



Sent via e-mail: eagle8pch@gmail.com
MAILING DATE: February 24, 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 January 29, 2020 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

Type: *I-2*

Date: *01/08/2008*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *56*

Waking Staff: *42*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

01/29/2020 - On-Site: Amy Deluca, Cybil Bombarger

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: *2*

Number of Residents Who:

Receive Supplemental Security Income: *2*

Are 60 Years of Age or Older: *49*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *7*

Have Physical Disability: *0*

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 #1 receives blood glucose checks before meals. On 1/26/2020 the reading taken for noon was found in the resident's glucometer but was not recorded on the Medication administration record.

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. Blood sugar documentation was stressed in the quarterly MAR review and observations done in January.
2. The evening shift supervisor has been delegated the responsibility of monitoring on a biweekly basis the accuracy of the documentation of blood sugar readings.
3. The administrator will include results of monitoring in quarterly QA reports.

Legal Entity Representative

Sara Bennett

Signature

Sara Bennett

Printed Name and Title

02/11/2020

Date

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The above plan of correction is approved as of 2-12-2020
(Date)

Plan of correction implementation status as of 2-12-2020
(Date)

Implemented

Not Implemented

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