



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: eagle8pch@gmail.com
MAILING DATE: January 20, 2020

Ms. Sara Bennett
Administrator
Eagle Valley Personal Care Home, Inc.
500 Front Street, PO Box 8969
Milesburg, Pennsylvania 16853

RE: Eagle Valley Personal Care Home
License #: 227430

Dear Ms. Bennett:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 23, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *EAGLE VALLEY PERSONAL CARE HOME*

License Number: *22743*

Address: *500 FRONT STREET,, MILESBERG, PA 16853*

County: *CENTRE*

Region: *NORTHEAST*

Administrator

Name: *Sarah Bennett*

Phone: *8143553417*

Email: *EAGLE8PCH@GMAIL.COM*

Legal Entity

Name: *EAGLE VALLEY PERSONAL CARE HOME INC*

Address: *500 FRONT STREET, PO BOX 8969, MILESBERG, PA, 16853*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *59*

Waking Staff: *44*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

10/23/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60*

Residents Served: *49*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *2*

Are 60 Years of Age or Older: *48*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *10*

Have Physical Disability: *0*

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1 was frequently found by staff to have had bowel and bladder incontinence in his bedroom and in his bed. Resident #1 frequently removed his brief on his own when dressing and needed assistance with being dressed in another brief. The support plan date 5/24/19 indicated that the resident needed assistance with toileting. The resident suffered falls on numerous dates due to slips in the bathroom and attempting to toilet himself. The resident also had numerous incidents of bowel accidents in bed and in his bedroom and bathroom. Care notes indicate this occurred on the following dates in July and August of 2019: 7/7/19, 7/8/19, 7/15/19, 7/18/19, 7/23/19, 7/25/19, 7/26/19, 7/31/19, 8/1/19, and 8/6/19.

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.)

- 1. In anticipation of our inspections findings we have reviewed and updated our fall policy and procedure.
- 2. Assistance with ADL's was provided to resident #1, but supporting documentation did not reflect the frequency, documentation changes have been made to the Fall Policy.
 - a. Staff have been educated on policy changes.
- 3. Also in anticipation of your findings we have added 2- hour safety/toileting checks to TAR (treatment administration record) of individuals requiring hands on assistance with mobility needs especially those with accompanying memory deficits.
 - a. Please see attached support plan documents:
 - i. Updated Fall Policy and Procedures
 - ii. Addition of Toileting & Safety checks to TAR that are completed every 2-hours.
 - 1. On-going assessments will be made on individuals who despite 2 hour safety checks continue to be found in vulnerable positions, already soiled or attempting to toilet independently.
 - 2. Increased frequency of checks will be made and reflected on the TAR and RASP as needed.

*** The administrator will ensure implementation of the above plan

Legal Entity Representative

Sara Bennett
Signature

Sara Bennett - Administrator
Printed Name and Title

12-19-2019

Date

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The above plan of correction is approved as of 12-30-19
(Date)

Plan of correction implementation status as of 12-30-19
(Date)

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

- Implemented
- Not Implemented

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 frequently was found by staff to have had bowel and bladder incontinence in his bedroom and in his bed. Resident #1 frequently removed his brief on his own when dressing and needed assistance with being dressed in another brief. The support plan dated 5/24/2019 was not updated to address these behaviors and to develop a plan to provide frequent supervision to minimize these incidents.

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 documentation will, in the future, adequacy reflect the assessment of resident needs and the referral for evaluation to ancillary service providers. The resident#1 was receiving Hospice services and was being assessed and monitored by Hospice RN, aide, and social worker. These notes are not integrated into our system.

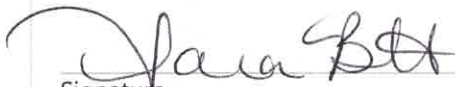
Plan of Correction:

Residents who have fallen or have had a change in status will be reviewed at the Supervisor level on a weekly basis . The review will be done to assure timely response to resident needs, to validate the current RASP has been updated to reflect the changes and /or needs updated, Documentation will reflect communication to PCP and other professional staff involved in the case, the need for an evaluation and additional services add to plan of care.

- a. RASP updates will be made after each fall.
- b. RASP updates will reflect referrals for evaluation by physical therapy, occupational therapy, social services, etc.
- c. The frequency of the visits will be documented in the notes.

***The administrator will ensure implementation of this plan and include documentation in quarterly QA report.

Legal Entity Representative


Signature

Sara Bennett - Administrator
Printed Name and Title 12-19-19
Date

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The above plan of correction is approved as of	<u>12-30-19</u> (Date)	Plan of correction implementation status as of	<u>12-30-19</u> (Date)
		<input checked="" type="checkbox"/> Implemented	
		<input type="checkbox"/> Not Implemented	
The above plan of correction was approved by	<u>MM</u> (Initials)		