~~ A double-check system will be implemented instructing all team leaders who complete glucose readings to check the resident meter reading against their documentation in the MAR after each check. Resident Care Coordinator will review MARs and meters on a weekly basis.

Administrator will oversee to ensure ongoing compliance. *[Signature]*

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. STEW Administrator

Date 6-1-18

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The above plan of correction is approved as of 7-2-18  
 (Date)

Plan of correction implementation status as of 7-2-18  
 (Date)

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

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

Violation Report: 22713 - 05/16/2018 - Novak, Ryan  
 PCH Name: EAGLE RIDGE PERSONAL CARE HOME

1. REGULATION 65 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 6am medications were not initialed on the MAR on 5/16/18.

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.

All staff completing medication administration will ~~be~~ receive a refresher course on proper medication administration procedures, policies. Team leaders will be instructed to check the MAR after each medication pass to ~~ensure~~ ensure proper medication administration documentation has been completed. Team leaders of each shift will check the MAR at the beginning and end of each shift.

The administrator will oversee to ensure ongoing compliance. *Q*

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. Sten Administrator Date 6-1-18

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