

Department of Human Services  
Bureau of Human Service Licensing

November 14, 2022

[REDACTED]  
EAGLE VIEW PERSONAL CARE HOME LLC  
[REDACTED]

RE: EAGLE VIEW PERSONAL CARE  
HOME  
150 JACK PINE LANE  
BELLEFONTE, PA, 16823  
LICENSE/COC#: 23243

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/24/2022, 05/31/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

**Facility Information**

Name: *EAGLE VIEW PERSONAL CARE HOME* License #: *23243* License Expiration: *07/28/2023*  
Address: *150 JACK PINE LANE, BELLEFONTE, PA 16823*  
County: *CENTRE* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *EAGLE VIEW PERSONAL CARE HOME LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R 3* Date: *12/05/2016* Issued By: *Williams Inspection Service*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *4* Working Staff: *3*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *05/31/2022*

**Inspection Dates and Department Representative**

*05/24/2022 On Site* [REDACTED]  
*05/31/2022 Off Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *4* Residents Served: *4*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *3*  
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

05/24/2022 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow Up Date: *06/19/2022*

07/14/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *10/17/2022*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission* Follow Up Date: *07/21/2022*

11/14/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: *10/17/2022*

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #1's [redacted] was unlocked, unattended, and accessible in a nightstand drawer in the resident's bedroom. The resident does not lock their bedroom door when they leave their bedroom.

POC Submission

Accept

On the day of inspection, Resident #1 was verbally reminded by staff that all OTC self administer medications must be kept in an areas or container that is locked. At this time resident #1 requested staff take the medication from [redacted] bedroom and store it in the facility locked medication cart. This request was granted and the medication was relocated to the facility medication cart. All direct care staff passing medications were made aware of this change and also re-educated on regulation 2600-183.B (see attached staff training documentation). Administrator will start immediately monitoring resident rooms on a monthly basis to ensure compliance. Documentation of monitoring system attached- see Monthly Resident Room Check Monitoring Log

Licensee's Proposed Overall Completion Date: 05/24/2022

Document Submission

Implemented ([redacted] 11/14/2022)

On the day of inspection, Resident #1 was verbally reminded by staff that all OTC self-administer medications must be kept in an area or container that is locked. At this time resident #1 requested staff take the medication from [redacted] bedroom and store it in the facility-locked medication cart. This request was granted and the medication was relocated to the facility medication cart. All direct care staff passing medications were made aware of this change and also re-educated on regulation 2600-183.B (see attached staff training documentation). Administrator will start immediately monitoring resident rooms on a monthly basis to ensure compliance. Documentation of monitoring system attached- see Monthly Resident Room Check Monitoring Log

Licensee's Proposed Overall Completion Date: 05/24/2022

227g -Support Plan Signatures

2. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2's assessment and support plan, dated [redacted]/21, was not signed by the resident, and there was no indication that the resident was unable to or refused to sign it.

POC Submission

Accept

Resident #2 signed the RASP on the day of inspection upon returning home [redacted] (see attached RASP signature page (Pg,14) with resident signature). Going forward all resident RASPS will be signed by the resident on the day they are completed. If changes need made on the RASP for any reason, after resident signatures have been completed, the resident care coordinator will print a new signature page and the resident will sign on the day the change is made. Administrator will start immediately completing monthly RASP checks to monitor for complaince. Documentation will be made after every monthly check- see attached Monthly Resident RASP Monitoring Log.

**227g -Support Plan Signatures (continued)**

Licensee's Proposed Overall Completion Date: 05/24/2022

**Document Submission**

Implemented ( [REDACTED] 11/14/2022)

*Resident #2 signed the RASP on the day of inspection upon returning home [REDACTED] (see attached RASP signature page (Pg,14) with resident signature). Going forward all resident RASPS will be signed by the resident on the day they are completed. If changes need made on the RASP for any reason, after resident signatures have been completed, the resident care coordinator will print a new signature page and the resident will sign on the day the change is made. Administrator will start immediately completing monthly RASP checks to monitor for compliance. Documentation will be made after every monthly check- see attached Monthly Resident RASP Monitoring Log.*

Licensee's Proposed Overall Completion Date: 05/24/2022