

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

November 13, 2023

[REDACTED], OWNER/ADMINISTRATOR
EAGLE RIDGE PERSONAL CARE HOME LLC
2997 RENOVO ROAD
MILL HALL, PA, 17751

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 09/12/2023, 09/13/2023, 09/20/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: EAGLE RIDGE PERSONAL CARE HOME License #: 22713 License Expiration: 08/27/2024
 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: 2997 RENOVO ROAD, MILL HALL, PA, 17751
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/27/1994 Issued By: PA L&I

Staffing Hours

Resident Support Staff: 1 Total Daily Staff: 18 Waking Staff: 14

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/20/2023

Inspection Dates and Department Representative

09/12/2023 - On-Site: [REDACTED]
 09/13/2023 - Off-Site: [REDACTED]
 09/20/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 27 Residents Served: 16
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 16
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

09/12/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/30/2023

Inspections / Reviews (*continued*)

10/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/23/2023

11/13/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

The bedrail in Resident # 1's room was not covered to prevent injury.

Repeat Violation 6-14-2022.

Plan of Correction

Accept () - 10/17/2023)

In response to the violation on 09/12/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/12/2023 by the Administrator to cover the existing bedrail in Resident #1's room. Resident #1 was educated on the regulation, violation and importance of keeping the bedrail covered. Resident #1 verbalized understanding.

To enhance the currently compliant operations, on 09/13/2023 the Administrator notified Resident #1's primary contact of violation, educated on the regulation and asked for assistance in reminding Resident #1 that the cover needs to be on the bed rail at all times. Primary contact verbalized understanding and will assist in maintaining compliance, with a completion date of 09/13/2023.

Effective 09/15/2023 all direct care staff will perform daily checks through 10/15/2023 to maintain ongoing compliance with ensuring wheelchairs, walkers, prosthetic devices and other apparatus used by residents are clean, in good repair and free of hazards. 10/15/2023 direct care staff will check biweekly all wheelchairs, walkers, prosthetic devices and other apparatus used by residents for cleanliness, good repair and any signs of hazard. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/16/2023

Implemented () - 11/13/2023)

101j6 - Mirror**2. Requirements**

2600.

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

6. A mirror.

Description of Violation

Resident room #110 does not have a mirror.

Repeat Violation 6-14-2022.

Plan of Correction

Accept () - 10/17/2023)

In response to the violation on 09/12/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/15/2023 by Maintenance to purchase a full length mirror to be installed in Resident room #112.

To enhance the currently compliant operations, on 10/15/2023 Maintenance installed full length mirrors in all resident bedrooms, with a completion date of 10/15/2023.

101j6 Mirror (continued)

Effective 10/15/2023 Maintenance will perform annual checks to maintain ongoing compliance and ensure each resident has a mirror in their bedroom. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/16/2023

Implemented [REDACTED] - 11/13/2023)

103i - Outdated Food

3. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Dept. Rep. noted two plastic bags of frozen meat patties in the upright freezer that were not labeled or dated to indicate when they were opened.

Plan of Correction

Accept [REDACTED] - 10/17/2023)

In response to the violation on 09/12/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/12/2023 by the Head Cook to remove the 2 plastic bags of frozen meat patties in the upright freezer that were not labeled or dated.

To enhance the currently compliant operations, on 09/13/2023 the Administrator informed all staff on the findings, reviewed the regulation and provided education on the importance of labeling and dating all food items, with a completion date of 10/15/2023.

Effective 09/13/2023 the Head Cook will perform weekly checks through 10/15/2023 to maintain ongoing compliance with ensuring outdated or spoiled food or dented cans are not be used. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/16/2023

Implemented [REDACTED] - 11/13/2023)

124 - Notice to Fire Department

4. Requirements

- 2600.
- 124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's letter to the local Fire Dept., dated 8/15/23, indicates there are "0" immobile residents living in the home. The home's administrator confirmed on the day of the inspection that one resident with mobility needs, who requires total assistance with evacuation, currently resides in the home.

124 Notice to Fire Department (continued)

Plan of Correction

Accept (█ - 10/17/2023)

In response to the violation on 09/12/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/13/2023 by the Administrator to update and resubmit the home's letter to the local Fire Dept confirming that the home houses 1 resident with mobility needs, who requires total assistance with evacuation.

