

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

June 25, 2024

[REDACTED], ADMINISTRATOR  
EAGLE VALLEY PERSONAL CARE HOME INC  
500 FRONT STREET, PO BOX 8969  
MILESBERG, PA, 16853

RE: EAGLE VALLEY PERSONAL CARE  
HOME  
500 FRONT STREET  
MILESBERG, PA, 16853  
LICENSE/COC#: 22743

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2024 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 VALLEY PERSONAL CARE HOME* License #: *22743* License Expiration: *05/25/2025*  
 Address: *500 FRONT STREET, MILESBURG, PA 16853*  
 County: *CENTRE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *EAGLE VALLEY PERSONAL CARE HOME INC*  
 Address: *500 FRONT STREET, PO BOX 8969, MILESBURG, PA, 16853*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *1-2* Date: *01/08/2008* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *06/04/2024*

**Inspection Dates and Department Representative**

*06/04/2024 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *60* Residents Served: *47*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *6*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *47*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *6* Have Physical Disability: *0*

**Inspections / Reviews**

**06/04/2024 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/30/2024*

**06/25/2024 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *06/25/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

06/25/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff persons A, B, C, and D received 2023 annual fire safety training by staff person E. Staff person E is not a fire safety expert and has not been trained by a fire safety expert to provide this training.

Plan of Correction

Accept ( [redacted] - 06/25/2024)

Staff member E [redacted] was immediately not permitted as a designee to train in fire safety.

Staff member E was immediately enrolled in the June 12, 2024, Fire Safety Train the Trainer course provided by Fire & Life Solutions.

Training completed on June 12, 2024. Documentation of training to be provided.

Staff member E will complete re-education every 3 years to keep up with updates in the training materials.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( [redacted] - 06/25/2024)

103e - Left Overs

2. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

An open and undated container of cherry tomatoes was found on a lower shelf in the home's main kitchen.

Plan of Correction

Accept ( [redacted] - 06/25/2024)

The opened and unopened containers of cherry tomatoes were immediately placed in a storage container, labeled, dated and placed in the refrigerator.

Policy J 1 Food Safety and Sanitation Policy was updated, and staff were re-educated on best practices for storing "ready to eat" produce.

Kitchen staff will daily monitor proper food storage.

The kitchen supervisor will monitor and ensure proper storage is complied with weekly and report to administration.

This administrator will do random monthly checks of the kitchen and proper food storage.

Licensee's Proposed Overall Completion Date: 06/21/2024

103e - Left Overs (continued)

Implemented ( ) - 06/25/2024

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The freezer, located in the satellite kitchen in the North Wing of the home, measured seven degrees Fahrenheit.

Plan of Correction

Accept ( ) - 06/25/2024

The thermometer in the satellite kitchen that was on the freezer door that was reading 7 degrees was immediately relocated to the inside shelf of the freezer.

The following day the thermometer was checked and reading 0 degrees.

The administrative assistances will record weekly all refrigerator and freezer temperatures. Records are shared between the administrative assistant and this administrator.

This administrator will do random monthly checks to ensure temperatures are at the required measurements.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented ( ) - 06/25/2024

144c1 - Smoking Area Guidelines

4. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

A chair found in the home's designated smoking area was made of a material that was not flame resistant.

Plan of Correction

Accept ( ) - 06/25/2024

The chair found in the smoking area was removed immediately.

Non-flame-resistant furniture only will be in the smoking areas.

Daily housekeeping will ensure only non-flame-resistant furniture is in the smoking area remove immediately and report to this administrator.

This administrator will do random monthly checks to ensure that only non-flame-resistant furniture is in the designated smoking areas.

144c1 - Smoking Area Guidelines (continued)

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented (█) - 06/25/2024