



July 12, 2019

Mr. Travis L. 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 7, 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.

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".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: *EAGLE RIDGE PERSONAL CARE HOME*

License Number: *227130*

Address: *2997 RENOVO ROAD, MILL HALL, PA 17751*

County: *CLINTON*

Region: *NORTHEAST*

Administrator

Name: *TRAVIS STEM*

Phone: *5707483162*

Email: *EAGLEPCH13@GMAIL.COM*

Legal Entity

Name: *EAGLE RIDGE PERSONAL CARE HOME LLC*

Address: *PO BOX 8969, PA, 16853*

Certificate(s) of Occupancy C2-LP - L&I - 9-27-14

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *16*

Waking Staff: *12*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

05/07/2019 - On-Site: Kristin DeVries, Ann O'Haire

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *27*

Residents Served: *16*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1*

Are 60 Years of Age or Older: *16*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *1*

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 4/19/19, Resident #1 was admitted to the hospital following suspected cardiac arrest. This incident was not reported to the Department until 4/22/19, exceeding the 24-hour reporting guidelines outlined in this regulation.

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 was out of town at the time of the incident. I was unaware that incident could be sent in via email. Moving forward all incidents will be submitted within 24 hour time frame allotted and sent in as email if out of town.

Immediately and Ongoing:

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required.

6-17-19

MM

Legal Entity Representative

Travis L. Stem

Signature

Travis L. Stem Administrator

Printed Name and Title

6/11/2019

Date

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

The above plan of correction is approved as of 6-17-19
(Date)

Plan of correction implementation status as of 6-17-19
(Date)

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

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

81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2 uses a half-bedrail. At time of inspection, this half-bedrail was not covered, posing possible safety risks to the resident.

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.)

Bed rail has a cover over it now. Was completed on the day of inspection. Moving forward all devices will be used according to DHS Regulations. Administrator will monitor for compliance.

Legal Entity Representative



Signature

Travis L. Stem Administrator

Printed Name and Title

6/12/2019

Date

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103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated package of Hillshire Farm honey ham in the home's refrigerator.

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 ham was used for lunch that day. Administrator checks on a daily bases for compliance. Staff has been re-educated about policy and procedures. Will continue to monitor for compliance.

Legal Entity Representative

Travis L. Stem

Signature

Travis L. Stem Administrator 6/12/2019

Printed Name and Title

Date

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #3 is prescribed Lorazepam 1mg, which is a controlled substance. At time of inspection, the home's controlled substance log indicated that the resident had 10 tabs of this medication remaining; upon inspection, the resident only had 9 tabs of this medication remaining. The home's controlled substance policy requires that medication technicians updated the controlled substance log each time a controlled substance is administered. It was determined that the resident did receive this medication, but that the log was incorrectly documented.

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.)

Staff member has been re-educated about medication practices. After giving pills it should have been initialed to complete the medication cycle. Administrator will continue to monitor for compliance and continue to educate staff on importance of following procedures correctly.

Legal Entity Representative

Travis L. Stem

Signature

Travis L. Stem Administrator

Printed Name and Title

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