To enhance the currently compliant operations, on 09/13/2023 the Emergency Preparedness Manager or Administrator will update the home's letter to the local Fire Dept within 1 week of any residents residing in the home with mobility needs, who require total assistance with evacuation, with a completion date of 10/31/2023.

Effective 09/13/2023 the Emergency Preparedness Manager will perform monthly reviews through 10/31/2024, during fire drills to maintain ongoing compliance with notifying the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency, and to keep documentation of notification. Compliance monitoring activities will be implemented under the supervision of the Emergency Preparedness Manager. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/16/2023

Implemented (█ - 11/13/2023)

125a - Combustible Storage

5. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Three sheets of paper and lint were noted behind the clothes dryer in the first floor laundry room posing a fire hazard.

Plan of Correction

Accept (J█ - 10/17/2023)

In response to the violation on 09/12/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/12/2023 by Maintenance to remove the 3 sheets of paper and lint found behind the clothes dryer in the first floor laundry room.

To enhance the currently compliant operations, on 09/15/2023 Direct Care Staff was educated will check behind the clothes dryers weekly to ensure the area is free from combustible and flammable materials, with a completion date of 10/31/2023.

Effective 09/13/2023 the Maintenance will perform monthly checks through 10/31/2023 to maintain ongoing compliance with locating combustible and flammable materials away from heat sources or hot water heaters. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented (█ - 11/13/2023)

132c - Fire Drill Records

6. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's fire drill logs dated 1/24/22 to 9/12/23 do not indicate the specific exits used on the 1st and 2nd floors during the drills. Only the 1st floor and 2nd floor are documented as the exits used.

The home's administrator confirmed that when sleeping hour drills are conducted between 5:00am and 7:00am, (1) kitchen staff person assists the 2 scheduled Direct Care Staff with evacuating the residents. The fire drills logged on 9/12/23 @ 5:00am and 6/17/23 @4:00am indicate only 2 staff persons participated in the drills.

Plan of Correction

Accept ([redacted] - 10/17/2023)

In response to the violation on 09/12/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/12/2023 by the Administrator to review Regulation 2600.132.c. with Maintenance and Emergency Preparedness Manager, and instructed that moving forward the exit route used should be noted on the record and include all staff members participating. The Fire Drill record was updated to reflect the exit route used on 09/12/2023. The kitchen staff person does not begin their shift until 0600am, therefore they were not present for the fire drills logged on 09/12/2023 @ 0500am or 06/17/2023 @ 0400am. On these recorded dates and times, only 2 staff persons participated in the drills as recorded.

To enhance the currently compliant operations, on 09/12/2023 the Administrator will, update the Fire Drill Record with the correct information per Regulation 2600.132.c. and moving forward the Administrator will review the Fire Drill Record monthly at the completion of the scheduled, unannounced Fire Drill to ensure that all required information is recorded appropriately and reflects all staff members present at the time of the Fire Drill who participate with a completion date of 10/31/2023.

Effective 09/12/2023 the Administrator will perform monthly reviews through 10/31/2023 to maintain ongoing compliance with ensuring each written fire drill record includes the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ([redacted] /13/2023)

141a - Medical Evaluation

7. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

141a - Medical Evaluation (continued)

Description of Violation

Resident #2 was admitted to the home on [REDACTED]. Their Initial DME on record was completed on 4/27/23; over 60 days prior to admission.

Plan of Correction

Accept [REDACTED] - 10/17/2023)

In response to the violation on 09/12/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/13/2023 by the Administrator to submit a request to Resident #2's PCP to complete a new initial/updated DME.

To enhance the currently compliant operations, on 09/13/2023 the Administrator will, request new/updated DMEs when a new resident is admitted from another PCH into this home, with a completion date of 10/16/2023.

Effective 09/13/2023 the Administrator will continue to perform quarterly audits through 10/16/2023 to maintain ongoing compliance with ensuring each resident has a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/16/2023

Implemented [REDACTED] - 11/13/2023)

141a 1-10 Medical Evaluation Information

8. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's Initial DME completed on [REDACTED] does not indicate allergies if any.

Plan of Correction

Accept [REDACTED] - 10/17/2023)

In response to the violation on 09/12/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/13/2023 by the Administrator to request a new/updated DME from Resident #2's PCP as outlined in Violation #8 to include allergies, along with all other requirements.

