

Department of Human Services  
Bureau of Human Service Licensing

October 20, 2022

[REDACTED]  
EAGLE RIDGE PERSONAL CARE HOME LLC  
PO BOX 8969  
MILESBERG, PA, 16853

RE: EAGLE RIDGE PERSONAL CARE  
HOME  
2997 RENOVO ROAD  
MILL HALL, PA, 17751  
LICENSE/COC#: 22713

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *EAGLE RIDGE PERSONAL CARE HOME* License #: *22713* License Expiration: *08/27/2022*  
Address: *2997 RENOVO ROAD, MILL HALL, PA 17751*  
County: *CLINTON* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *EAGLE RIDGE PERSONAL CARE HOME LLC*  
Address: *PO BOX 8969, MILESBURG, PA, 16853*  
[REDACTED] [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/27/1994* Issued By: *PALI*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *19* Waking Staff: *14*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/14/2022*

**Inspection Dates and Department Representative**

06/14/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *27* Residents Served: *18*

**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: *17*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *1* Have Physical Disability: *1*

**Inspections / Reviews**

**06/14/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/09/2022*

Inspections / Reviews (*continued*)

09/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/16/2022*

10/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/25/2022*

10/20/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25d - Rent Rebate

1. Requirements

2600.

25.d. A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. § § 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

Description of Violation

Resident 1's contract did not indicate whether or not the home collected a rent rebate on behalf of the resident.

Plan of Correction

Accept

7/1/2022 Addendum E-Rent Rebates form was reviewed with Resident 1 and [REDACTED] was agreeable and initialed the document.

7/1/2022 All resident Admission agreements were reviewed for completion of Addendum E- Rent Rebates.

The following steps have been taken to prevent this violation from reoccurring:

All admission forms have been put together with an index checklist to be completed by Administrator at time of admission.

Completion Date: 09/08/2022

Update: 09/12/2022

Please send Resident 1's update to contract.

Document Submission

Implemented

7/1/2022 Addendum E-Rent Rebates form was reviewed with Resident 1 [REDACTED] was agreeable and initialed the document.

7/1/2022 All resident Admission agreements were reviewed for completion of Addendum E- Rent Rebates.

The following steps have been taken to prevent this violation from reoccurring:

All admission forms have been put together with an index checklist to be completed by Administrator at time of admission.

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

60a - Staff/Support Plan (continued)

Description of Violation

On [redacted] was only one direct care staff worker scheduled in the home. The RASP dated 4/6/2022 for Resident 1 indicates that the [redacted].

Plan of Correction

Accept

The RASP dated [redacted]

Prior to 3/1/2022 Kitchen staff/Head Cook is crossed-trained as direct care staff, primary job tasks include Dietary, but participate in Emergency Preparedness Trainings and Drills.

6/19/2022 Weekly Time Records are updated to reflect the presence of Administrator/Owner(s) who are trained to cover as direct care staff and Medication Administration.

The following steps have been taken to prevent this violation from reoccurring:

- 6/19/2022 Update of Weekly Time Record with specific legend to cover scheduled shift times
- 6/19/2022 Owners began utilizing facility's Weekly Time Record and the facility's clock in/out system for verification of hours worked
- 9/8/2022 additional staff have been hired to aid in maintaining 2 Direct Care Staff in home at all times.

Completion Date: 09/08/2022

Update: 09/12/2022

Please send staff schedule dated 9-12-2022 - back 1 month for review.

Document Submission

Implemented

The RASP dated [redacted] for Resident 1 remains correct that the resident [redacted].

Prior to 3/1/2022 Kitchen staff/Head Cook is crossed-trained as direct care staff, primary job tasks include Dietary, but participate in Emergency Preparedness Trainings and Drills.

6/19/2022 Weekly Time Records are updated to reflect the presence of Administrator/Owner(s) who are trained to cover as direct care staff and Medication Administration.

The following steps have been taken to prevent this violation from reoccurring:

- 6/19/2022 Update of Weekly Time Record with specific legend to cover scheduled shift times
- 6/19/2022 Owners began utilizing facility's Weekly Time Record and the facility's clock in/out system for verification of hours worked
- 9/8/2022 additional staff have been hired to aid in maintaining 2 Direct Care Staff in home at all times.

65a - FS Orientation 1st Day

1. Requirements

2600.

65a - FS Orientation 1st Day (continued)

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 7. Telephone use and notification of emergency services.

