

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

September 20, 2023

[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 08/15/2023 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *EAGLE VIEW PERSONAL CARE HOME* License #: *23243* License Expiration: *07/28/2024*  
 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 Services*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/15/2023*

**Inspection Dates and Department Representative**

*08/15/2023 - On-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: *2* Are 60 Years of Age or Older: *2*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**08/15/2023 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/17/2023*

**09/18/2023 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *09/20/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/22/2023*

Inspections / Reviews *(continued)*

09/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/20/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 42c - Treatment of Residents

## 1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

Resident 1, 2, & 3 indicated during interviews that Staff Member A is not respectful of them and does not always treat them with dignity. Resident 1 states that Staff Member A will talk [REDACTED] issues in front of other residents.

Resident 2 states that Staff Member A will ask Resident 1 in front of the residents [REDACTED] and feels that this is demeaning to Resident 1.

Resident 2 states that they asked Staff Member A to return a phone to the charger because [REDACTED] was hurting them. Staff Member A told Resident 2 that they can put it on the counter where it belongs and then the Staff member would put it back in the office on the charger.

Resident 3 indicates that they asked Staff Member A for scotch tape. The Staff Member ignored them and after being asked a few more times told them that they would have to wait in a tone that seemed aggressive and unnecessary to Resident 3.

**Plan of Correction**

Accept [REDACTED] - 09/18/2023)

The residents concerns were shared with the local ombudsman [REDACTED]. On 8/18/23 a meeting was held at the facility with the administrator, [REDACTED], and the residents to discuss these concerns. The residents made suggestions of changes they would like to see from staff member A. The administrator met with staff member A after the meeting (on the same day) to discuss the concerns and suggestions of the residents. Staff member A was open to change [REDACTED] approach and try the suggestions made per the residents. Written documentation of verbal counseling was created and put in staff member A's employee chart. The administrator will meet with residents (1, 2, 3) and staff member A weekly and/or as needed to ensure the issue is resolving. If no progress/improvement is reported from the residents/staff member A within one month of meeting, staff member A will be terminated.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented [REDACTED] - 09/20/2023)

## 183f - Discontinued Medications

## 2. 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**

The first aid kit in the home's kitchen had a tube of triple anti-biotic cream that expired 5/2022.

**Plan of Correction**

Accept [REDACTED] - 09/18/2023)

The first aid kits (located in the facility kitchen and also the facility vehicle) will be monitored monthly by the facility administrator. All items will be removed from the kits to make certain all required items are present, they are in good working order, and to ensure no items are expired. A tracking log has been created to verify and track this task is being completed. This system was implemented immediately and will continue to be completed every month.

Licensee's Proposed Overall Completion Date: 09/12/2023

183f - Discontinued Medications (*continued*)*Implemented (MM - 09/20/2023)*

## 187a - Medication Record

**3. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

Resident 4 was given their PRN medication [REDACTED] but there was no reason for administering the PRN documented on the Medication Administration Record.

**Plan of Correction***Accept ( [REDACTED] - 09/18/2023)*

On 8/17/23, regulation 187.a., along with medication administration policies and procedures were reviewed with all team leaders administering medications. The dayshift team leader will be responsible for completing a weekly medication administration quality improvement weekly check chart already in place. After the chart is completed the administrator will review (monthly) for any trending errors. Please see attached forms.

Licensee's Proposed Overall Completion Date: 09/13/2023

*Implemented [REDACTED] - 09/20/2023)*