



July 2, 2019

Mr. Travis L. Stem  
Administrator  
Eagle View Personal Care Home, LLC  
PO Box 506  
Milesburg, Pennsylvania 16853

RE: Eagle View Personal Care Home  
150 Jack Pine Lane  
Bellefonte, Pennsylvania 16823  
License #: 232430

Dear Mr. Stem:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 16, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

## Violation Report

<b>Facility Information</b>	
Name: <i>EAGLE VIEW PERSONAL CARE HOME</i>	License Number: <i>232430</i>
Address: <i>150 JACK PINE LANE, BELLEFONTE, PA 16823</i>	
County: <i>CENTRE</i>	Region: <i>NORTHEAST</i>

<b>Administrator</b>		
Name: <i>Travis Stem</i>	Phone: <i>8142803995</i>	Email: <i>EAGLEPCH13@GMAIL.COM</i>

<b>Legal Entity</b>	
Name: <i>EAGLE VIEW PERSONAL CARE HOME LLC</i>	
Address: <i>PO BOX 506, PA, 16853</i>	

<b>Certificate(s) of Occupancy</b>		
Type: <i>R-3 / I-2</i>	Date: <i>12/05/2016 / 11-17-09</i>	Muhlenberg TWP. Issued By: <i>Williams Inspection Services</i>

<b>Staffing Hours</b>		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>4</i>	Waking Staff: <i>3</i>

<b>Inspection</b>		
Type: <i>Full</i>	BHA Docket #:	Notice: <i>Unannounced</i>
Reason: <i>Renewal</i>		

<b>Inspection Dates and Department Representative</b>	
<i>04/16/2019 - On-Site: Kristin DeVries</i>	

<b>Resident Demographic Data as of Inspection Dates</b>			
General Information			
License Capacity: <i>4</i>	Residents Served: <i>4</i>		
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>0</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>4</i>	Are 60 Years of Age or Older: <i>2</i>		
Diagnosed with Mental Illness: <i>4</i>	Diagnosed with Intellectual Disability: <i>0</i>		
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>		

## 17 - Record Confidentiality

**Regulations**

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**Description of Violation**

*The LIS from the inspection conducted on 3-17-2018 had the Resident Privacy Coding document attached to it at time of inspection.*

**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 Resident Care Coordinator of the facility will thoroughly review any and all documents before posting in common areas. Both the Administrator and Resident Care Coordinator will initial in the bottom right hand corner on all documents before they are posted to verify the document has been reviewed and the contents do not contain any confidential information. Any confidential information contained in a document will be removed or censored before posting. All posted documents will be rechecked by the Administrator weekly to ensure ongoing compliance. This process will start immediately.

**Legal Entity Representative**

Travis Stem  
Signature

Travis Stem Administrator  
Printed Name and Title

5/22/19  
Date

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!**

The above plan of correction is approved as of 5-30-19  
(Date)

Plan of correction implementation status as of 5-30-19  
(Date)

The above plan of correction was approved by MM  
(Initials)

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

## 181c - Self-administration Assessment

## Regulations

## 2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

## Description of Violation

Resident #1 self-administers some of her medications, however her DME, dated 4-30-18, does not indicate that the resident is able to self-administer medications.

## 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.)

Any residents expressing the desire to self administer any medications independently will complete a medication self administration checklist to show capability. The results of this checklist will be reported to the residents doctor. The resident will also be assessed by thier physician and if the physician feels the resident is capable an order will be obtained stating the physicians agreeance to the resident completing medication self administration. The medicataion self administration checklist along with the physicians approval (order) will be kept on file in the residents personal chart. The medication self administration capabilities will be identified and documented on the residents assesment (RASP) and DME. If this status changes at anytime, an update will be made on the RASP and a new DME will be obtained to support the change. The Resident Care Coordinator will be responsible for ensuring all information on the residents DME's and RASP's is accurate and up to date. Resident Care Coordinator will also complete weekly RASP and DME checks for monitoring purposes. The Administrator will oversee the above procedures to ensure ongoing compliance. This process will start immediatley.

## Legal Entity Representative

Travis Stem  
Signature

Travis Stem Administrator  
Printed Name and Title

5/22/19  
Date

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181d -Storing Medication

**Regulations**

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

**Description of Violation**

*Resident #1 self-administers her Ventolin HFA inhaler. At time of inspection, this inhaler was stored in her room and was not locked in the drawer in which it was stored, and the resident's room was also unlocked. The resident was not present in the room at time of inspection.*

**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 Care Coordinator met with resident # 1 upon completion of inspection and verbally reminded resident #1 that any medications administered independently and stored in resident rooms MUST be kept in a secure and looked location in the room. At this time, resident # 1 requested this medication be stored in the facility locked medication cart for safe keeping until the resident requests to use independently. After use the medication will be returned and kept in the medication cart until next use is needed. All staff administering medications have been made aware of this location change and the change has been added to the residents RASP and indicated on the residents specific MAR. The Administrator shall monitor to assure ongoing compliance. The above actions took place on the day of inspection and have remained in place since.

**Legal Entity Representative**

Travis Stem  
Signature

Travis Stem Administrator  
Printed Name and Title

5/22/19  
Date

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