**Description of Violation**

The home does not have verification that Staff Member A received orientation on their 1st day in the topic of smoking safety or telephone use and emergency services notification.

**Plan of Correction**

**Accept**

2 Staff Member A completed the following staff trainings per the Staff Training Plan 2600.66:

Annual Mandatory In-Service:

Fire Safety: Emergency Preparedness

Resident Rights

OSPSA

Falls & Accident Prevention

New Population Being Served

Cell Phone Policy

Reportable Incidents and Drug Diversion,

OSHA,

Fire Safety.

4/14/2022 Staff Member A completed Direct Care Staff-New Employee Check List with assigned trainer this included "J. Safety Management & Hazard Prevention and IV. Department Regulations which covers "Making a Call."

\*Staff Member A is a current smoker and attests that the topic of Smoking Safety and our facility's smoking policy was reviewed on

The following steps have been taken to prevent this violation from reoccurring:

6/15/2022 Administrator will complete "New Employee Checklist" within 1 week of hire to verify all documents and trainings are completed for all new hires.

**Completion Date:** 09/08/2022

**Update:** 09/12/2022

Please send proof of staff person A's 1 day orientation.

Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.

65a - FS Orientation 1st Day (continued)

(7) Telephone use and notification of emergency services.

Document Submission

Implemented

Staff Member A completed the following staff trainings per the Staff Training Plan 2600.66:

Annual Mandatory In-Service:

Fire Safety: Emergency Preparedness

Resident Rights

OSPSA

Falls & Accident Prevention

New Population Being Served

Cell Phone Policy

Reportable Incidents and Drug Diversion,

OSHA,

Fire Safety.

Staff Member A completed Direct Care Staff-New Employee Check List with assigned trainer included "J. Safety Management & Hazard Prevention and IV. Department Regulations which covers "Making a Call."

\*Staff Member A is a current smoker and attests that the topic of Smoking Safety and our facility's smoking policy was reviewed on 4/14/2022.

The following steps have been taken to prevent this violation from reoccurring:

6/15/2022 Administrator will complete "New Employee Checklist" within 1 week of hire to verify all documents and trainings are completed for all new hires.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

2. Emergency medical plan.

Description of Violation

The home did not have verification that Staff Member A received orientation within their first 40 hours worked in the topic of emergency medical plan.

Plan of Correction

Accept

Staff Member A completed the following staff trainings per the Staff Training Plan 2600.66:

Annual Mandatory In-Service:

Fire Safety: Emergency Preparedness

Resident Rights

OSPSA

Falls & Accident Prevention

New Population Being Served

**65b - Rights/Abuse 40 Hours (continued)**

Cell Phone Policy  
Reportable Incidents and Drug Diversion,  
OSHA,  
Fire Safety.

6/15/2022 It is part of the new hire process that all new hires must complete the above topics as outlined on the Staff Training Plan prior to initial training in the hired position.

**Completion Date:** 09/08/2022

**Update:** 09/12/2022

Please send proof of staff person A's - first 40 hours of training.

Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.
- (4) Reporting of reportable incidents and conditions.

**Document Submission****Implemented**

██████████ 2 Staff Member A completed the following staff trainings per the Staff Training Plan 2600.66:

Annual Mandatory In-Service:

Fire Safety: Emergency Preparedness

Resident Rights

OSPSA

Falls & Accident Prevention

New Population Being Served

Cell Phone Policy

Reportable Incidents and Drug Diversion,

OSHA,

Fire Safety.

6/15/2022 It is part of the new hire process that all new hires must complete the above topics as outlined on the Staff Training Plan prior to initial training in the hired position.

**81b - Resident Personal Equipment****1. Requirements**

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 has an uncovered ██████████ on the side of their bed.

**Plan of Correction**

8/2/2022 cover placed over the ██████████ on Resident 2's bed covering the bed rail completely.

**Accept**

81b - Resident Personal Equipment (continued)

8/2/2022 all residents with [redacted] were assessed for cleanliness, any damages and appropriate coverings.

The following steps have been taken to prevent this violation from reoccurring:

8/2/2022 [redacted] were added to the weekly cleaning log to be assessed for cleanliness, need for repair and to verify appropriate covering. This task will be completed and initialed weekly by direct care staff.

8/2/2022 direct care staff were educated on the additional requirements of assessing [redacted]

Completion Date: 09/08/2022

Update: 09/12/2022

Please send proof of compliance (picture).

Please include in your plan of correction who will be responsible for maintaining ongoing compliance.