141a 1 10 Medical Evaluation Information (continued)

To enhance the currently compliant operations, on 09/13/2023 the Administrator will double check all new DMEs for allergies, and all required information, with a completion date of 10/31/2023.

Effective 09/14/2023 the Administrator will perform quarterly reviews through 10/31/2023 to maintain ongoing compliance with ensuring each resident has a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission, and to ensure the evaluation includes a general physical examination by a physician, physician’s assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department’s request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented (█) - 11/13/2023)

183a - Original Containers and Injections

9. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

When interviewed, Resident # 3 reported that each morning, the Med Tech leaves his/her medications on the nightstand next to their bed. Resident # 3 then puts the pills in the nightstand drawer and does not take them until after he/she eats breakfast.

Plan of Correction

Accept (█) - 10/17/2023)

In response to the violation on 09/12/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/13/2023 by the Medication Administration Trainer to educate all Medication Administration Trained staff on Regulation 2600.183.a.

To enhance the currently compliant operations, on 09/14/2023 the Administrator educated Resident #3 and Medication Administration Trained staff to ensure that medications are not removed from their original labeled containers until all residents are ready to take their medications, with a completion date of 10/16/2023. Resident #3 verbalized understanding of this violation and the corrective actions.

183a Original Containers and Injections (continued)

Effective 09/14/2023 the Medication Administration Trainer will perform annual reviews through 10/31/2023 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/16/2023

Implemented ([redacted] - 11/13/2023)

183e - Storing Medications

10. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The [redacted] prescribed for Resident # 3 was not initialed or dated to indicate when it was opened.

Plan of Correction

Accept ([redacted] - 10/17/2023)

In response to the violation on [redacted] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [redacted] by the Administrator to add date opened sticker to the [redacted] pen 100units prescribed for Resident #3.

To enhance the currently compliant operations, on 09/13/2023 the Administrator will educate all Medication Administration trained staff on Regulation 2600. 183.e. and the importance of recording "date opened" where applicable, with a completion date of 09/14/2023.

Effective 09/14/2023 the Administrator will review checks by Medication Administrators each shift through 10/31/2023 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ([redacted] - 11/13/2023)

190a - Completion Medication Course

11. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

190a - Completion Medication Course (continued)

Description of Violation

Staff person A last received Diabetic and Insulin Training on [REDACTED]
Staff person B last received Diabetic and Insulin Training on [REDACTED]
Staff person C last received Diabetic and Insulin Training on [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/17/2023)

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/12/2023 by the Administrator to ensure training was scheduled for all Medication Administration Trained staff. Staff Member A is on leave and scheduled for Diabetic and Insulin Training 10/19/2023 upon her return to work. Staff Member B completed Diabetic and Insulin Training 9/28/2023 and as of 9/4/2023 Staff Member C is no longer employed by Eagle Ridge Personal Care Home.

To enhance the currently compliant operations, on 09/14/2023 the Administrator will review education requirements quarterly for all Medication Administration Trained staff. All Medication Administration trained staff will receive Diabetic and Insulin Training by 10/19/2023, with a completion date of 10/19/2023.

Effective 09/15/2023 the Administrator will perform quarterly audits through 10/31/2023 to maintain ongoing compliance with ensuring that A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented ([REDACTED] - 11/13/2023)

254a - Records Discharge/Active

12. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

Department Rep. noted the Narcotic Logbook on the 2nd floor med cart unattended, making the contents accessible to unauthorized persons.

Plan of Correction

Accept [REDACTED] - 10/17/2023)

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/12/2023 by the Med Tech to lock the Narcotic Logbook on the 2nd floor med cart inside the cart so that the contents are not accessible to unauthorized persons.

To enhance the currently compliant operations, on 09/12/2023 the Administrator will educate Medication Administration trained staff on Regulation 2600.254.a. and that Narcotic Logbooks should be locked in the med carts effective immediately, with a completion date of 09/13/2023.

254a - Records Discharge/Active (continued)

Effective 09/13/2023 the Administrator will perform daily checks through 09/30/2023 to maintain ongoing compliance with ensuring records of active and discharged residents are maintained in a confidential manner, which prevents unauthorized access. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/17/2023

Implemented (█ - 11/13/2023)