Document Submission

Implemented

8/2/2022 cover placed over the [redacted] on Resident 2's bed covering [redacted] completely.

8/2/2022 all residents with [redacted] and/or enablers were assessed for cleanliness, any damages and appropriate coverings.

The following steps have been taken to prevent this violation from reoccurring:

8/2/2022 [redacted] were added to the weekly cleaning log to be assessed for cleanliness, need for repair and to verify appropriate covering. This task will be completed and initialed weekly by direct care staff.

8/2/2022 direct care staff were educated on the additional requirements of assessing [redacted]

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The cordless telephone on the 2nd floor did not have emergency numbers posted on or near it.

Plan of Correction

Accept

9/8/2022 The cordless telephone on the 2nd floor was removed. There are currently 3 corded telephones on the 2nd floor accessible to staff and the 12 residents that currently reside on the 2nd floor. 2 of the corded telephones are on the wall in the hallways and the 3rd telephone is on the desk outside the living room.

9/8/2022 All telephones have updated emergency telephone numbers posted on or near them.

Completion Date: 09/08/2022

91 - Telephone Numbers (continued)

Update: 09/12/2022

Please send proof of compliance (picture).

Please include in your plan of correction who will be responsible for maintaining ongoing compliance.

Document Submission

Implemented

9/8/2022 The cordless telephone on the 2nd floor was removed. There are currently 3 corded telephones on the 2nd floor accessible to staff and the 12 residents that currently reside on the 2nd floor. 2 of the corded telephones are on the wall in the hallways and the 3rd telephone is on the desk outside the living room.

9/8/2022 All telephones have updated emergency telephone numbers posted on or near them.

101j6 - Mirror

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

Resident 2 does not have a mirror in their bedroom.

Plan of Correction

Do Not Accept

8/3/2022 A full length mirror was installed in the bedroom of Resident 2.

9/8/2022 All resident rooms in the facility currently have a mirror in the bedrooms.

Completion Date: 09/08/2022

Update: 09/12/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

8/3/2022 Maintenance installed a full length mirror in the bedroom of Resident 2.

9/8/2022 All resident rooms in the facility currently have a mirror in the bedrooms.

Moving forward the Administrator and Maintenance with both verify that resident rooms have mirrors prior to residents moving into any rooms.

Completion Date: 10/13/2022

Update: 10/18/2022

Please send proof of compliance (picture).

Document Submission

Implemented

8/3/2022 Maintenance installed a full length mirror in the bedroom of Resident 2.

101j6 - Mirror (continued)

9/8/2022 All resident rooms in the facility currently have a mirror in the bedrooms.

Moving forward the Administrator and Maintenance with both verify that resident rooms have mirrors prior to residents moving into any rooms.

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 6/14/2022, the supper menu for the home was only posted up until 5/28/2022.

Plan of Correction

Do Not Accept

6/15/2022 the supper menu for the home was updated to read June/July 2022.

7/17/2022 the lunch & supper menus for the home were updated to read July-August 2022.

8/31/2022 the supper menu is currently up to date for the month of September.

The following steps have been taken to prevent this violation from reoccurring:

Updating the menu boards is a task assigned to the Resident Care Coordinator and will be 2nd checked by the Administrator moving forward.

Completion Date: 09/08/2022

Update: 09/12/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

6/15/2022 The Resident Care Coordinator updated the supper menu for the home to read June/July 2022. The menu was correct, however the month was incorrect.

7/17/2022 The Administrator updated the lunch & supper menus for the home to read July-August 2022.

8/31/2022 the supper menu is currently up to date and labeled for the month of September.

The following steps have been taken to prevent this violation from reoccurring:

Updating the menu boards is a task assigned to the Resident Care Coordinator and moving forward will be 2nd checked by the Administrator. The menu boards will be checked for accuracy by the Administrator at the beginning of each month.

Completion Date: 10/13/2022

162c - Menus Posted (continued)

**Update:** 10/18/2022

Please send proof of compliance (picture).

**Document Submission**

**Implemented**

6/15/2022 The Resident Care Coordinator updated the supper menu for the home to read June/July 2022. The menu was correct, however the month was incorrect.

7/17/2022 The Administrator updated the lunch & supper menus for the home to read July-August 2022.

8/31/2022 the supper menu is currently up to date and labeled for the month of September.

The following steps have been taken to prevent this violation from reoccurring:

Updating the menu boards is a task assigned to the Resident Care Coordinator and moving forward will be 2nd checked by the Administrator. The menu boards will be checked for accuracy by the Administrator at the beginning of each month.

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

There was a PRN prescription bottle of [redacted] found on the medication cart for Resident 3.

Plan of Correction

**Do Not Accept**

Resident 3 was admitted [redacted] and brought her medication bottles from home.

On 6/14/2022 the pharmacy was called to request a new supply of [redacted] for Resident 3 and the expired bottle of [redacted] was disposed of per facility policy by 2 trained staff.

The [redacted] was ordered PRN and none of the expired medication was administered to Resident 3 between [redacted]

The following steps have been taken to prevent this violation from reoccurring:

Effective 6/15/2022 all new admissions bringing medication bottles from home will have the medication bottles verified by 2 staff trained in Medication Administration.

**Completion Date:** 09/08/2022

**Update:** 09/12/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

**183f - Discontinued Medications (continued)**

*Who will monitor ongoing compliance?*

**Plan of Correction****Accept**

*Resident 3 was admitted on 6/1/2022 and brought all her medications in bottles from home.*

*6/14/2022 the pharmacy was called by the Medication Administrator to request a new supply of [REDACTED] for Resident 3, and the expired bottle [REDACTED] was disposed of per facility policy by 2 staff trained in medication administration (the Resident Care Coordinator and the Medication Administrator).*

*The [REDACTED] was ordered PRN and none of the expired medication was administered to Resident 3 between [REDACTED]*

*The following steps have been taken to prevent this violation from reoccurring:*

*6/15/2022 all new admissions bringing medication bottles from home will have the medication bottles verified for accuracy and expiration by 2 staff trained in Medication Administration with 1 of the 2 staff being either the Resident Care Coordinator or the Administrator.*

**Completion Date:** 10/13/2022

**Update:** 10/18/2022

*The administrator shall monitor and be responsible for ongoing compliance.*

**Document Submission****Implemented**

*Resident 3 was admitted on 6/1/2022 and brought all her medications in bottles from home.*

*6/14/2022 the pharmacy was called by the Medication Administrator to request a new supply of [REDACTED] for Resident 3, and the expired bottle of [REDACTED] was disposed of per facility policy by 2 staff trained in medication administration (the Resident Care Coordinator and the Medication Administrator).*

*The [REDACTED] was ordered PRN and none of the expired medication was administered to Resident 3 between 6/1/2022-6/14/2022.*

*The following steps have been taken to prevent this violation from reoccurring:*

*6/15/2022 all new admissions bringing medication bottles from home will have the medication bottles verified for accuracy and expiration by 2 staff trained in Medication Administration with 1 of the 2 staff being either the Resident Care Coordinator or the Administrator.*

**227d - Support Plan Medical/Dental****1. Requirements**

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.

## 227d - Support Plan Medical/Dental (continued)

**Description of Violation**

The Resident Assessment and Support Plan dated [REDACTED] for Resident 2 does not indicate that the resident utilizes a [REDACTED] on their bed.

**Plan of Correction****Accept**

The Resident Assessment and Support Plan dated [REDACTED] for Resident 2 reads "Assistance will be provided for turning and repositioning upon request. Routine checks will be made. [REDACTED] on her bed to help with turning and positioning." Page 3 of 17 Section "Turning and positioning in bed/chair"

9/8/2022 the Resident Assessment and Support Plan was updated to correctly read [REDACTED] on her bed to help with turning and positioning."

This [REDACTED] currently fully covered per 2600.81.b.

8/2/2022 Education provided to all direct care staff regarding the difference between [REDACTED]. Weekly cleaning and assessment for safety included in all direct care staff weekly cleaning checklists.

**Completion Date:** 09/08/2022

**Update:** 09/12/2022

Please send updated Resident 2's RASP.

Please include in your plan of correction who will be responsible for ongoing compliance with this regulation.

**Document Submission****Implemented**

The Resident Assessment and Support Plan dated 5/19/2022 for Resident 2 reads "Assistance will be provided for turning and repositioning upon request. Routine checks will be made. [REDACTED] on her bed to help with turning and positioning." Page 3 of 17 Section "Turning and positioning in bed/chair"

9/8/2022 the Resident Assessment and Support Plan was updated to correctly read "[REDACTED] on her bed to help with turning and positioning."

This bed rail is currently fully covered per 2600.81.b.

8/2/2022 Education provided to all direct care staff regarding the difference between [REDACTED]. Weekly cleaning and assessment for safety included in all direct care staff weekly cleaning checklists.